

# **Application for Section 1915(b)(4) Waiver - Fee For Service Selective Contracting Program**

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# Application for Section 1915(b)(4) Waiver - Fee-For-Service (FFS) Selective Contracting Program

## Facesheet

The **State** of \_\_\_\_\_ requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is \_\_\_\_\_.  
(list each program name if the waiver authorizes more than one program.).

**Type of request.** This is:

- \_\_\_ an initial request for new waiver. All sections are filled.
- \_\_\_ a request to amend an existing waiver, which modifies Section/Part \_\_\_\_
- \_\_\_ a renewal request

Section A is:

- \_\_\_ replaced in full
- \_\_\_ carried over with no changes
- \_\_\_ changes noted in **BOLD**.

Section B is:

- \_\_\_ replaced in full
- \_\_\_ carried over with no changes
- \_\_\_ changes noted in **BOLD**.

**Effective Dates:** This waiver/renewal/amendment is requested for a period of \_\_\_\_ years beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**State Contact:** The State contact person for this waiver is \_\_\_\_\_ and can be reached by telephone at (\_\_\_\_)\_\_\_\_\_, or fax at (\_\_\_\_)\_\_\_\_\_, or e-mail at \_\_\_\_\_. (list for each program)

## Section A – Waiver Program Description

### Part I: Program Overview

#### Tribal Consultation

Describe the efforts the State has made to ensure that Federally recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

#### Waiver Services:

Please list all existing State plan services the State will provide through this selective contracting waiver.

#### Program Description:

Provide a brief description and history of the proposed selective contracting program or changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver period and describe the services included in the waiver.

### A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

\_\_\_ **1915(b)(4) - FFS Selective Contracting program**

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

- a. \_\_\_ **Section 1902(a)(1) - Statewideness**
- b. \_\_\_ **Section 1902(a)(10)(B) - Comparability of Services**
- c. \_\_\_ **Section 1902(a)(23) - Freedom of Choice**
- d. \_\_\_ **Other Sections of 1902 – (please specify)**

### B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

\_\_\_ the same as stipulated in the state plan  
\_\_\_ is different than stipulated in the state plan (please describe)

2. **Procurement.** The State selected the contractor in the following manner:

\_\_\_ **Competitive** procurement  
\_\_\_ **Open** cooperative procurement  
\_\_\_ **Sole source** procurement  
\_\_\_ **Other** (please describe)

## C. Restriction of Freedom of Choice

### 1. **Provider Limitations.**

Beneficiaries will be limited to a single provider in their service area.

Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

### 2. **State Standards.**

Detail any difference between the state standards applied for through this waiver and those detailed in the State plan reimbursement documents (4.19 pages), the State Quality Strategy, or the waiver service contract.

## D. Populations Included in Waiver

(may be modified as needed to fit the State's specific circumstances)

### 1. **Included Populations.** The following populations are included in the waiver:

Section 1931 Children and Related Populations

Section 1931 Adults and Related Populations

Blind/Disabled Adults and Related Populations

Blind/Disabled Children and Related Populations

Aged and Related Populations

Foster Care Children

Title XXI CHIP Children

### 2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

Dual Eligibles

Poverty Level Pregnant Women

Individuals with other insurance

Individuals residing in a nursing facility or ICF/MR

Individuals with eligibility of less than 3 months

Individuals participating in a HCBS Waiver program

American Indians/Alaskan Natives

Special Needs Children (State Defined). Please provide this definition.

Individuals receiving retroactive eligibility

Other (Please define):

## **Part II: Access**

### **A. Timely Access Standards**

Describe how the State assures timely access to the services covered under the selective contracting program.

### **B. Capacity Standards**

1. Describe how the State assures that provider capacity has not been negatively impacted by the selective contracting program.
2. Provide a detailed capacity analysis of the number of providers (such as by type, number of beds per facility for facility programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location to assure sufficient capacity under the waiver program.

### **C. Coordination and Continuity of Care Standards**

Describe how the State assures that continuity and coordination of care are not negatively impacted by the selective contracting program.

## **Part III: Quality**

### **A. Quality and Contract Monitoring**

1. Describe the State's quality measurement standards.

Provide evidence that the State:

- A. Regularly monitors to determine compliance.
- B. Takes corrective action if there is a failure to comply.

2. Describe the State's utilization measurement standards.

Provide evidence that the State:

- A. Regularly monitors to determine compliance.
- B. Takes corrective action if there is a failure to comply.

3. Describe the State's timely access to care and services measurement standards.

Provide evidence that the State:

- A. Regularly monitors to determine compliance.
- B. Takes corrective action if there is a failure to comply.

4. Describe the State's measurement standards or monitoring actions regarding the geographic location of providers and Medicaid enrollees.

Provide evidence that:

- A. Provider availability is sufficient to provide adequate access to all services covered under the contract.
- B. Services are available when medically necessary.
- C. Network providers comply with the State's timely access requirements.

## **Part IV: Program Operations**

### **A. Beneficiary Information**

Describe how beneficiaries will get information about the selective contracting program.

### **B. Individuals with Special Needs.**

- The State has special processes in place for persons with special needs (Please provide detail).

## Section B – Waiver Cost-Effectiveness and Efficiency

### Efficient and economic provision of covered care and services:

1. Provide a description of the State’s efficient and economic provision of covered care and services.
2. Project the waiver expenditures for the upcoming waiver period.

Trend rate from current expenditures (or historical figures): \_\_\_\_\_%

Year 1 from: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

Projected pre-waiver cost \_\_\_\_\_

Projected Plan cost \_\_\_\_\_

Delta: \_\_\_\_\_

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Trend rate from current expenditures (or historical figures): \_\_\_\_\_%

Year 2 from: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

*(Use projected trend rate from previous year)*

Projected pre-waiver cost \_\_\_\_\_

Projected Plan cost \_\_\_\_\_

Delta: \_\_\_\_\_

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Year 3 (if applicable) from: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

*(For renewals, use trend rate from previous year and claims data from the CMS-64)*

Projected pre-waiver cost \_\_\_\_\_

Projected Plan cost \_\_\_\_\_

Delta: \_\_\_\_\_

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Year 4 (if applicable) from: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

*(For renewals, use trend rate from previous year and claims data from the CMS-64)*

Projected pre-waiver cost \_\_\_\_\_

Projected Plan cost \_\_\_\_\_

Delta: \_\_\_\_\_

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Year 5 (if applicable) from: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

*(For renewals, use trend rate from previous year and claims data from the CMS-64)*

Projected pre-waiver cost \_\_\_\_\_

Projected Plan cost \_\_\_\_\_

Delta: \_\_\_\_\_