The Disabled and Elderly (CoLTS-c) waiver

September 2011

- The D&E waiver, also known as the CoLTS-c waiver since it became part of the CoLTS managed long-term services program, serves seniors and younger people with disabilities who are financially eligible for Medicaid and meet level-of-care criteria to qualify for nursing home care. The waiver was first implemented in the mid-1980s and became part of CoLTS when that program began in 2008.

- Waiver services include private duty nursing, skilled therapies, respite, assisted living, adult day health, environmental modifications, emergency response, and service coordination, along with community transition goods and services and assistance from a community relocation specialist for individuals returning to the community from nursing facilities. Personal attendant services to assist with activities of daily living, formerly offered as a waiver service, are now provided to waiver recipients through the state plan Personal Care Option program.

- The waiver allows frail seniors and people with disabilities to live in their homes and communities instead of in nursing facilities, which are more expensive and less desirable settings.

- Because this is a waiver program, the state is permitted to cap the number of people served. There currently are close to 3,000 individuals served but more than 16,000 people on the waiting list for D&E waiver services.

- A few years ago, the waiting time for D&E services had fallen to two years or less. However, for the past two years HSD's policy has been that only individuals transitioning out of nursing homes get waiver slots. As a result, no one has been taken off the waitlist and put in services for the past few years, so that the wait for D&E services is now essentially infinite.

- In addition, HSD is not allowing all slots to be filled as they become vacant, so that the total number served on the waiver has fallen.
  - In June 2008, there were approximately 3,500 people receiving D&E waiver services
  - By April 2011 (the latest figures available), there were only 2,976 people on the waiver, a decrease of 15% in less than three years.

This significant drop in enrollment appears to violate the federal maintenance of effort requirements imposed by the American Recovery and Reinvestment Act of 2009 and the Patient Protection and Affordable Care Act of 2010. (See CMS State Medicaid Directors Letter #09-005, 8/19/05.)

- The Legislature in the 2008 session appropriated $750,000 to serve additional individuals on the D&E waiver. The appropriation was not used for the waitlist as intended; the number of people served on the waiver fell in FY2009. A special appropriation of $3.5 million in 2004 earmarked to move people off the D&E waiver wait list and into service was similarly ignored.