

Major Similarities Between HCBS Waivers and State Plan HCBS

Provision	Similarities
Independent Evaluation (to determine eligibility)	Both waivers and State plans require eligibility determinations.
Assessment of need for services	Same.
Individualized Care Plans	Same.
Quality/Health and Welfare	Same with regard to system performance measures.
Freedom of Choice	Same.
Fair Hearings	Same.
Self-direction	Similar policies established to encourage self-direction.

Major Differences Between HCBS Waivers and State Plan HCBS

Differences		
Provision	Waiver	State Plan
Financial Eligibility	Income limit of up to 300% of SSI may be applied to HCBS recipients.	Income may not exceed 150% of FPL. No expansion of eligibility.
Program Eligibility	Institutional Level of Care (LOC).	Needs-based criteria (ex., activities of daily living).
Institutional Criteria	Same LOC as waiver.	Must be more stringent than the needs-based criteria for State plan HCBS.
Length of time for operation	3 years new; 5 years renewed.	n/a (State Plan amendment in force until the State decides to change it.)
Financial estimates	Cost neutrality.	n/a Payment Rate Methodology only.
Services	Statutory, plus “other” services.	Section 1915(c) statutory services only.
Waivers available	Sections 1902(a)(1) (state-wideness); 1902(a)(10)(B) (comparability); and 1902(a)(10)(C)(i)(III) (community income and resource rules for the medically needy).	States are given option to disregard requirements of: Sections 1902(a)(1) (State-wideness); and 1902(a)(10)(C)(i)(III) (community income and resource rules for the medically needy). States NOT permitted to disregard comparability requirements at 1902(a)(10)(B).