

CMS Informal Waiver Review Questions - By Waiver Section
Master

Workgroup	Waiver	Section	Question #	Question
Service Definitions	Comprehensive	Module 1	1	Does the revision of service definitions create any limitation of services not included in the approved waiver?
	Adult Day	Main- Public Input	1	The state indicates that it received one comment from the public regarding this waiver renewal. Please provide information regarding the content of the comment and why the state did not make any changes based on that comment.
	Comprehensive	Attachment #1 Transition Plan	2	The state did not identify a transition plan for individuals with autism previously served in this waiver.
	Adult Day	Attachment #1 Transition Plan	2	Module 1. Transition Plan – if an individual needed behavioral risk or medical risk services and was referred to the other DD waiver, is there a waiting list for services? How soon could an individual expect to wait to be served if transitioning from the Day Supports Waiver?
	Adult Day	Attachment #2: HCBS Setting Waiver Transition Plan	3	Please add the information to this section of the waiver application from the statewide transition plan to specify Nebraska’s process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements found at 42 CFR 441.301(c)(4)-(5) and associated guidance.
Prioritization and Wait List	Comprehensive	Appendix B-1	3	The state did not identify the removal of a target group of individuals with Autism in your summary of major changes in this renewal.
Prioritization and Wait List	Comprehensive	Appendix B-1b - Specification of the Waiver Target Group(s) – Additional Criteria	4	If the only additional criteria is that an individual must not receive services under another 1915(c) waiver, please remove “To be eligible for waiver services, the individual must meet additional criteria “. If there are other additional criteria, they must be listed here. It is not necessary to state that the individual must receive services under only one HCBS at a time as this is a requirement of the HCBS program
Prioritization and Wait List	Adult Day	Appendix B-1b - Specification of the Waiver Target Group(s) – Additional Criteria	4	
Prioritization and Wait List	Comprehensive	Appendix B-3 - Number of Individual Served	5	This section does not align with the currently approved waiver. Please correct the unduplicated number of participants to reflect the correct number of unduplicated participants the State proposes to serve. If the renewal is accurate, please explain the variance in the number served from waiver year 5 of 4180 to 3685 for waiver year 1 of the new waiver. If there is an intended reduction in this number an explanation will be needed.
Prioritization and Wait List	Comprehensive	Appendix B-3 - Number of Individual Served	6	If no reduction is intended, the state needs to revised its unduplicated count and adjust any differences in cost neutrality within Appendix J.
Prioritization and Wait List	Adult Day	Appendix B-3 - Number of Individual Served	5	This section is an exact cut and paste from the currently approved waiver. Please correct the unduplicated number of participants to reflect the correct number of unduplicated participants the State proposes to serve. If this number is accurate, please explain the variance in the number served from waiver year 5 1625 to 1330 for waiver year 1 of the new waiver. There is a reduction in this number and an explanation will be needed.
Prioritization and Wait List	Comprehensive	Appendix B-3b – Limitation on the Number of Participants Served at any Point in Time	7	Please confirm that the state has not been imposing a limitation on the number of participants served at any point in time and does not wish to do so with the renewal of this waiver.
Prioritization and Wait List	Adult Day	Appendix B-3b – Limitation on the Number of Participants Served at any Point in Time	6	Please confirm that the state has not been imposing a limitation on the number of participants served at any point in time.
Prioritization and Wait List	Comprehensive	Appendix B-3c – Reserved Waiver Capacity	8	Please confirm that the state does not wish to reserve capacity for any specific population at this time.
Prioritization and Wait List	Adult Day	Appendix B-3c – Reserved Waiver Capacity	7	
Application and Eligibility	Comprehensive	Appendix B-5bc – Post-Eligibility Treatment of income – Regular Post-Eligibility Treatment of Income	9	Does the state impose any limitation on the amount of incurred medical expenses not subject to third party payment that are allowed as deductions? For instance, does the state not allow a deduction for the costs of services incurred during a transfer of assets penalty period or for any other reason? If so, the state needs to list the limitations at B.5.b.iv. and at B-5.d.iii. for Spousal Impoverishment rules. This same limitations would also need to be listed in Appendix B-5.g.
Application and Eligibility	Adult Day	Appendix B-5bc – Post-Eligibility Treatment of income – Regular Post-Eligibility Treatment of Income	8	
Application and Eligibility	Comprehensive	Appendix B-6-i Procedures to Ensure Timely Reevaluations	10	Are the qualifications of designated staff verifying timely evaluations different than qualifications of individuals performing the re-evaluations?

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Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Provider Specifications	11	Please specify if criminal background checks, a valid driver's license and a minimum age conditions of employment as a direct support worker? (There is a reference to background checks in the QIS in Appendix G at page 193, but it should be clear in provider qualifications for each service).
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Provider Specifications	9	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Provider Specifications	12	Please explain the distinguishing factor in determining whether a provider's qualifications are verified annually versus bi-annually.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Provider Specifications	10	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Provider Specifications	13	Under Other Standard for several distinct services, it indicates the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the following service provider types
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Provider Specifications	11	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Provider Specifications	14	Within provider qualifications for Respite and CLDS, there is a reference to the functioning level of the "child" as a provider and the need for the independent provider's parent to sign the service provider agreement if it is a non-emancipated minor. Please consider whether this presents an unnecessary risk to the health and safety of the participant and demonstrate how that individual is the only willing and qualified provider for the service.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Day Habilitation	15	The state should clarify that this service existed in the approved waiver, but is being modified with this renewal.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Day Habilitation	16	How has the state addressed potentially isolating effect of this congregate setting?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Day Habilitation	17	How does the state ensure access to food beyond "snack" given the amount of time an individual might receive the service on any particular day?
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Day Habilitation	12	The service definition states that day habilitation services may reinforce skills taught in therapy, counseling sessions and other sessions. By other sessions, do you mean therapies?
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Day Habilitation	13	Do the credentials of the Day Habilitation provider include skills that would support their ability to help reinforce skills taught in therapy and counseling sessions?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Group Home Residential	18	How will the state address visitors?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Group Home Residential	19	How will the state address access to food?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Group Home Residential	20	How will the state address privacy and lockable doors, restricted staff access?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Integrated Community Employment	21	The application reads: "Income from customized home-based businesses may not be commensurate with minimum wage requirements with other employment. No more than two individuals may participate in a home-based business at the same participant directed companion home." Please explain the parameters for customized home-based businesses to ensure meaningful interaction with the community for integrated community employment and how any unintended isolating effect is mitigated.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Integrated Community Employment	19	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Integrated Community Employment	22	In other specifications: the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." We believe this is in this section in error as it would be quite difficult to maintain this standard in a community based integrated work site. How does the state address provision of meals and snacks in an integrated community employment setting? Please verify or remove.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Integrated Community Employment	23	Please specify if personal care assistance is included or separate from this service and support.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Integrated Community Employment	15	

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Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Integrated Community Employment	16	Please clarify if provider reimbursement for this service is paid for the direct care providers direct time and service delivered to the individual.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Integrated Community Employment	17	Please explain if there is a difference in provider reimbursement for stabilization and extended ICE. The Appendix J tables reflect one rate for reimbursement.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Integrated Community Employment	18	Under Other Standard, the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the service provider type.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Respite	24	Within provider qualifications, there is a reference to the functioning level of the "child" as a provider and the need for the independent provider's parent to sign the service provider agreement if it is a non-emancipated minor. Please consider whether this presents an unnecessary risk to the health and safety of the participant and demonstrate how that individual is the only willing and qualified provider for the service.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Respite	25	Please refine the language surrounding nutrition for this service. The current language specifies that meals provided as a part of this service shall not constitute a full nutritional regimen. The unit of service can equal a day if it lasts for eight or more hours. In instances where the service is 1 day or longer, it seems that in fact the respite provider would be responsible for the full nutritional regimen.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Respite	26	The discussion of respite provided outside the family home suggests the "family visit the facility or where the service is to be provided and agree to the provision of services in that location." A facility is not delineated among the settings for the service. Please clarify all possible settings for this service.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Respite	21	
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Respite	20	Please clarify whether respite cannot be provided for over an amount of time that would constitute a person consuming 3 meals. The statement that meals provided as part of these services shall not constitute a full nutritional regime is confusing if an individual may need to receive 2 days-48 hours of respite (example: weekend).
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Assistive Technology	27	The state indicates in its service definition that, "Permanently attached devices, controls and appliances may not be installed in residential settings that are owned or leased by providers of waiver services." How would an individual who requires grab bars in the bathroom or hallway, or other similar attached devices, for their health and safety have those needs met? Are there similar limitations on the use of funds for provider owned vehicle modifications? Can the \$5,000 be used to purchase or lease a vehicle with or without accessibility modifications, if appropriate for the individual? Can ATS funds be used to repair a vehicle? Is there any exception process if an ATS device needed for health and safety exceeds the \$5000 annual limit?
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Assistive Technology	14	Please specify how individuals in provider owned/controlled settings have their needs met regarding ATS, e.g. residential settings are responsible for installing grab bars in household restrooms as needed.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Behavioral Risk Services	28	The State's description and detail of service components contain multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of day and residential habilitation along with behavioral intervention or psychiatric services. The teaching and learning of various skill delineated further overlap with day habilitation or residential services. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for an explanation of bundling services.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Behavioral Risk Services	29	The current language specifies that meals provided as a part of this service shall not constitute a full nutritional regimen. The unit of service can be provided 24/7 and as a continuous service. Accordingly, there are instances when the full nutritional regimen would seem appropriate. Additionally, this service seems to replace day and or residential services such that the failure to address nutrition issues could present a health and welfare concern. Please refine the language surrounding nutrition for this service.

