| 2020 (old version) | 2022 (new version) | Type of Change | Reason for Change | Burden Change |
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| References to January 2019 as the release date, Version 3.6, and "State", references to "section", statutory and regulatory citations | Throughout the document, removed references to January 2019 and Version 3.6. Revised to Version 3.7. Changed "S" to "s" for "state", where appropriate. Also spelled out "section" where appropriate and used the symbol where appropriate. In addition, throughout the document, statutory and | Rev | To update outdated language and make corrections. | No. |
| References to provision of one meal each day in some sections of the document | Throughout the document, corrected outdated language regarding meals to waiver participants which may include up to two meals each day and which do not constitute a full nutritional regimen to waiver participants who live in their own private residence. | Rev | To correct outdated language. | No. |
| Principal Features of the HCBS Waiver Authority, Service Plan | First sentence revised to add other titles for the service plan and the regulation citation. It now reads as follows: "The waiver services that an individual will receive must be incorporated into a written person-centered service plan (all references throughout this document to “plan of care” or “service plan” refer to the person-centered service plan described under 42 CFR § 441.301(c)(2))." | Add | To add clarifying language. | No. |
| Strengthening Waiver Quality Assurance/Quality Improvement section | Removed title and paragraph below it. | Del | To remove outdated language. | No. |

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| Federal Administration of HCBS Waiver Authority, and throughout the document: References to Disabled and Elderly Health Program Group (DEHPG), Regional Office (RO), Division of Long Term Services and Supports (DLTSS) | Removed references to DEHPG and replaced with MBHPG, removed references to Regional Office (RO) and Central Office (CO) and added Division of Long Term Services and Supports (DLTSS), MCOG and Division of Home and Community Based Services Operations (DHCBSO)where appropriate. Also made revisions throughout based on changes in operations. And updated the language regarding CMS oversight of state waiver operations. | Rev | To update outdated language due to organizational changes. | No. |
| Version 3.7 HCBS Waiver Application Organization | *waiver management system* ): Emergency Preparedness and Response. Separate from the waiver management system (WMS), states can request to add an | Add | To provide information regarding the option for states to submit an Appendix K 1915(c) waiver amendment in response to an emergency. | No. |
| Waiver Application Submission Requirements, Processes, and Procedures, Temporary Extensions | Added: Please note that in general, a state may not amend a waiver that is on a temporary extension. Instead, the state is required to operate the waiver consistent | Rev | To clarify in alignment with current existing policy. | No. |
| Waiver Application Submission Requirements, Processes, and Procedures, Waiver Termination | Removed language pertaining to the HCB settings transition plans. | Del | To remove outdated language | No. |

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| Post Approval Activities, Annual Report Form 372(S) | Revised this section to remove outdated language and add guidance and instructions for state preparation and submission of the form CMS-372(S) report. | Add | To add guidance and instructions for state preparation and submission of the form CMS-372(S) Report. Clarifies existing current practice (not new). | No. |
| Detailed Instructions, Application Format | Responsibility for Service Plan Development, added:"Given the importance of the role of the person-centered service plan in HCBS provision, the qualifications should include the training or competency requirements for the HCBS settings criteria and person-centered plan development." | Add | Given the importance of the role of the person-centered service plan in HCBS provision, the qualifications for individuals responsible for service plan development should include the training or competency requirements for the HCBS settings criteria and person-centered plan development. | N/A (burden already added in Application crosswalk) |
| Quality Improvement Strategy sections | Throughout document, the following has been added: "along with the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions." | Add | To add missing langauge. Does not impose new requirements. | No. |
| Item 1-F Level of Care: "The Deficit Reduction Act provides for the provision of home and community-based alternatives to PRTFs on a demonstration basis in ten states." | Removed statement. | Del | To remove outdated language. | No. |

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| Item 6-f- FFP Limitation: "§1903(c) of the Act provides an exception to the principle that Medicaid is the payor of last resort in the case of Medicaid-reimbursable services that are included in a child's Individual Education Plan (IEP) under the provisions of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). However, this exception only applies to those services that also are reimbursable under the Medicaid state plan (including services required under EPSDT). This exception does not apply to waiver services." | Removed paragraph. | Del | To remove outdated language. | No. |

