

1915(i) State Plan Home and Community-Based Services

Overview

The 1915(i) authority allows states to provide Medicaid state plan home and community-based services (HCBS) to a targeted population with functional needs that are less than an institutional level of care (LOC). States have the option to target the HCBS benefit to one or more specific populations; establish separate additional needs-based criteria for individual HCBS; establish a new Medicaid eligibility group for people who receive Medicaid state plan HCBS; define the HCBS included in the benefit, including state-defined and CMS-approved "other services" applicable to the population; and allow any or all 1915(i) services to be self-directed.

Administration

- To implement a 1915(i) program, the state must amend its Medicaid state plan, by submitting to CMS and receiving approval for the [1915\(i\) state plan attachment](#).
- The 1915(i) includes an Evidence Based Review process that begins 39 months after the state plan amendment (SPA) effective date.
- Since many of the 1915(i) provisions share regulatory and policy guidance with the 1915(c) HCBS waiver, the [1915\(c\) HCBS Waiver Technical Guide](#) serves as a resource for both authorities.
- A state may elect not to apply comparability requirements. *NOTE:* See target groups below. If a state elects a target population, there is a 5-year renewal period for the 1915(i) SPA. Otherwise, there is not a mandatory renewal period for the SPA.

Program Operation

The 1915(i) may cover any service that could be covered under a 1915(c) waiver. Operational considerations include:

- **Target groups (optional):**
 - The state *may* choose to target the HCBS benefit to one or more specific populations, based on factors such as age, diagnosis, disability, and/or Medicaid eligibility group.
 - The state *may* elect to limit the availability of specific services to vary the amount, duration or scope of those services to one or more of the target groups.
- **Needs-based criteria (required):**
 - States *must* establish separate additional needs-based criteria to determine eligibility.
 - Needs-based criteria typically establish functional status (ADLS and IADLs) to demonstrate the type or level of supports members may need.
 - Criteria may include risk factors that impact a member's needs for services, such as history of hospitalization.

- Criteria can be considered needs-based if it is a factor that can only be ascertained for a given person through an individualized evaluation of need.
- Needs-based criteria are not diagnosis or age, which are considered attributes describing the target group (see above).
- The state *must* attest and demonstrate that the needs-based criteria for HCBS is less stringent than the institutional LOC criteria.
- **Self-direction (optional):**
 - The state *may* elect any or all 1915(i) services to be self-directed, which may include the process for setting individual budgets for self-directed services.
- **Additional state requirements:**
 - Establish a process to ensure that assessments of need and evaluations of eligibility are independent and unbiased.
 - Ensure the 1915(i) benefit is available to all eligible members within the state.
 - Provide adequate and reasonable provider standards.
 - Ensure services are provided in accordance with a person-centered service plan and are delivered in HCBS settings.
 - Exclude coverage for room and board.
 - Establish a quality improvement strategy.

Eligibility

The 1915(i) authority has financial eligibility limits to determine whether a member qualifies to receive services.

- The state can provide services to the members who are eligible for Medicaid under the state plan up to 150% of Federal Poverty Level with no asset limit.
- The state may also include a special income group of members with up to 300% Social Security Income who would be eligible for Medicaid under an existing 1915(c) waiver or 1115 demonstration waiver.

Statute & Regulations

- Social Security Act Section 1915(i)
 - The 1915(i) State Plan Option was added to the Social Security Act through the Deficit Reduction Act of 2005 and was later amended by the Affordable Care Act of 2010.
- [42 Code of Federal Regulations \(CFR\), Part 441, Subpart M: State Plan Home and Community-Based Services for the Elderly and Individuals with Disabilities](#)

1915(i) in Other States

Advancing States' research indicates that 23 states currently operate a 1915(i): Arkansas, California, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Michigan,

Minnesota, Mississippi, Nevada, New Hampshire, North Carolina, North Dakota, Ohio, Oregon, Texas, Washington and Wisconsin.

States use a combination of needs-based criteria and optional target groups. Most states target 1915(i) services to people with mental illness and/or people with intellectual or developmental disabilities; however, there are also a handful of states that target services to older adults and/or people with physical disabilities.

The table below provides some examples.

State	1915(i) Population	1915(i) Services
Delaware	Individuals aged 14-25 who want to work and have a visual impairment, physical disability (PD), or intellectual disability (ID)	Supports to gain and maintain employment, including employment navigator, small group support employment, career exploration, benefits counseling, financial coaching, non-medical transportation and career exploration and assessment
Connecticut	Individuals 65+ at risk of nursing facility placement	Case management, adult day health, companion services home delivered meals, personal care attendant, bill payer, care transitions, and assistive technology
Connecticut	Individuals 18+ who are homeless, have a behavioral health diagnosis and have two critical needs	Housing assessment and person-centered recovery plan, transportation, pre-tenancy and tenancy sustaining support
Idaho	Individuals 18+ diagnosed with developmental disabilities (DD)	Developmental therapy and community crisis support
Maryland	Children aged 6-17 with serious emotional disturbances	Wraparound services including intensive in-home services, community-based respite care, out-of-home respite care, family peer support and expressive and experiential behavioral services
Indiana	Adults with behavioral health conditions	Adult mental health habilitation, adult day services, therapy and behavioral support, addiction counseling, supported community engagement, care coordination, medication training and support
Michigan	Individuals 65+ and individuals with PD	Transition navigator case management services, community transition services, nonmedical transportation, home modifications and personal care
Oregon	Individuals 21+ with chronic mental illness	Home-based habilitation, behavioral habilitation and psychosocial rehabilitation
Texas	Individuals 18+ with serious mental illness who meet one of three criteria for LTC psychiatric hospitalization, jail diversion, or ED diversion	A full array of services including transition assistance, psychosocial rehabilitation services, supported employment, peer support, nursing, home delivered meals, recovery management, substance use disorder services

Additional Resources:

- [CMS webpage: 1915\(i\) Overview](#)
- [CMS Presentation: 1915\(i\) Home and Community Based Services \(HCBS\) State Plan Option: Requirements for Needs-Based Criteria and State Option to Target Benefit](#)
- [CMS Presentation: Opportunities to Address Social Determinants of Health \(SDOH\) in 1915\(c\) and 1915\(i\) Medicaid Home and Community Based Services \(HCBS\) Programs](#)
- [CMS HCBS Technical Assistance Web Site: 1915\(i\) State Plan HCBS](#)
- [ASPE: The Use of 1915\(i\) Medicaid Plan Option for Individuals with Mental Health and Substance Use Disorders](#)
- [MACPAC: Behavioral health services covered under HCBS waivers and 1915\(i\) SPAs](#)