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Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Community Living and Day Supports	30	The State's description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of personal care, day and residential habilitation, case management, homemaker, prevocational, and employment-related services. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for an explanation of bundling services.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Community Living and Day Supports	22	
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Community Living and Day Supports	23	The lines of responsibility become blurred when the State indicates that "CLDS is generally not delivered in the provider's home." The nature of CLDS is similar in nature, in part, to the responsibilities one would expect to find in a provider's residential setting (e.g., assistance with hygiene, bathing, eating, dressing, and grooming, etc.) and household activities to maintain a home living environment. CMS believes that the State should include in its limits section a statement that CLDS cannot be provided in a provider's home to make this distinction perfectly clear or please provide an explanation why it would be allowed in a provider's home.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Community Living and Day Supports	31	Day habilitation may not provide reimbursement of services vocational in nature. See Page 140 of HCBS technical guide. Day habilitation services and vocational services must be separated as distinct services. Also, the service definition gives the impression that informal supports, natural teaching moments are paid/ reimbursed to the provider
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Community Living and Day Supports	24	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Community Living and Day Supports	32	Within provider qualifications, there is a reference to the functioning level of the "child" as a provider and the need for the independent provider's parent to sign the service provider agreement if it is a non-emancipated minor. Please consider whether this presents an unnecessary risk to the health and safety of the participant and demonstrate how that individual is the only willing and qualified provider for the service.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Companion Home Residential Services	33	Within the definition it states the services are expected to begin at 6 AM daily. Please explain why there is a morning parameter only and clarify the maximum units of service in a 24 hour period.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Companion Home Residential Services	34	While a tenancy agreement is noted, how does the state address visitors?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Companion Home Residential Services	35	How will the state address access to food?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Companion Home Residential Services	36	How will the state address privacy and lockable doors, restricted staff access?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Extended Family Home Residential	37	Within the definition it states the services are expected to begin at 6 AM daily. Please explain why there is a morning parameter only and clarify the maximum units of service in a 24 hour period.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Extended Family Home Residential	38	How will the state address a lease or tenancy agreement?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Extended Family Home Residential	39	How does the state address visitors in this setting?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Extended Family Home Residential	40	How will the state address access to food in this setting?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Extended Family Home Residential	41	How will the state address privacy and lockable doors, restricted staff access in this setting?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Home Modifications	42	Given that this service is not available in provider controlled settings, how is this need met in that instance?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Home Modifications	43	Is there any sort of appeal or exceptions process if a needed modification exceeds the \$5000 annual cost limit?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: In-Home Residential	44	The State's description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of personal care, residential habilitation, and homemaker services. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for explanation of bundling services.

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Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services:Retirement Services	45	Please clarify whether the state has established an age when individuals may access this particular service. The first sentence of the service description appears to be limiting which is prohibited. Due to the nature of individuals' disabilities, individuals may retire at an earlier age than the general, non-disabled public.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services:Retirement Services	25	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services:Retirement Services	46	The State's description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of day and residential habilitation, which also include different levels of frequency for delivery of the services, e.g. continuous and intermittent. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for explanation of bundling services.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services:Retirement Services	26	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Supported Integrated Employment	47	Under Other Standard, the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the service provider type.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Supported Integrated Employment	27	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Team Behavioral Consultation	48	The State's description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of personal care, day and residential habilitation, case management, homemaker, prevocational, and employment-related services. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for an explanation of bundling services.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Team Behavioral Consultation	28	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Vehicle Modifications	49	Given that this service is not available in provider owned, how is this need met in that instance?
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services: Vehicle Modifications	50	Is there any sort of appeal or exceptions process if a needed modification exceeds the \$5000 annual cost limit?
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services: Vehicle Modifications	29	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services:Vocational Planning	51	The State's description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of day and residential habilitation, which also include different levels of frequency for delivery of the services, e.g. continuous and intermittent. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117for explanation of bundling services.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services:Vocational Planning	30	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services:Vocational Planning	52	Under Other Standard, the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the service provider type.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services:Vocational Planning	31	
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services:Workstation	53	The State's description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of day and residential habilitation, which also include different levels of frequency for delivery of the services, e.g. continuous and intermittent. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for explanation of bundling services.
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services:Workstation	32	
Service Definitions	Adult Day	Appendix C-1/C-3 Participant Services:Workstation	33	Under Other Standard, the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please explain why this is a provider standard.
Service Definitions	Comprehensive	Appendix C-1/C-3 Participant Services:Workstation	54	Under Other Standard, the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the service provider type.
Service Definitions	Comprehensive	Appendix C-2-c Facility Specifications/Home and Community-Based	55	Please provide additional information about how these center-based services maintain a home and community based setting consistent with the settings requirements in the HCBS Rule

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Service Definitions	Adult Day	Appendix C-2-c Facility Specifications/Home and Community-Based	34	Please remove the information from this section (cut and paste) and provide these details and language into Attachment #2. Please provide additional detail how these settings comply, will comply, or will not comply with the HCBS regulations.
Provider Enrollment	Comprehensive	Appendix C-2-f Enrollment of Providers	56	Given that the state expresses to timeline for enrollment of providers, what is the typical timeline it takes to enroll a new agency provider? What is the typical timeline to enroll an independent provider?
Provider Enrollment	Adult Day	Appendix C-2-f Enrollment of Providers	36 & 37	
Provider Enrollment	Adult Day	Appendix C-2-f Enrollment of Providers	35	Please specify whether service provider agencies and individual providers are checked against the Medicaid Excluded Provider list.
Rate Setting	Comprehensive	Appendix C-4 Additional Limits of Amount of Waiver Services	57.a	Please specify if there is a maximum dollar amount for individuals on this waiver. Please specify when individuals are notified in writing regarding the amount of the limit.
Rate Setting	Adult Day	Appendix C-4 Additional Limits of Amount of Waiver Services	38.e	
Rate Setting	Adult Day	Appendix C-4 Additional Limits of Amount of Waiver Services	38.a	Prospective Individual Budget Amount – Please specify if there is a maximum dollar amount for individuals on this waiver. a. Please specify when an individual’s service coordinator informs the individual of their budget amount and can the individual request to review the budget amount.
Rate Setting	Comprehensive	Appendix C-4 Additional Limits of Amount of Waiver Services	57.b	Please specify whether additional funding requested through the exception process is temporary and/or permanent adjustment in funds to the budget.
Rate Setting	Adult Day	Appendix C-4 Additional Limits of Amount of Waiver Services	38.b	
Rate Setting	Comprehensive	Appendix C-4 Additional Limits of Amount of Waiver Services	57.c	Please specify whether geographic factors affect the budget amount.
Rate Setting	Adult Day	Appendix C-4 Additional Limits of Amount of Waiver Services	38.c	
Rate Setting	Comprehensive	Appendix C-4 Additional Limits of Amount of Waiver Services	57.d	Please clarify the process when a participant is referred to another waiver. What happens if the other waiver has a waiting list? Does the referred participant have priority status to access the waiver and its services?
Rate Setting	Adult Day	Appendix C-4 Additional Limits of Amount of Waiver Services	38.d	
Rate Setting	Comprehensive	Appendix C-4 Additional Limits of Amount of Waiver Services	57.e	Please explain for CMS’ understanding why the methodology for determining an individual budget is not open for public inspection.
Rate Setting	Adult Day	Appendix C-4 Additional Limits of Amount of Waiver Services	38.f	
	Comprehensive	Appendix C – 5a – Home and Community-Based Settings	58	Please include existing language pertaining to this waiver from the Statewide HCB Settings Transition Plan (including any updates consistent with review process).
Person-Centered Planning	Comprehensive	Appendix D-1 b. Service Plan Development Safeguards	59	Clarify how health and welfare are addressed in the assessment process.
Person-Centered Planning	Adult Day	Appendix D-1-d-f Monitor service plan	39	Please specify the required frequency of monitoring a service coordinator must perform. “As opportunity arises” does not meet the requirement an individual’s service plan and needs are monitored based on the individual’s needs.
Person-Centered Planning	Comprehensive	Appendix D-2-a-b Monitoring and follow-up methods	60	Please specify whether service coordinators monitor to ensure an individual resides and/or receives services in a setting that meets the home and community-based regulations and requirements.
Person-Centered Planning	Adult Day	Appendix D-2-a-b Monitoring and follow-up methods	40	
Person-Centered Planning	Adult Day	Appendix D-2-a-c Frequency with which monitoring is performed	41	Please specify the required frequency of monitoring a service coordinator must perform and how it support the needs of the individual.
Person-Centered Planning	Comprehensive	Appendix D-2-a.-e. Monitoring and Follow-up Methods	61	How does the SC assess the effectiveness of the back-up plans including natural supports?
Person-Centered Planning	Adult Day	Appendix D-1-e Risk Assessment and Mitigation	42	Please specify how emergency risks and back-up plans are address, identified and developed, e.g. emergency responsiveness and/or evacuation due to natural disasters.
Person-Centered Planning	Adult Day	Appendix E-1-n Goals for Participant Direction	43	For the waiver ending, 625 individuals were expected to self-direct their services. For the new waiver under review, year 1 starts with 400 participants. Please explain the variance in number of participants. Did the state intend to reduce the number of participants who elect to direct their waiver services?
Person-Centered Planning	Adult Day	Appendix E-1-n Goals for Participant Direction	44	How many individuals are currently self-directing their services?
Person-Centered Planning	Comprehensive	Appendix E-2-n Goals for Participant Direction	62	Please explain the factors that lead the state to expect growth of more than 500 new participants utilizing self-direction in year 1 of the waiver renewal.
Quality Improvement	Adult Day	Appendix F – Fair Hearing	45	Please specify the timeframe in which notice is provided.