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| Appendix A, and Appendix B-6-b | Added the following note in several sections in Appendix A, and in Appendix B-6-b: "In 1915(c) waivers that include the 42 CFR § 435.217 special home and community-based services waiver eligibility group, Medicaid eligibility determinations can only be performed by the State Medicaid Agency (SMA) or a government agency delegated by the SMA in accordance with 42 CFR § 431.10. Thus, eligibility determinations for the group described in 42 CFR § 435.217 (which includes a level-of-care assessment, because meeting a 1915(c) level of care is a factor of determining Medicaid eligibility for the group) must comply with 42 CFR § 431.10. Non-governmental entities can support administrative functions of the eligibility determination process that do not require discretion including, for example, data entry functions, IT support, and implementation of a standardized level-of-care assessment tool. States should ensure that any use of an assessment tool by a non-governmental entity to evaluate/determine an individual's required level-of-care involves no discretion by the non-governmental entity and that the | Rev | To clarify that in 1915(c) waivers that include the 42 CFR § 435.217 special home and community-based services waiver eligibility group, Medicaid eligibility determinations can only be performed by the SMA or a government agency delegated by the SMA in accordance with 42 CFR § 431.10. | No. |

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| Appendix A, Quality Improvement: "…for waiver actions submitted on or after March 17, 2014" | Removed this outdated language. | Del | To remove outdated langauge. | No. |
| Appendix B-4-b, technical guidance | Added the following note: "Note: While not affecting any of a state's choices or elections in Appendix B-4, states should be aware, for eligibility-related purposes, that | Add | To add a note for state awareness that states are permitted, for eligibility-related purposes, to target less restrictive financial methodologies at individuals in need of HCBS | No. |
| Appendix B-5-Post-Eligibility Treatment of Income, Overview section | Throughout this section, amended the extension date that states must use spousal impoverishment rules from September 30, 2019 to September 30, 2027 (or other date | Rev | To update the extension date. | No. |
| Appendix B-5: Post-Eligibility Treatment of Income | Revisions to the instructions to include information about authority enacted in 2019 that permits states the option to disregard spousal income and resources | Rev | To add guidance to states about this state option per State Medicaid Director (SMD) letter #21-004 (December 7, 2021). | No. |
| Appendix B-5-b-1, B-5-b-2, B-5-c, and B-5-d | B-5 General Guidance Regarding Completing B-5; Language has been revised to read: Items B-5-b, B-5-c, and B-5-d apply for time periods after September 30, 2027 | Rev | To update subsections of Appendix B-5 that currently reference the period prior to January 1, 2014 to instead refer only to periods during the mandatory application of | No. |
| Appendix B-5-b-1/Item B-5-b-2 and B-5-c-1/Item B-5-c-2 i | Item B-5-b-1/Item B-5-b-2 is now Item B-5-b. In addition, Item B-5-c-1/Item B-5-c-2 is now Item B-5-c. These changes are made throughout the document. | Rev | To update sections referenced. | No. |

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| Appendix B-5-e, f, and g | This previously included the 2014-2019 dates which are outdated and were removed. Section 1634 was added. Similar changes have been made throughout the | Rev | To remove outdated dates. | No. |
| Appendix B-6-b: Responsibility for Performing Evaluations and Reevaluations | Removed reference to B-6-h and replaced with B-6-f. | Rev | To correct this reference. | No. |
| Appendix B-6-b: Responsibility for Performing Evaluations and Reevaluations | Revised to clarify that waiver level of care determinations may be made directly by the SMA or another entity under contract with the SMA, and removed references to | Rev | To clarify that 42 CFR § 431.10 applies to Medicaid eligibility determinations overall, and that Appendix B-6-b is specific to waiver level of care determinations. | No. |
| Appendix C-1-b, Alternate Provision of Case Management Services to Waiver Participants- N/A (new language added), Appendix C-1-c, | Under C-1-b, added the following language:"Given that case managers are critical for ensuring that regulatory requirements for both person-centered | Add | To align the application with 1915(c) HCBS regulation requirements. | N/A This is already accounted for in the waiver application. |
| Appendix C-1 | A new section, C-1-d is being added:Item C-1-d: Remote/Telehealth Delivery of Waiver Services<br>Instructions | Add | States have the option to add the option for a waiver service to be delivered via telehealth. If a state chooses this option, the waiver will reflect that this is an option and | N/A This is already accounted for in the waiver application.(Add 4 |
| Appendix C-2-a, Criminal History/Background Investigations: "The state must also list the crimes that bar individuals/entities from | Removed this language. | Del | This information is state specific and not needed for purposes of the waiver application. | No. |

