

## Crosswalk: §1915(c) HCBS Waiver Application (version 3.6)

Section	Change
Title page	Incremented waiver version from 3.5 to 3.6 and document date to January 2019
Throughout document	Lowercased the following words when not part of a proper noun or title: <ul style="list-style-type: none"> <li>• agency</li> <li>• federal</li> <li>• fiscal agent</li> <li>• medical assistance unit</li> <li>• state</li> <li>• state plan</li> </ul>
Main 1. Request Information C. Type of Request	Removed option for Migration Waiver because this no longer exists.
Appendix B-6: Evaluation/Reevaluation of Level of Care b. Responsibility for Performing Evaluations and Reevaluations	Replaced “an entity” with “government agency”
Appendix C-1/C-3: Summary of Services Covered and Services Specifications b. Provision of Case Management Services to Waiver Participants	Added another option for states to check in a checkbox if applicable, i.e., if the state has a primary care case management system service under a concurrent managed care authority.
Appendix E-1: Overview j. Information and Assistance in Support of Participant Direction	Realigned text to fit in tables.
Appendix E-2: Opportunities for Participant-Direction a. Participant – Employer Authority ii. Participant Decision Making Authority, Specify additional staff qualifications	Added “Specify the state’s method to conduct background checks if it varies from Appendix C-2-a” for states to complete if this item is applicable to them.
Appendix H: Quality Improvement Strategy Quality Improvement Strategy: Minimum Components	Added “and” between the following two bullets: <ul style="list-style-type: none"> <li>• The evidence based discovery activities that will be conducted for each of the six major waiver assurances; <b>and</b></li> <li>• The remediation activities followed to correct individual problems identified in the implementation of each of the assurances.</li> </ul>

Section	Change
Appendix H.2 Use of a Patient Experience of Care/Quality of Life Survey	Added this section for a state to indicate whether it has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (yes or no) and if yes, to specify the type of survey tool that the state uses.
Appendix J-2: Derivation of Estimates c. Derivation of Estimates for Each Factor i. Factor D Derivation	Added “and methodology”
Appendix J-2: Derivation of Estimates d. Estimate of Factor D ii. Estimate of Factor D – Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements	Added “concurrent managed care” and “payment” to subsection title Removed “(i.e., 1915(a), 1932(a), Section 1937)”. Change is to acknowledge other possible concurrent managed care authorities that utilize capitated payment arrangements.