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Quality Improvement	Adult Day	Appendix F – Fair Hearing	46	Please specify if the IDR process and timeline is identified and explained in the notice.
Quality Improvement	Adult Day	Appendix F – Fair Hearing	47	Please note the IDR process cannot replace the individual’s right to a fair hearing. Please explain the statement the IDR ‘stays the appeals process’.
Quality Improvement	Comprehensive	Appendix F-2 Additional Dispute Resolution Process	63	It is clear informal dispute resolution needs to be requested within 90 days of the decision and any remaining time to request a fair hearing is communicated. How long does the IDR process take? Does the state collect data on IDR utilization and the number of decisions that continue through to a fair hearing?
Quality Improvement	Comprehensive	Appendix F-3 State Grievance/Complaint System	64	Since the state does not operate a complaint system, how does the state afford participants the opportunity to register a complaint concerning the provision of services under the waiver?
Quality Improvement	Adult Day	Appendix F-3 State Grievance/Complaint System	48	
Quality Improvement	Adult Day	Appendix G-1-b:	49	Please specify how public complaints related to providers or participants are handled.
Quality Improvement	Adult Day	Appendix G-1-b:	50	Please specify how participant complaints are handled.
Quality Improvement	Comprehensive	Appendix G-1-d. Participant Safeguards	65	How is the individual or their representative informed of the results of the investigation? What is the timeframe for the release of the information after the completion of any investigation regardless of priority level?
Health and Safety	Comprehensive	Appendix G-2-a-ii Restraints and Restrictive Interventions	66	The state may wish to clarify detection of unauthorized restraint outside of the monitoring and oversight process described in G-2-a-ii.
Health and Safety	Adult Day	Appendix G-2-a-ii Restraints and Restrictive Interventions	51	Please clarify whether the use of mechanical restraints, physical restraints, seclusion, and aversive stimuli are/are not allowable (see 1st sentence in second paragraph). CMS is unclear whether these methods are or are not allowable since the State describes use the use of these methods which appear to be allowable in some circumstances. (See 66 Similar)
Health and Safety	Comprehensive	Appendix G-2-a-ii Restraints and Restrictive Interventions	67	What documentation is used to track utilization of restraints consistent with a PCP or when an unexpected safety issue arises prior to development of a revised plan for the individual?
Health and Safety	Comprehensive	Appendix G-2-b. Restrictive Interventions	68	The state may wish to remove references to restraints in this section as it repetitive with G-2-b. Are there other restrictive interventions beyond separation utilized by the state?
Health and Safety	Comprehensive	Appendix G-2-b. Restrictive Interventions	69	Are there other restrictive interventions beyond separation utilized by the state? More detail is needed to support other restrictive interventions.
Health and Safety	Comprehensive	Appendix G-3-c-iii Medication Management and Reporting	70	Please confirm what state agencies are authorized to request medication error reports and how this information is tracked and addressed by the SMA or OA.
Health and Safety	Adult Day	Appendix G-3-c-iii Medication Management and Reporting	52	
Health and Safety/ Quality Improvement	Comprehensive	Appendix G Discovery and Remediation of Health and Welfare QIS	71	In general, the state may wish to clearly identify the numerator and denominator in performance measures for clarity, e.g. N- the number of suspected incidents of abuse and neglect reported within timelines/ D-total incidents of suspected abuse and neglect.
Quality Improvement	Comprehensive	Appendix H- Systems Improvement	72	How does the state stratify information from the respective HCBS waivers?
Quality Improvement	Adult Day	Appendix H- Systems Improvement	53	
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	73	Why provider claims only audited in response to concerns are raised by complaints or certification or licensure reviews? What other procedures does the state use to ensure financial integrity and accountability of provider claims.
Rate Setting	Adult Day	Appendix I-1 Financial Integrity and Accountability	54	
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	74	DD agency providers are required by contract to do an annual audit of their operations. Specifically, are the auditors required to be independent of the agency? If not, why not?
Rate Setting	Adult Day	Appendix I-1 Financial Integrity and Accountability	55	
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	75	Please explain, in detail, what procedures are in place to monitor the financial integrity and accountability of claims made and paid. Specifically, other than reviewing claims for cause, what steps does the state take to ensure that claims match the plan of services, that providers are duly authorized to perform the indicated services, that the services were properly performed on the dates indicated by the person indicated, in accordance with the plan of services? If random samples of claims are used, please specify the source of the population, how the sample is selected, who performs the review, how are the results reported, and what happens when defects are identified?
Rate Setting	Adult Day	Appendix I-1 Financial Integrity and Accountability	56	

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Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	76	Please clarify how services are reviewed to ensure fiscal integrity, by explaining, in detail: f. Whether the review is performed pre- and/or post-payment. g. For each type of review of service claims, is the review a true independent audit? h. Who performs each type of review? i. How frequently are each of these reviews performed? j. How are service claims selected for review? k. How many claims are reviewed for each period specified? l. What documents or data is examined for the review? m. What data elements are reviewed?
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	77	Explain the review methodology in detail, for example, include in your explanation: n. How does the reviewer determine that a particular claim for service was performed during the period authorized by the plan of care, in the amount, type, and whether the appropriate provider specified by the plan of care. o. How does the reviewer determine whether the participant was in a setting eligible for personal care services (e.g., the participant was not in a hospital or nursing facility)? p. How does the reviewer confirm that the individual providing the personal care services is eligible and qualified to provide such services?
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	78	What corrective or other steps are taken when errors are found?
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	79	Please explain, in detail, the systems and procedures in place to assure that: (i) personal care services are provided only by qualified individuals; (ii) such individuals only provide the services to eligible participants with the frequency, amount, and duration specified in the plan of care; and (iii) such individuals are only paid for the services they actually perform that are in accordance with the plan of care.
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	80	Please explain, in detail, how the systems and procedures described in B (above) check for and detect: (i) services that are billed for but not actually rendered; (ii) duplicative billing (i.e., either billing more than once for the same service or billing by more than one individual or agency for the same service provided to the same individual); and (iii) services provided by an unauthorized individual and either billed by the unauthorized individual or by an authorized individual.
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	81	Please explain, in detail, what monitoring systems and procedures are used to detect and prevent participants from being coerced into approving services that were not provided in accordance with his or her plan of care, or were not provided by an authorized provider.
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	82	What specific organization is accountable for the proper administration of the systems and procedures described in B (above), and what does the state Medicaid agency do to monitor the organization accountable for fiscal integrity?
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	83	What procedures are in place to ensure that providers satisfy all applicable qualifications for performing personal care services, both before and during their provision of services?
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	84	What procedures are in place to ensure that ineligible providers cannot and do not provide personal care services and that they cannot be paid for those services if they do provide such services?
Rate Setting	Comprehensive	Appendix I-1 Financial Integrity and Accountability	85	Explain what corrective actions that are taken if and when errors are found. Include procedures for notifying the operating agency, the state Medicaid agency, and other agencies responsible for combatting fraud, waste, and abuse.
Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	86	General questions for all service rates: q. Please describe the processes in place to ensure the rates are sufficient to enlist enough providers.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	57	

