

## HCBS Waiver Assurances and Sub-assurances

### **Appendix A: Administrative Authority**

**Assurance:** The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

### **Appendix B: Level of Care**

**Assurance:** The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/re-evaluating and applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/IID.

#### **Sub-Assurances:**

- An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
- The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant LOC.

### **Appendix C: Qualified Providers**

**Assurance:** The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

#### **Sub-Assurances:**

- The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
- The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
- The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

### **Appendix D: Service Plan**

**Assurance:** The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for the waiver participants.

#### **Sub-Assurances:**

- Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
- Service plans are updated/revise at least annually or when warranted by changes in the waiver participant's needs.
- Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

- Participants are afforded choice between/among waiver services and providers.

### **Appendix G: Health and Welfare**

**Assurance:** The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

**Sub-Assurances:**

- The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.
- The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.
- The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
- The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

### **Appendix I: Financial Accountability**

**Assurance:** The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.

**Sub-Assurances:**

- The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.
- The State provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.