

Crosswalk: Instructions, Technical Guide and Review Criteria §1915(c) Home and Community-Based Waiver Application (version 3.6)

Section	New Version
Title page	Incremented waiver version from 3.5 to 3.6 and document date to January 2019.
Throughout document	<p>Updated to align with the current 1915(c) waiver application and current CMS Review Instrument as well as current CMS regulations, policy, and guidance.</p> <p>Removed outdated language throughout the document.</p> <p>Added “Concurrent Managed Care Authority” in several places instead of listing specific managed care authorities such as 1915(b).</p> <p>Removed outdated and no longer used Independence Plus Designation language.</p> <p>Added some regulatory citations.</p>
1-C: Type of Request, Review Criteria	Removed old language and revised to two yes/no questions regarding type of application and waiver approval period.
1-F	Removed old language and inserted two review criteria regarding level of care.
6-I, Public Input	<p>Revised to clarify that at least one of two statements of public notice and public notice procedures must be non-electronic to ensure the individuals without computer access have the opportunity to provide input.</p> <p>Revised review criteria to clarify that the 30 day public input process period has to be completed prior to waiver submission (not 30 days prior to waiver submission).</p>
Appendix B-1-a, Target Groups	Revised to indicate that one or more target groups may be chosen, to align with regulations. Similar changes to language pertaining to this were made in other sections throughout the technical guide.
Appendix C-1-b, Alternate Provision of Case Management Services to Waiver Participants	In addition to the Medicaid authorities mentioned, added “or another Medicaid authority”.
Appendix C, Provider Categories, Provider Qualifications	Added language regarding training and certification for personal care service (PCS) providers including supervision and monitoring requirements to ensure only qualified providers are providing PCS. Also added these to the CMS review criteria.

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Appendix E, Overview, Supports for Participant Direction, FMS	Added language regarding the state's responsibility to ensure that it is operating consistently with all state and Federal requirements.
Appendix E, Instructions	Added guidance regarding operation with a concurrent 1915(j) authority.
Appendix E-1-c	Added clarification that if the waiver will operate with a concurrent 1915(j) authority, the person self-directing may not reside in a provider owned or operated home. Removed language pertaining to size of living arrangement from CMS review criteria.
Appendix F-1, Opportunity to Request a Fair Hearing	Added minor language modifications in the technical guidance section as well as under the review criteria.
Appendix I-1, Financial Integrity and Accountability	Added language to more clearly describe what should be addressed in the waiver application.
Appendix I-2-a, Rate Determination Methods	Added language to clarify what is required of the states.
Appendix I-2-d, Billing Validation Process	Added clarifying language.
Appendix I-3-a, Method of Payment MMIS: Added a Review Criterion	Added language to specify that when payments for waiver services are made by a managed care entity or entities, the waiver describes how the monthly capitated payments are made to the managed care entity or entities.
Appendix I-7, Participant Co-Payments for Waiver services and Other Cost Sharing	Added changes throughout this Appendix to update.
Appendix J-2-c Derivation of Estimates for Each Factor	Updated to reflect current CMS guidance and updated review criteria.
Appendix J-2-d-ii	Updated review criteria to align with current practice.