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Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	87	The waiver states the rates for Respite services and Community Living and Day Supports (CLDS) delivered by independent providers are based on usual and customary rates for independent providers funded through other DHHS programs. w. Describe how the information from those programs was used in the rate development, were the rates blended, adjusted or simply accepted to be appropriate for the waiver services.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	57	x. Please describe any adjustments (e.g., Unit Cost Trends, Utilization Trends, Risk Difference for the two populations) applied to the rates from other programs in developing the rates for the new services. y. Are the guidelines that DHHS issues for the rate ranges required to be strictly followed? How is it assured that these guidelines are followed?
Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	88	Were trend rates applied separately for both utilization and unit cost adjustments? z. If so, please provide each of the trends for all services. aa. If not, please provide the trends for each waiver service and explain why it is suitable to only use a single trend for each service and not separate utilization and cost trends
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	57	
Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	89	Please clarify if the rates vary by geographic region, if so please describe how the rates were determined by geographic region.
Rate Setting	Adult Day		59	
Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	90	Please clarify if the rates for the same services vary by provider, and if so, please describe how the rates vary by provider.
Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	91	Please explain the justification for the adjustment factor for ICE 110 percent and vocational planning 105 percent. What was the factor?
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	62	
Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	92	Please explain how 15/10 percent were determined to develop the supported integrated employment rate
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	63	
Rate Setting	Comprehensive	Appendix I-2a Rate Methodology	93	Was there any change in rate methodology since the last renewal or amendment? If so, please describe all changes and the reasons for those changes.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	60	
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	58	Please provide a more specific link or instruction of which report identifies the waivers' rate study.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	61	Please specify whether base rates begin at the state, federal, or other minimum wage.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	64	Please remove language regarding behavioral/medical risk since these are not services provided under this waiver.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	65	Please explain why the retirement service rate for reimbursement is below the state's minimum wage.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	66	Please specify the entity or entities responsible for all rate determinations and how the process is conducted.
Rate Setting	Adult Day	Appendix I-2a Rate Methodology	67	Please specify how and when the rates are adjusted.
Rate Setting	Comprehensive	Appendix I 2d.- Billing Validation Process	94	Does the state use patient surveys to validate post payment billings? If yes, please describe those methods. If not, describe what processes are in place to assure only proper payments are being made and that any payments for inappropriate billings are recouped.
Rate Setting	Adult Day	Appendix I 2d.- Billing Validation Process	68	
Rate Setting	Comprehensive	Appendix I 2d.- Billing Validation Process	95	Does the state use a post-payment audit as part of the billing validation process? If so, what processes are in place to assure only proper payments are being made and that any payments for inappropriate billings are recouped?
Rate Setting	Adult Day	Appendix I 2d.- Billing Validation Process	69	
Rate Setting	Adult Day	Appendix J-Tables	70	The rates of reimbursement will need to be revised to separate the distinct services as identified in Appendix C and for varying levels of service.
Rate Setting	Comprehensive	Appendix J-2a and J-2b Unduplicated Participants and Average Length of Stay (J-2b)	96	Were lapse rates (rate of participants leaving the program) built into the projection of the unduplicated participants? If so, please provide the rate and describe how it was developed. If not, describe why no rate was built into the projection.
Rate Setting	Adult Day	Appendix J-2a and J-2b Unduplicated Participants and Average Length of Stay (J-2b)	71	
Rate Setting	Comprehensive	Appendix J-2a and J-2b Unduplicated Participants and Average Length of Stay (J-2b)	97	Please explain why the population is projected to increase in each year of the renewal.

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Rate Setting	Adult Day	Appendix J-2a and J-2b Unduplicated Participants and Average Length of Stay (J-2b)	72	
Rate Setting	Comprehensive	Appendix J-2a and J-2b Unduplicated Participants and Average Length of Stay (J-2b)	98	Please explain why the ALOS is expected to remain constant for all five years of the waiver.
Rate Setting	Adult Day	Appendix J-2a and J-2b Unduplicated Participants and Average Length of Stay (J-2b)	73	
Rate Setting	Comprehensive	Appendix J-2c: Development of Factor D	99	Please explain how the increases in population impact the development of Factor D for the renewal.
Rate Setting	Adult Day	Appendix J-2c: Development of Factor D	74	
Rate Setting	Comprehensive	Appendix J-2c: Development of Factor D	100	Is the addition of new participants each year expected to change the characteristics (risk profile) of the population? bb. If so, please describe how the change in the overall risk characteristics of the population affected the projection of factor D. cc. If the overall risk characteristics of the population did not change, how did you assure that they did not change and that there was no effect on factor D in accordance with the increased population?
Rate Setting	Adult Day	Appendix J-2c: Development of Factor D	75	
Rate Setting	Comprehensive	Appendix J-2c: Development of Factor D	101	In estimating the number of units per user, please describe any analysis done to assume that utilization will remain the same as State Fiscal Year 2015.
Rate Setting	Adult Day	Appendix J-2c: Development of Factor D	76	
Rate Setting	Comprehensive	Appendix J-2c: Development of Factor D	102	Please provide further explanation for the derivation and appropriateness of using an annual increase of 2.25% each year.
Rate Setting	Comprehensive	Development of Factors D', G and G' (Section J-2c)	103	Please provide further explanation for the derivation and appropriateness of using an annual increase of 2.25% for Factor D', Factor G, and Factor G'.
Rate Setting	Adult Day	Development of Factors D', G and G' (Section J-2c)	77	
Quality Improvement	Comprehensive	QIS	104	All performance measures should have a numerator and denominator specifically identified in the measure.
Quality Improvement	Adult Day	QIS	78	
Application and Eligibility/Quality Improvement	Comprehensive	QIS – B: Level of Care	105	Regarding Sub-assurance (a): dd. The proposed performance measure (PM) does not address whether an evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. Please revise this PM to specifically address this issue. (#79)
Application and Eligibility/Quality Improvement	Adult Day	QIS – B: Level of Care	79	ee. The proposed PM should be in the form of a percentage. In its current form, the PM is simply an integer and does not provide a sense of compliance. Please revise the PM to describe the actual measurement to assure compliance.
Application and Eligibility/Quality Improvement	Adult Day	QIS – B: Level of Care	80	Sub-assurance c – The first performance measure does not address whether the instruments described in the approved waiver are applied appropriately. Please revise the proposed measure or add a measure to address this sub-assurance.
Application and Eligibility/Quality Improvement	Comprehensive	QIS – B: Level of Care	106	Regarding Sub-Assurance (c)The first proposed PM does not address whether the instruments described in the approved waiver are applied appropriately. We request that the State either revise the proposed PM or add an additional PM to measure that waiver instruments are used appropriately to determine participants' LOC.
Provider Enrollment/Quality Improvement	Comprehensive	QIS-C: Qualified Providers	107	Regarding Sub-assurance (b): The first proposed PM only mentions background checks. Are there any other waiver requirements that must be met prior to non-licensed/non-certified provider approval? If so, please revise the PM to include those standards.
Provider Enrollment/Quality Improvement	Comprehensive	QIS-C: Qualified Providers	108	Regarding Sub-assurance (c):For the second proposed PM, how is it determined that an individual had no issues with their non-certified community supports provider performance? How does the state measure if an individual had issues with a non-certified provider outside of community supports? As a general matter the number of providers without performance issues is not an adequate proxy for whether the state has implemented its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the waiver. We recommend that the proposed PM be replaced with one that more accurately measures the sub-assurance.

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Provider Enrollment/ Quality Improvement	Adult Day	QIS-C: Qualified Providers	81	
Person-Centered Planning/Quality Improvement	Comprehensive	QIS – D: Service Plan	109	Regarding sub-assurance (a): None of the PMs measure whether service plans address all participants’ personal goals. We request that the state either revise the current PM or add an additional PM to measure that all participants’ personal goals are addressed in the service plan.
Person-Centered Planning/Quality Improvement	Adult Day	QIS – D: Service Plan	82	Sub-assurance a – None of the performance measures address whether service plans address all participants’ personal goals. <i>(See 109 Similar)</i>
Person-Centered Planning/Quality Improvement	Comprehensive	QIS – D: Service Plan	110	Regarding sub-assurance (c): The second proposed PM does not adequately address the sub-assurance. This PM only provides the number/percent of total service plans that were revised due to a change in a person’s needs, not the percent of service plans that needed to be revised and were revised. Please revise this PM to appropriately measure the sub-assurance.
Person-Centered Planning/Quality Improvement	Adult Day	QIS – D: Service Plan	83	Sub-assurance c –The second performance measure does not adequately address the sub-assurance. It should be revised to address the number/percent of service plans that needed to be revised and were revised based on a change in need. <i>(See 110 Similar)</i>
Person-Centered Planning/Quality Improvement	Comprehensive	QIS – D: Service Plan	111	Regarding sub-assurance (d): How will the state determine whether participants have received the appropriate type, scope, amount, duration, and frequency of services specified in the IPP?
Health and Safety/ Quality Improvement	Comprehensive	QIS – G: Health and Welfare	112	Regarding sub-assurance (a): We saw in the Evidentiary Report that CMS recommends that the state develop a PM to appropriately measure sub-assurance (a). We also saw that the state eliminated the first and second PMs from the prior waiver. Given CMS’ concerns, we recommend that the state add additional PMs, which may include the prior PMs. The third proposed PM measures only the timeliness of reports of incidents of suspected abuse/neglect. This does not measure that the state, on an ongoing basis, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. Please develop additional PMs, as necessary, to measure all aspects of the sub-assurance. Also, we are concerned reports of incidents of suspected abuse/neglect, etc. are not the only means of determining whether instances of abuse, neglect, etc. have occurred, as it possible that some of these instances could go unreported. We urge the state to consider other metrics by which to measure that all instances of abuse, neglect, exploitation and unexplained death are being identified, even if a special incident report has not been filed.
Health and Safety/	Comprehensive	QIS – G: Health and Welfare	113	<i>Regarding sub-assurance (b): Please either modify or add PMs to measure that an incident management system is in place that effectively prevents further similar incidents, to the extent possible.</i>
Health and Safety/ Quality Improvement	Adult Day	QIS – G: Health and Welfare	84	
Health and Safety/	Comprehensive	QIS – G: Health and Welfare	114	<i>Regarding sub-assurance (c): Please consider revising the current PM or adding additional PMs that measure whether restrictive interventions occurred without a report being filed.</i>
Health and Safety/ Quality Improvement	Adult Day	QIS – G: Health and Welfare	85	
Health and Safety/ Quality Improvement	Comprehensive	QIS – G: Health and Welfare	115	<i>Regarding sub-assurance (d): One or more PMs should be added to measure compliance with the state’s overall health care standards.</i>
Health and Safety/	Adult Day	QIS – G: Health and Welfare	86	
Rate Setting	Comprehensive	QIS – I: Financial Accountability	116	<i>Regarding sub-assurance (a): ff. How does the State ensure that claims are paid only for services rendered? gg. How does the State ensure that claims are coded correctly?</i>

CMS Informal Waiver Review Questions - By Waiver Section
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Rate Setting	Adult Day	QIS – I: Financial Accountability	87	hh. How does the State ensure that services have been actually rendered before they are paid? ii. The proposed PM does not cover all aspects of the sub-assurance. Therefore the state should propose additional PMs to cover all aspects of the sub-assurance.
Rate Setting	Comprehensive	QIS – I: Financial Accountability	117	Regarding sub-assurance (b): Please clarify how the approved service rate is assured to be developed consistent with the approved rate methodology and that the rate changes will only be made consistent with the approved rate methodology.

