



What is a Supports Waiver?

- Its a §1915(c) Medicaid HCBS waiver that complements a traditional, comprehensive services waiver.
- Supports waivers are characterized by:
 - The same target population as traditional HCBS -- persons with I/DD who require the level of care furnished in an ICF/MR -- but who live with their families
 - A much lower dollar cap than for those receiving residential services
 - Flexibility in the selection of services within the dollar cap
 - Includes the expectation that unpaid family caregivers will provide significant support to waiver participants, thus paid-for supports complement the supports that family caregivers provide.
- In 2006, 17 states were operating 21 supports waivers.

Why are States Using Supports Waivers?

1. To reduce waiting lists by providing lower cost service packages due to the continued provision of unpaid family caregiver support. In 2006, funding limits ranged from a low in South Dakota of \$5,000 per beneficiary to a high of \$52,000 in Connecticut.
2. To divert demand away from more costly residential services. The premise of supports waivers is that furnishing services to individuals who live with their families will reduce or at least postpone the demand for the costly residential services.