WSS-01 — Waivered Support Services: The Manager's Overview

0.75 CEU · approx. 35 minutes

This course covers the home and community support services managers oversee across Minnesota's disability waivers — the Brain Injury waiver, the Community Alternative Care waiver, the Community Access for Disability Inclusion waiver, and the Developmental Disabilities waiver — and, for people sixty-five and older, the Elderly Waiver and the Alternative Care program. This opening lesson introduces those waivers by name, the services that run on them, and the rules every manager must know.

Learning objectives

- Name the disability waivers and the older-adult programs behind these services
- Describe the population each waiver serves
- Identify the support services covered in this course
- Explain that services are assessment-driven and lead-agency authorized
- Apply the no-duplication principle
- Describe the manager's documentation, EVV, and supervision duties

1. The waivers behind these services

Minnesota funds home and community supports through several Medicaid waivers. Four of them are disability waivers: the Brain Injury waiver, the Community Alternative Care waiver, the Community Access for Disability Inclusion waiver, and the Developmental Disabilities waiver. Two programs serve older adults: the Elderly Waiver and the Alternative Care program.

On the slides you'll see each program's common abbreviation in parentheses, but as a manager you should know each one by its full name.

- Brain Injury waiver (BI)
- Community Alternative Care waiver (CAC)
- Community Access for Disability Inclusion waiver (CADI)
- Developmental Disabilities waiver (DD)
- Elderly Waiver (EW) and Alternative Care program (AC) — ages 65+

➤ Four disability waivers, plus the Elderly Waiver and Alternative Care program, fund these services.

2. What each waiver is for

Each waiver serves a different population, all of whom need a certain level of care but choose to live in the community. The Brain Injury waiver serves people with a traumatic or acquired brain injury. The Community Alternative Care waiver serves people who are chronically ill or medically

fragile. The Community Access for Disability Inclusion waiver serves people under sixty-five who have disabilities and need a nursing-facility level of care.

The Developmental Disabilities waiver serves people with a developmental disability or a related condition. The Elderly Waiver serves people sixty-five and older who need a nursing-facility level of care, and the Alternative Care program serves people sixty-five and older with similar needs who are not yet financially eligible for Medical Assistance.

- Brain Injury (BI): traumatic or acquired brain injury
- Community Alternative Care (CAC): chronically ill / medically fragile
- Community Access for Disability Inclusion (CADI): under 65, nursing-facility level of care
- Developmental Disabilities (DD): a developmental disability or related condition
- Elderly Waiver (EW) / Alternative Care (AC): age 65 and older

➤ **Know each waiver by name and the population it serves.**

3. The services in this course

On these waivers, managers oversee several support services. This course covers Individual Community Living Supports, Homemaker services, Respite, Night Supervision, Individualized Home Supports, and Community First Services and Supports.

Each has its own definition, limits, and licensing, which the following lessons cover in turn.

- Individual Community Living Supports (ICLS) — Elderly Waiver / Alternative Care
- Homemaker — cleaning, home management, ADL assistance
- Respite — caregiver relief
- Night Supervision — overnight, disability waivers
- Individualized Home Supports (IHS) and Community First Services and Supports (CFSS)

➤ **The services: ICLS, Homemaker, Respite, Night Supervision, IHS, and CFSS.**

4. Assessment-driven and lead-agency authorized

These are not services an agency decides to deliver on its own. The person is assessed, the case manager builds a person-centered support plan, and the lead agency — a county, Tribal Nation, or managed care organization — authorizes a specific service, amount, and rate.

Your staff deliver only what is authorized, for the assessed need, within the support plan, and never default to the maximum.

- The person is assessed; the support plan drives services
- The lead agency authorizes the service, amount, and rate
- Deliver only what is authorized for the assessed need
- Never default to the maximum allowable amount

➤ **Services flow from the assessment, the support plan, and the lead agency's authorization.**

5. The no-duplication principle

Across every service in this course, the same rule appears: a service cannot duplicate state plan home care, such as personal care, or other waiver services the person already receives, and certain services cannot be delivered at the same time or alongside certain residential settings.

Duplication and overlapping authorizations are among the most common billing errors and findings.

- No service may duplicate home care or other waiver services
- Some services can't be authorized with residential settings
- Watch for same-time overlaps in scheduling
- Duplication means denied claims and findings

➤ **If two services would pay for the same time or task, it's duplication — and not allowed.**

6. Licensing, enrollment & the manager's job

Most of these services require the provider to be licensed under Minnesota Statutes chapter 245D as a basic support services provider, or under chapter 144A with a home and community-based services designation. Workers need a background study and must be trained and competent for the specific service.

Across every service, the manager ensures staff are competent and supervised, keeps work within the authorization and assessed need, documents accurately, uses electronic visit verification honestly where it applies, and runs a monthly self-audit.

- License: 245D basic support OR 144A with HCBS designation
- Background study required; trained and competent per service
- Stay within the authorization and assessed need
- Document accurately; honest EVV; monthly self-audit

➤ **Competent, supervised staff, within authorization, documented and audited.**

What you CAN and CAN'T do

Q: Can an agency deliver a waiver service it thinks the person needs but that isn't authorized?
A: No. Only the lead agency authorizes services. Deliver only what's authorized in the support plan; raise new needs with the case manager.

Q: Can two waiver services be billed for the same hour? A: No. That's duplication. Services must not overlap in time or pay for the same task.

Q: Can any worker provide these services? A: Only after a background study and once trained and competent for that specific service; licensing/enrollment rules also apply.

Key terms

Disability waivers: The Brain Injury, Community Alternative Care, Community Access for Disability Inclusion, and Developmental Disabilities waivers.

Elderly Waiver / Alternative Care: Programs serving people 65 and older who need a nursing-facility level of care.

Lead agency: The county, Tribal Nation, or managed care organization that assesses, authorizes, and oversees services.

Support plan: The person-centered plan from the case manager that defines authorized services and outcomes.

No-duplication: The rule that a service can't pay for the same time or task as another service.

Apply it

A scheduler books a worker for ICLS and PCA at the same time for the same person. Using this lesson, what's wrong? That's duplication and overlapping authorization — two services can't be billed for the same time/task. The manager should separate the services in time (and confirm each is authorized and non-duplicative), keep work within the support plan, and document accurately.

Recap

- This course covers services on the Brain Injury, Community Alternative Care, Community Access for Disability Inclusion, and Developmental Disabilities waivers, plus the Elderly Waiver and Alternative Care program.
- Know each waiver by name and the population it serves.
- Services here: Individual Community Living Supports, Homemaker, Respite, Night Supervision, Individualized Home Supports, and Community First Services and Supports.
- Services are assessment-driven and authorized by the lead agency — deliver only what's authorized.
- No service may duplicate another; keep staff competent, within authorization, documented, and self-audited.

References: DHS Community-Based Services Manual (CBSM); Minnesota Statutes ch. 245D; §256B.0913 (AC); ch. 256S (EW); Federally approved BI, CAC, CADI, DD and EW/AC plans; LTSS rate limits (DHS-3945)

Disclaimer: General manager training grounded in the DHS Community-Based Services Manual (CBSM) and Minnesota Statutes (chs. 245D, 256B, 256S). It is not legal advice and does not replace the CBSM, the statutes, the federally approved waiver/AC plans, the LTSS rate limits (DHS-3945), or your agency's policies and each person's authorization. Service definitions, limits, units, and rates are set by the lead agency per the person's assessment and change over time — always verify the current CBSM service page and the person's service agreement.