CMS Informal Waiver Review Questions - By Waiver Section
Application and Eligibility

Waiver	Question #	Question
Appendix B-5bc – Post-Eligibility Treatment of income – Regular Post-Eligibility Treatment of Income		
Comprehensive	9	Does the state impose any limitation on the amount of incurred medical expenses not subject to third party payment that are allowed as deductions? For instance, does the state not allow a deduction for the costs of services incurred during a transfer of assets penalty period or for any other reason? If so, the state needs to list the limitations at B.5.b.iv. and at B-5.d.iii. for Spousal Impoverishment rules. This same limitations would also need to be listed in Appendix B-5.g.
Adult Day	8	
Appendix B-6-i Procedures to Ensure Timely Reevaluations		
Comprehensive	10	Are the qualifications of designated staff verifying timely evaluations different than qualifications of individuals performing the re-evaluations?
QIS - B-Level of Care		
Comprehensive	105	Regarding Sub-assurance (a): dd. The proposed performance measure (PM) does not address whether an evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. Please revise this PM to specifically address this issue.
Adult Day	79	ee. The proposed PM should be in the form of a percentage. In its current form, the PM is simply an integer and does not provide a sense of compliance. Please revise the PM to describe the actual measurement to assure compliance.
Adult Day	80	Sub-assurance c – The first performance measure does not address whether the instruments described in the approved waiver are applied appropriately. Please revise the proposed measure or add a measure to address this sub-assurance.
Comprehensive	106	Regarding Sub-Assurance (c)The first proposed PM does not address whether the instruments described in the approved waiver are applied appropriately. We request that the State either revise the proposed PM or add an additional PM to measure that waiver instruments are used appropriately to determine participants’ LOC.

CMS Informal Waiver Review Questions - By Waiver Section
Health and Safety

Waiver	Question #	Question
Appendix G-2-a-ii Restraints and Restrictive Interventions		
Comprehensive	66	The state may wish to clarify detection of unauthorized restraint outside of the monitoring and oversight process described in G-2-a-ii.
Adult Day	51	Please clarify whether the use of mechanical restraints, physical restraints, seclusion, and aversive stimuli are/are not allowable (see 1st sentence in second paragraph). CMS is unclear whether these methods are or are not allowable since the State describes use the use of these methods which appear to be allowable in some circumstances.
Comprehensive	67	What documentation is used to track utilization of restraints consistent with a PCP or when an unexpected safety issue arises prior to development of a revised plan for the individual?
Comprehensive	68	The state may wish to remove references to restraints in this section as it repetitive with G-2-b. Are there other restrictive interventions beyond separation utilized by the state?
Comprehensive	69	Are there other restrictive interventions beyond separation utilized by the state? More detail is needed to support other restrictive interventions.
Appendix G-3-c-iii Medication Management and Reporting		
Comprehensive	70	Please confirm what state agencies are authorized to request medication error reports and how this information is tracked and addressed by the SMA or OA.
Adult Day	52	
Appendix G Discovery and Remediation of Health and Welfare QIS		
Comprehensive	71	In general, the state may wish to clearly identify the numerator and denominator in performance measures for clarity, e.g. N- the number of suspected incidents of abuse and neglect reported within timelines/ D-total incidents of suspected abuse and neglect.

CMS Informal Waiver Review Questions - By Waiver Section
Health and Safety

QIS – G: Health and Welfare		
Comprehensive	112	Regarding sub-assurance (a): We saw in the Evidentiary Report that CMS recommends that the state develop a PM to appropriately measure sub-assurance (a). We also saw that the state eliminated the first and second PMs from the prior waiver. Given CMS’ concerns, we recommend that the state add additional PMs, which may include the prior PMs. The third proposed PM measures only the timeliness of reports of incidents of suspected abuse/neglect. This does not measure that the state, on an ongoing basis, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. Please develop additional PMs, as necessary, to measure all aspects of the sub-assurance. Also, we are concerned reports of incidents of suspected abuse/neglect, etc. are not the only means of determining whether instances of abuse, neglect, etc. have occurred, as it possible that some of these instances could go unreported. We urge the state to consider other metrics by which to measure that all instances of abuse, neglect, exploitation and unexplained death are being identified, even if a special incident report has not been filed.
Comprehensive	113	Regarding sub-assurance (b): Please either modify or add PMs to measure that an incident management system is in place that effectively prevents further similar incidents, to the extent possible.
Adult Day	84	
Comprehensive	114	Regarding sub-assurance (c): Please consider revising the current PM or adding additional PMs that measure whether restrictive interventions occurred without a report being filed.
Adult Day	85	
Comprehensive	115	Regarding sub-assurance (d): One or more PMs should be added to measure compliance with the state’s overall health care standards.
Adult Day	86	

Waiver	Question #	Question
Appendix D-1 b. Service Plan Development Safeguards		
Comprehensive	59	Clarify how health and welfare are addressed in the assessment process.
Appendix D-1-d-f Monitor service plan		
Adult Day	39	Please specify the required frequency of monitoring a service coordinator must perform. "As opportunity arises" does not meet the requirement an individual's service plan and needs are monitored based on the individual's needs.
Appendix D-2-a-b Monitoring and follow-up methods		
Comprehensive	60	Please specify whether service coordinators monitor to ensure an individual resides and/or receives services in a setting that meets the home and community-based regulations and requirements.
Adult Day	40	
Appendix D-2-a-c Frequency with which monitoring is performed		
Adult Day	41	Please specify the required frequency of monitoring a service coordinator must perform and how it support the needs of the individual.
Appendix D-2-a.-e. Monitoring and Follow-up Methods		
Comprehensive	61	How does the SC assess the effectiveness of the back-up plans including natural supports?
Appendix D-1-e Risk Assessment and Mitigation		
Adult Day	42	Please specify how emergency risks and back-up plans are address, identified and developed, e.g. emergency responsiveness and/or evacuation due to natural disasters.
Appendix E-1-n Goals for Participant Direction		
Adult Day	43	For the waiver ending, 625 individuals were expected to self-direct their services. For the new waiver under review, year 1 starts with 400 participants. Please explain the variance in number of participants. Did the state intend to reduce the number of participants who elect to direct their waiver services?
Adult Day	44	How many individuals are currently self-directing their services?
Comprehensive	62	Please explain the factors that lead the state to expect growth of more than 500 new participants utilizing self-direction in year 1 of the waiver renewal.
QIS – D: Service Plan		
Comprehensive	109	Regarding sub-assurance (a): None of the PMs measure whether service plans address all participants' personal goals. We request that the state either revise the current PM or add an additional PM to measure that all participants' personal goals are addressed in the service plan.
Adult Day	82	Sub-assurance a – None of the performance measures address whether service plans address all participants' personal goals. <i>(See 109 Similar)</i>
Comprehensive	110	Regarding sub-assurance (c): The second proposed PM does not adequately address the sub-assurance. This PM only provides the number/percent of total service plans that were revised due to a change in a person's needs, not the percent of service plans that needed to be revised and were revised. Please revise this PM to appropriately measure the sub-assurance.
Adult Day	83	Sub-assurance c –The second performance measure does not adequately address the sub-assurance. It should be revised to address the number/percent of service plans that needed to be revised and were revised based on a change in need. <i>(See 110 Similar)</i>
Comprehensive	111	Regarding sub-assurance (d): How will the state determine whether participants have received the appropriate type, scope, amount, duration, and frequency of services specified in the IPP?

CMS Informal Waiver Review Questions - By Waiver Section
Prioritization & Waitlist

Waiver	Question #	Question
Appendix B-1		
Comprehensive	3	The state did not identify the removal of a target group of individuals with Autism in your summary of major changes in this renewal.
Appendix B-1b - Specification of the Waiver Target Group(s) – Additional Criteria		
Comprehensive	4	If the only additional criteria is that an individual must not receive services under another 1915(c) waiver, please remove “To be eligible for waiver services, the individual must meet additional criteria “. If there are other additional criteria, they must be listed here. It is not necessary to state that the individual must receive services under only one HCBS at a time as this is a requirement of the HCBS program
Adult Day	4	
Appendix B-3 - Number of Individual Served		
Comprehensive	5	This section does not align with the currently approved waiver. Please correct the unduplicated number of participants to reflect the correct number of unduplicated participants the State proposes to serve. If the renewal is accurate, please explain the variance in the number served from waiver year 5 of 4180 to 3685 for waiver year 1 of the new waiver. If there is an intended reduction in this number an explanation will be needed.
Comprehensive	6	If no reduction is intended, the state needs to revised its unduplicated count and adjust any differences in cost neutrality within Appendix J.
Adult Day	5	This section is an exact cut and paste from the currently approved waiver. Please correct the unduplicated number of participants to reflect the correct number of unduplicated participants the State proposes to serve. If this number is accurate, please explain the variance in the number served from waiver year 5 1625 to 1330 for waiver year 1 of the new waiver. There is a reduction in this number and an explanation will be needed.
Appendix B-3b – Limitation on the Number of Participants Served at any Point in Time		
Comprehensive	7	Please confirm that the state has not been imposing a limitation on the number of participants served at any point in time and does not wish to do so with the renewal of this waiver.
Adult Day	6	Please confirm that the state has not been imposing a limitation on the number of participants served at any point in time.
Appendix B-3c – Reserved Waiver Capacity		
Comprehensive	8	Please confirm that the state does not wish to reserve capacity for any specific population at this time.
Adult Day	7	

CMS Informal Waiver Review Questions - By Waiver Section
Provider Enrollment

Waiver	Question #	Question
Appendix C-2-f Enrollment of Providers		
Comprehensive	56	Given that the state expresses to timeline for enrollment of providers, what is the typical timeline it takes to enroll a new agency provider? What is the typical timeline to enroll an independent provider?
Adult Day	36 & 37	
Adult Day	35	Please specify whether service provider agencies and individual providers are checked against the Medicaid Excluded Provider list.
QIS-C: Qualified Providers		
Comprehensive	107	Regarding Sub-assurance (b): The first proposed PM only mentions background checks. Are there any other waiver requirements that must be met prior to non-licensed/non-certified provider approval? If so, please revise the PM to include those standards.
Comprehensive	108	Regarding Sub-assurance (c):For the second proposed PM, how is it determined that an individual had no issues with their non-certified community supports provider performance? How does the state measure if an individual had issues with a non-certified provider outside of community supports? As a general matter the number of providers without performance issues is not an adequate proxy for whether the state has implemented its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the waiver. We recommend that the proposed PM be replaced with one that more accurately measures the sub-assurance.
Adult Day	81	

CMS Informal Waiver Review Questions - By Waiver Section
Quality Improvement

Waiver	Question #	Question
Appendix F – Fair Hearing		
Adult Day	45	Please specify the timeframe in which notice is provided.
Adult Day	46	Please specify if the IDR process and timeline is identified and explained in the notice.
Adult Day	47	Please note the IDR process cannot replace the individual’s right to a fair hearing. Please explain the statement the IDR ‘stays the appeals process’.
Appendix F-2 Additional Dispute Resolution Process		
Comprehensive	63	It is clear informal dispute resolution needs to be requested within 90 days of the decision and any remaining time to request a fair hearing is communicated. How long does the IDR process take? Does the state collect data on IDR utilization and the number of decisions that continue through to a fair hearing?
Appendix F-3 State Grievance/Complaint System		
Comprehensive	64	Since the state does not operate a complaint system, how does the state afford participants the opportunity to register a complaint concerning the provision of services under the waiver?
Adult Day	48	
Appendix G-1-b		
Adult Day	49	Please specify how public complaints related to providers or participants are handled.
Adult Day	50	Please specify how participant complaints are handled.
Appendix G-1-d. Participant Safeguards		
Comprehensive	65	How is the individual or their representative informed of the results of the investigation? What is the timeframe for the release of the information after the completion of any investigation regardless of priority level?
Appendix G Discovery and Remediation of Health and Welfare QIS		
Comprehensive	71	In general, the state may wish to clearly identify the numerator and denominator in performance measures for clarity, e.g. N- the number of suspected incidents of abuse and neglect reported within timelines/ D-total incidents of suspected abuse and neglect.
Appendix H- Systems Improvement		
Comprehensive	72	How does the state stratify information from the respective HCBS waivers?
Adult Day	53	
QIS		
Comprehensive	104	All performance measures should have a numerator and denominator specifically identified in the measure.
Adult Day	78	
QIS – B: Level of Care		
Comprehensive	105	Regarding Sub-assurance (a): dd. The proposed performance measure (PM) does not address whether an evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future. Please revise this PM to specifically address this issue. (#79)
Adult Day	79	ee. The proposed PM should be in the form of a percentage. In its current form, the PM is simply an integer and does not provide a sense of compliance. Please revise the PM to describe the actual measurement to assure compliance.
Adult Day	80	Sub-assurance c – The first performance measure does not address whether the instruments described in the approved waiver are applied appropriately. Please revise the proposed measure or add a measure to address this sub-assurance.
Comprehensive	106	Regarding Sub-Assurance (c)The first proposed PM does not address whether the instruments described in the approved waiver are applied appropriately. We request that the State either revise the proposed PM or add an additional PM to measure that waiver instruments are used appropriately to determine participants’ LOC.

CMS Informal Waiver Review Questions - By Waiver Section
Quality Improvement

QIS-C: Qualified Providers		
Comprehensive	107	Regarding Sub-assurance (b): The first proposed PM only mentions background checks. Are there any other waiver requirements that must be met prior to non-licensed/non-certified provider approval? If so, please revise the PM to include those standards.
Comprehensive	108	Regarding Sub-assurance (c): For the second proposed PM, how is it determined that an individual had no issues with their non-certified community supports provider performance? How does the state measure if an individual had issues with a non-certified provider outside of community supports? As a general matter the number of providers without performance issues is not an adequate proxy for whether the state has implemented its policies and procedures for verifying that provider training has been conducted in accordance with state requirements and the waiver. We recommend that the proposed PM be replaced with one that more accurately measures the sub assurance.
Adult Day	81	
QIS – D: Service Plan		
Comprehensive	109	Regarding sub-assurance (a): None of the PMs measure whether service plans address all participants’ personal goals. We request that the state either revise the current PM or add an additional PM to measure that all participants’ personal goals are addressed in the service plan.
Adult Day	82	Sub-assurance a – None of the performance measures address whether service plans address all participants’ personal goals. <i>(See 109 Similar)</i>
Comprehensive	110	Regarding sub-assurance (c): The second proposed PM does not adequately address the sub-assurance. This PM only provides the number/percent of total service plans that were revised due to a change in a person’s needs, not the percent of service plans that needed to be revised and were revised. Please revise this PM to appropriately measure the sub-assurance.
Adult Day	83	Sub-assurance c – The second performance measure does not adequately address the sub-assurance. It should be revised to address the number/percent of service plans that needed to be revised and were revised based on a change in need. <i>(See 110 Similar)</i>
Comprehensive	111	Regarding sub-assurance (d): How will the state determine whether participants have received the appropriate type, scope, amount, duration, and frequency of services specified in the IPP?
QIS – G: Health and Welfare		
Comprehensive	112	Regarding sub-assurance (a): We saw in the Evidentiary Report that CMS recommends that the state develop a PM to appropriately measure sub-assurance (a). We also saw that the state eliminated the first and second PMs from the prior waiver. Given CMS’ concerns, we recommend that the state add additional PMs, which may include the prior PMs. The third proposed PM measures only the timeliness of reports of incidents of suspected abuse/neglect. This does not measure that the state, on an ongoing basis, addresses and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death. Please develop additional PMs, as necessary, to measure all aspects of the sub-assurance. Also, we are concerned reports of incidents of suspected abuse/neglect, etc. are not the only means of determining whether instances of abuse, neglect, etc. have occurred, as it possible that some of these instances could go unreported. We urge the state to consider other metrics by which to measure that all instances of abuse, neglect, exploitation and unexplained death are being identified, even if a special incident report has not been filed.
Comprehensive	113	Regarding sub-assurance (b): Please either modify or add PMs to measure that an incident management system is in place that effectively prevents further similar incidents, to the extent possible.
Adult Day	84	
Comprehensive	114	Regarding sub-assurance (c): Please consider revising the current PM or adding additional PMs that measure whether restrictive interventions occurred without a report being filed.
Adult Day	85	
Comprehensive	115	Regarding sub-assurance (d): One or more PMs should be added to measure compliance with the state’s overall health care standards.
Adult Day	86	

Waiver	Question #	Question
Appendix C-4 Additional Limits of Amount of Waiver Services		
Comprehensive	57.a	Please specify if there is a maximum dollar amount for individuals on this waiver. Please specify when individuals are notified in writing regarding the amount of the limit.
Adult Day	38.e	
Adult Day	38.a	Prospective Individual Budget Amount – Please specify if there is a maximum dollar amount for individuals on this waiver. a. Please specify when an individual’s service coordinator informs the individual of their budget amount and can the individual request to review the budget amount.
Comprehensive	57.b	Please specify whether additional funding requested through the exception process is temporary and/or permanent adjustment in funds to the budget.
Adult Day	38.b	
Comprehensive	57.c	Please specify whether geographic factors affect the budget amount.
Adult Day	38.c	
Comprehensive	57.d	Please clarify the process when a participant is referred to another waiver. What happens if the other waiver has a waiting list? Does the referred participant have priority status to access the waiver and its services?
Adult Day	38.d	
Comprehensive	57.e	Please explain for CMS’ understanding why the methodology for determining an individual budget is not open for public inspection.
Adult Day	38.f	
Appendix I-1 Financial Integrity and Accountability		
Comprehensive	73	Why provider claims only audited in response to concerns are raised by complaints or certification or licensure reviews? What other procedures does the state use to ensure financial integrity and accountability of provider claims.
Adult Day	54	
Comprehensive	74	DD agency providers are required by contract to do an annual audit of their operations. Specifically, are the auditors required to be independent of the agency? If not, why not?
Adult Day	55	
Comprehensive	75	Please explain, in detail, what procedures are in place to monitor the financial integrity and accountability of claims made and paid. Specifically, other than reviewing claims for cause, what steps does the state take to ensure that claims match the plan of services, that providers are duly authorized to perform the indicated services, that the services were properly performed on the dates indicated by the person indicated, in accordance with the plan of services? If random samples of claims are used, please specify the source of the population, how the sample is selected, who performs the review, how are the results reported, and what happens when defects are identified?
Adult Day	56	
Comprehensive	76	Please clarify how services are reviewed to ensure fiscal integrity, by explaining, in detail: f. Whether the review is performed pre- and/or post-payment. g. For each type of review of service claims, is the review a true independent audit? h. Who performs each type of review? i. How frequently are each of these reviews performed? j. How are service claims selected for review? k. How many claims are reviewed for each period specified? l. What documents or data is examined for the review? m. What data elements are reviewed?

Rate Setting

Comprehensive	77	Explain the review methodology in detail, for example, include in your explanation: n. How does the reviewer determine that a particular claim for service was performed during the period authorized by the plan of care, in the amount, type, and whether the appropriate provider specified by the plan of care. o. How does the reviewer determine whether the participant was in an setting eligible for personal care services (e.g., the participant was not in a hospital or nursing facility)? p. How does the reviewer confirm that the individual providing the personal care services is eligible and qualified to provide such services?
Comprehensive	78	What corrective or other steps are taken when errors are found?
Comprehensive	79	Please explain, in detail, the systems and procedures in place to assure that: (i) personal care services are provided only by qualified individuals; (ii) such individuals only provide the services to eligible participants with the frequency, amount, and duration specified in the plan of care; and (iii) such individuals are only paid for the services they actually perform that are in accordance with the plan of care.
Comprehensive	80	Please explain, in detail, how the systems and procedures described in B (above) check for and detect: (i) services that are billed for but not actually rendered; (ii) duplicative billing (i.e., either billing more than once for the same service or billing by more than one individual or agency for the same service provided to the same individual); and (iii) services provided by an unauthorized individual and either billed by the unauthorized individual or by an authorized individual.
Comprehensive	81	Please explain, in detail, what monitoring systems and procedures are used to detect and prevent participants from being coerced into approving services that were not provided in accordance with his or her plan of care, or were not provided by an authorized provider.
Comprehensive	82	What specific organization is accountable for the proper administration of the systems and procedures described in B (above), and what does the state Medicaid agency do to monitor the organization accountable for fiscal integrity?
Comprehensive	83	What procedures are in place to ensure that providers satisfy all applicable qualifications for performing personal care services, both before and during their provision of services?
Comprehensive	84	What procedures are in place to ensure that ineligible providers cannot and do not provide personal care services and that they cannot be paid for those services if they do provide such services?
Comprehensive	85	Explain what corrective actions that are taken if and when errors are found. Include procedures for notifying the operating agency, the state Medicaid agency, and other agencies responsible for combatting fraud, waste, and abuse.

Appendix I-2a Rate Methodology

Comprehensive	86	General questions for all service rates: q. Please describe the processes in place to ensure the rates are sufficient to enlist enough providers. r. Have there been shortages of any types of providers? If so, what steps have been taken to ensure adequate staff are available in those areas of shortage? s. Please describe the processes in place to ensure the rates are sufficient for the program to attract and retain persons who provide high quality of care.
Adult Day	57	t. How frequently are the rates updated? u. When was the last time that these rates were updated (i.e., rebased)? v. Can these rates be adjusted retrospectively and, if so, what processes are in place to do so?
Comprehensive	87	The waiver states the rates for Respite services and Community Living and Day Supports (CLDS) delivered by independent providers are based on usual and customary rates for independent providers funded through other DHHS programs. w. Describe how the information from those programs was used in the rate development, were the rates blended, adjusted or simply accepted to be appropriate for the waiver services.
Adult Day	57	x. Please describe any adjustments (e.g., Unit Cost Trends, Utilization Trends, Risk Difference for the two populations) applied to the rates from other programs in developing the rates for the new services. y. Are the guidelines that DHHS issues for the rate ranges required to be strictly followed? How is it assured that these guidelines are followed?
Comprehensive	88	Were trend rates applied separately for both utilization and unit cost adjustments? z. If so, please provide each of the trends for all services. aa. If not, please provide the trends for each waiver service and explain why it is suitable to only use a single trend for each service and not separate utilization and cost trends

CMS Informal Waiver Review Questions - By Waiver Section
Rate Setting

Adult Day	57	
Comprehensive	89	Please clarify if the rates vary by geographic region, if so please describe how the rates were determined by geographic region.
Adult Day	59	
Comprehensive	90	Please clarify if the rates for the same services vary by provider, and if so, please describe how the rates vary by provider.
Comprehensive	91	Please explain the justification for the adjustment factor for ICE 110 percent and vocational planning 105 percent. What was the factor?
Adult Day	62	
Comprehensive	92	Please explain how 15/10 percent were determined to develop the supported integrated employment rate
Adult Day	63	
Comprehensive	93	Was there any change in rate methodology since the last renewal or amendment? If so, please describe all changes and the reasons for those changes.
Adult Day	60	
Adult Day	58	Please provide a more specific link or instruction of which report identifies the waivers' rate study.
Adult Day	61	Please specify whether base rates begin at the state, federal, or other minimum wage.
Adult Day	64	Please remove language regarding behavioral/medical risk since these are not services provided under this waiver.
Adult Day	65	Please explain why the retirement service rate for reimbursement is below the state's minimum wage.
Adult Day	66	Please specify the entity or entities responsible for all rate determinations and how the process is conducted.
Adult Day	67	Please specify how and when the rates are adjusted.

Appendix I 2d.- Billing Validation Process

Comprehensive	94	Does the state use patient surveys to validate post payment billings? If yes, please describe those methods. If not, describe what processes are in place to assure only proper payments are being made and that any payments for inappropriate billings are recouped.
Adult Day	68	
Comprehensive	95	Does the state use a post-payment audit as part of the billing validation process? If so, what processes are in place to assure only proper payments are being made and that any payments for inappropriate billings are recouped?
Adult Day	69	

Appendix J-Tables

Adult Day	70	The rates of reimbursement will need to be revised to separate the distinct services as identified in Appendix C and for varying levels of service.
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Appendix J-2a and J-2b Unduplicated Participants and Average Length of Stay (J-2b)

Comprehensive	96	Were lapse rates (rate of participants leaving the program) built into the projection of the unduplicated participants? If so, please provide the rate and describe how it was developed. If not, describe why no rate was built into the projection.
Adult Day	71	
Comprehensive	97	Please explain why the population is projected to increase in each year of the renewal.
Adult Day	72	
Comprehensive	98	Please explain why the ALOS is expected to remain constant for all five years of the waiver.
Adult Day	73	

Appendix J-2c: Development of Factor D		
Comprehensive	99	Please explain how the increases in population impact the development of Factor D for the renewal.
Adult Day	74	
Comprehensive	100	Is the addition of new participants each year expected to change the characteristics (risk profile) of the population? bb. If so, please describe how the change in the overall risk characteristics of the population affected the projection of factor D. cc. If the overall risk characteristics of the population did not change, how did you assure that they did not change and that there was no effect on factor D in accordance with the increased population?
Adult Day	75	
Comprehensive	101	In estimating the number of units per user, please describe any analysis done to assume that utilization will remain the same as State Fiscal Year 2015.
Adult Day	76	
Comprehensive	102	Please provide further explanation for the derivation and appropriateness of using an annual increase of 2.25% each year.
Development of Factors D', G and G' (Section J-2c)		
Comprehensive	103	Please provide further explanation for the derivation and appropriateness of using an annual increase of 2.25% for Factor D', Factor G, and Factor G'.
Adult Day	77	
QIS – I: Financial Accountability		
Comprehensive	116	Regarding sub-assurance (a): ff. How does the State ensure that claims are paid only for services rendered? gg. How does the State ensure that claims are coded correctly? hh. How does the State ensure that services have been actually rendered before they are paid? ii. The proposed PM does not cover all aspects of the sub-assurance. Therefore the state should propose additional PMs to cover all aspects of the sub-assurance.
Adult Day	87	
Comprehensive	117	Regarding sub-assurance (b): Please clarify how the approved service rate is assured to be developed consistent with the approved rate methodology and that the rate changes will only be made consistent with the approved rate methodology.

CMS Informal Waiver Review Questions - By Waiver Section
Service Definitions

Waiver	Question #	Question
Module 1		
Comprehensive	1	Does the revision of service definitions create any limitation of services not included in the approved waiver?
Appendix C-1/C-3 Participant Services: Provider Specifications		
Comprehensive	11	Please specify if criminal background checks, a valid driver's license and a minimum age conditions of employment as a direct support worker? (There is a reference to background checks in the QIS in Appendix G at page 193, but it should be clear in provider qualifications for each service).
Adult Day	9	
Comprehensive	12	Please explain the distinguishing factor in determining whether a provider's qualifications are verified annually versus bi-annually.
Adult Day	10	
Comprehensive	13	Under Other Standard for several distinct services, it indicates the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the following service provider types
Adult Day	11	
Comprehensive	14	Within provider qualifications for Respite and CLDS, there is a reference to the functioning level of the "child" as a provider and the need for the independent provider's parent to sign the service provider agreement if it is a non-emancipated minor. Please consider whether this presents an unnecessary risk to the health and safety of the participant and demonstrate how that individual is the only willing and qualified provider for the service.
Appendix C-1/C-3 Participant Services: Day Habilitation		
Comprehensive	15	The state should clarify that this service existed in the approved waiver, but is being modified with this renewal.
Comprehensive	16	How has the state addressed potentially isolating effect of this congregate setting?
Comprehensive	17	How does the state ensure access to food beyond "snack" given the amount of time an individual might receive the service on any particular day?
Adult Day	12	The service definition states that day habilitation services may reinforce skills taught in therapy, counseling sessions and other sessions. By other sessions, do you mean therapies?
Adult Day	13	Do the credentials of the Day Habilitation provider include skills that would support their ability to help reinforce skills taught in therapy and counseling sessions?
Appendix C-1/C-3 Participant Services: Group Home Residential		
Comprehensive	18	How will the state address visitors?
Comprehensive	19	How will the state address access to food?
Comprehensive	20	How will the state address privacy and lockable doors, restricted staff access?

Appendix C-1/C-3 Participant Services: Integrated Community Employment		
Comprehensive	21	The application reads: "Income from customized home-based businesses may not be commensurate with minimum wage requirements with other employment. No more than two individuals may participate in a home-based business at the same participant directed companion home." Please explain the parameters for customized home-based businesses to ensure meaningful interaction with the community for integrated community employment and how any unintended isolating effect is mitigated.
Adult Day	19	
Comprehensive	22	In other specifications: the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." We believe this is in this section in error as it would be quite difficult to maintain this standard in a community based integrated work site. How does the state address provision of meals and snacks in an integrated community employment setting? Please verify or remove.
Comprehensive	23	Please specify if personal care assistance is included or separate from this service and support.
Adult Day	15	
Adult Day	16	Please clarify if provider reimbursement for this service is paid for the direct care providers direct time and service delivered to the individual.
Adult Day	17	Please explain if there is a difference in provider reimbursement for stabilization and extended ICE. The Appendix J tables reflect one rate for reimbursement.
Adult Day	18	Under Other Standard, the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the service provider type.
Appendix C-1/C-3 Participant Services: Respite		
Comprehensive	24	Within provider qualifications, there is a reference to the functioning level of the "child" as a provider and the need for the independent provider's parent to sign the service provider agreement if it is a non-emancipated minor. Please consider whether this presents an unnecessary risk to the health and safety of the participant and demonstrate how that individual is the only willing and qualified provider for the service.
Comprehensive	25	Please refine the language surrounding nutrition for this service. The current language specifies that meals provided as a part of this service shall not constitute a full nutritional regimen. The unit of service can equal a day if it lasts for eight or more hours. In instances where the service is 1 day or longer, it seems that in fact the respite provider would be responsible for the full nutritional regimen.
Comprehensive	26	The discussion of respite provided outside the family home suggests the "family visit the facility or where the service is to be provided and agree to the provision of services in that location." A facility is not delineated among the settings for the service. Please clarify all possible settings for this service.
Adult Day	21	
Adult Day	20	Please clarify whether respite cannot be provided for over an amount of time that would constitute a person consuming 3 meals. The statement that meals provided as part of these services shall not constitute a full nutritional regime is confusing if an individual may need to receive 2 days-48 hours of respite (example: weekend).
Appendix C-1/C-3 Participant Services: Assistive Technology		
Comprehensive	27	The state indicates in its service definition that, "Permanently attached devices, controls and appliances may not be installed in residential settings that are owned or leased by providers of waiver services." How would an individual who requires grab bars in the bathroom or hallway, or other similar attached devices, for their health and safety have those needs met? Are there similar limitations on the use of funds for provider owned vehicle modifications? Can the \$5,000 be used to purchase or lease a vehicle with or without accessibility modifications, if appropriate for the individual? Can ATS funds be used to repair a vehicle? Is there any exception process if an ATS device needed for health and safety exceeds the \$5000 annual limit?
Adult Day	14	Please specify how individuals in provider owned/controlled settings have their needs met regarding ATS, e.g. residential settings are responsible for installing grab bars in household restrooms as needed.

Appendix C-1/C-3 Participant Services: Behavioral Risk Services		
Comprehensive	28	The State's description and detail of service components contain multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of day and residential habilitation along with behavioral intervention or psychiatric services. The teaching and learning of various skill delineated further overlap with day habilitation or residential services. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for an explanation of bundling services.
Comprehensive	29	The current language specifies that meals provided as a part of this service shall not constitute a full nutritional regimen. The unit of service can be provided 24/7 and as a continuous service. Accordingly, there are instances when the full nutritional regimen would seem appropriate. Additionally, this service seems to replace day and or residential services such that the failure to address nutrition issues could present a health and welfare concern. Please refine the language surrounding nutrition for this service.

Appendix C-1/C-3 Participant Services: Community Living and Day Supports		
Comprehensive	30	The State's description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of personal care, day and residential habilitation, case management, homemaker, prevocational, and employment-related services. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for an explanation of bundling services.
Adult Day	22	
Adult Day	23	The lines of responsibility become blurred when the State indicates that "CLDS is generally not delivered in the provider's home." The nature of CLDS is similar in nature, in part, to the responsibilities one would expect to find in a provider's residential setting (e.g., assistance with hygiene, bathing, eating, dressing, and grooming, etc.) and household activities to maintain a home living environment. CMS believes that the State should include in its limits section a statement that CLDS cannot be provided in a provider's home to make this distinction perfectly clear or please provide an explanation why it would be allowed in a provider's home.
Comprehensive	31	Day habilitation may not provide reimbursement of services vocational in nature. See Page 140 of HCBS technical guide. Day habilitation services and vocational services must be separated as distinct services. Also, the service definition gives the impression that informal supports, natural teaching moments are paid/ reimbursed to the provider
Adult Day	24	
Comprehensive	32	Within provider qualifications, there is a reference to the functioning level of the "child" as a provider and the need for the independent provider's parent to sign the service provider agreement if it is a non-emancipated minor. Please consider whether this presents an unnecessary risk to the health and safety of the participant and demonstrate how that individual is the only willing and qualified provider for the service.

Appendix C-1/C-3 Participant Services: Companion Home Residential Services		
Comprehensive	33	Within the definition it states the services are expected to begin at 6 AM daily. Please explain why there is a morning parameter only and clarify the maximum units of service in a 24 hour period.
Comprehensive	34	While a tenancy agreement is noted, how does the state address visitors?
Comprehensive	35	How will the state address access to food?
Comprehensive	36	How will the state address privacy and lockable doors, restricted staff access?

Appendix C-1/C-3 Participant Services: Extended Family Home Residential		
Comprehensive	37	Within the definition it states the services are expected to begin at 6 AM daily. Please explain why there is a morning parameter only and clarify the maximum units of service in a 24 hour period.

CMS Informal Waiver Review Questions - By Waiver Section
Service Definitions

Comprehensive	38	How will the state address a lease or tenancy agreement?
Comprehensive	39	How does the state address visitors in this setting?
Comprehensive	40	How will the state address access to food in this setting?
Comprehensive	41	How will the state address privacy and lockable doors, restricted staff access in this setting?

Appendix C-1/C-3 Participant Services: Home Modifications

Comprehensive	42	Given that this service is not available in provider controlled settings, how is this need met in that instance?
Comprehensive	43	Is there any sort of appeal or exceptions process if a needed modification exceeds the \$5000 annual cost limit?

Appendix C-1/C-3 Participant Services: In-Home Residential

Comprehensive	44	The State’s description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of personal care, residential habilitation, and homemaker services. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for explanation of bundling services.
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Appendix C-1/C-3 Participant Services: Retirement Services

Comprehensive	45	Please clarify whether the state has established an age when individuals may access this particular service. The first sentence of the service description appears to be limiting which is prohibited. Due to the nature of individuals’ disabilities, individuals may retire at an earlier age than the general, non-disabled public.
Adult Day	25	
Comprehensive	46	The State’s description and detail of service components are multiple types of services that are generally considered to be separate services and may not be consolidated under a single definition. There appears to be a significant bundling of day and residential habilitation, which also include different levels of frequency for delivery of the services, e.g. continuous and intermittent. The State must separate unrelated services. Please refer to the HCBS technical guide core definitions beginning on page 140 and page 116-117 for explanation of bundling services.
Adult Day	26	

Appendix C-1/C-3 Participant Services: Supported Integrated Employment

Comprehensive	47	Under Other Standard, the provider staff must "prepare and serve any appropriate meals and/or snacks to meet the individual's dietary needs..." this standard doesn't appear to be appropriate considering the service definition. Please verify or remove for the service provider type.
Adult Day	27	