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| Appendix C-2-b Abuse Registry Screening: N/A (new language) | Added a new item "(d)" to the instructions and review criteria: "the process for ensuring continuity of care for a waiver participant whose service provider was | Add | If the state maintains abuse registries, this addition is to ensure that states include in the waiver application their process for ensuring waiver participant continuity of | N/A This is already accounted for in the waiver application. |
| Appendix C-2-c, Facilities Subject to Section 1616(e) of the Social Security Act | Minor updates to language. | Rev | To add minor updates and language improvements. | No. |
| Appendix C-2-d: provision of personal care or similar services by legally responsible individuals | Under technical guidance, spouse was removed as an example when discussing legally responsible individuals | Del | To remove spouse as an example since spouses may not always be legally responsible individuals, depending on state law. | No. |
| Item C-2-d: provision of personal care or similar services by legally responsible individuals | Added language to define extraordinary care as "exceeding the ordinary care that would be provided to a person without a disability or chronic illness of the same | Rev & Add | To provide additional guidance for states about current exisiting policy. | No. |
| Item C-2-e- state policies concerning payment for waiver services furnished by relatives/legal guardians | The following language was deleted: "...especially when the legal guardian exercises decision making authority on behalf of the participant in the selection of | Add,Del | To clarify and align with current exisiting policy. | No. |
| Appendix C-2 | Added a new item: C-2-g: State Option to Provide HCBS in Acute Care Hospitals - instructions, technical guidance, and review criteria | Add | To align with section 3715 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which Congress added to the Social Security Act under section 1902(h)(1), to add | N/A This is already accounted for in the waiver application. |

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| Appendix C-3, Relationship to EPSDT Services | Updated language to remove "(Please note that any encounter with a health care professional practicing within the scope of his/her practice is considered an inter- | Rev | To clarify existing policy. | No. |
| Appendix C-3, Requirements Concerning the Specification of the Scope of Services: "When specifying the scope of a service do not use terms such as "including but not limited to . . .," "for example . . .," "including . . .," "etc." | Added "e.g" | Rev | To add another example of an open-ended response, which is not permitted. | No. |
| Appendix C-3-d (under "Additional Considerations Concerning Service Coverage"), Children's Education Services and C-3 Education Services | Updated language and regulatory citations. Also added new language to C-3-d (some of which is the same as language under C-3 education services) so that it now reads: | Rev | To update language, align language in these two sections, and update regulatory citations. | No. |
| C-3-j Provision of Waiver Services Out of State- | The following sentence has been added "This includes assuring the health and welfare of the waiver participant and monitoring compliance with HCBS settings | Add | To add clarification to existing language. | No. |
| Appendix C-3 | Added new item "L. Electronic/Remote Monitoring HCBS" with guidance and instructions | New | If states choose to add remote monitoring and remote monitoring equipment inside of a waiver service the waiver application, the waiver will reflect this and include state | For states that choose this option, yes, add 2 hours. |

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| Appendix C-5 Home and Community-Based Settings Requirements- | In the instructions, revised the instructions, technical guidance, and review criteria. | Rev | To specify current existing policy and clarify guidance regarding the information states are to include in the waiver application. | N/A This is already accounted for in the waiver application. |
| Appendix C-3- Core Service Definitions- | Revisions to core service definitions to add statuatory/regulatory citations, and other minor changes | Add/Rev | To make technical edits. | No. |
| Community Transition Services core service definition and guidance,"provider-operated living arrangement", and ""institution" | Added "controlled." Added "Medicaid-funded" in front of "institution." | Add | To make technical edits to align with requirements. | No. |
| Throughout document, references to Medicaid being claimed by the state as a Medicaid administrative activity or cost. | Added "in accordance with CMS-approved cost allocation plan" | Add | Technical edits (already in current version in some places but was missing in others) | No. |
| Appendix C-3, N/A (new) | Added a new core service definition and instructions for "Assistance in Community Integration – Housing Supports." | Add | To add a suggested core service definition and instructions for a service that states have the option to add currently. This is not new as states have the option to include this | No. |
| Appendix C-3, N/A (new) | Under Extended State Plan Services, in the discussion paragraph, added the following sentence at the end of the paragraph: "Extended state plan services may not | Add | To clarify existing current policy. | No. |

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| Appendix D-1-b (Service Plan Development Safeguards) | Appendix D-1-b, Service Plan Development Safeguards- Added the following language:"to mitigate the potential for conflict of interest", and removed the | Rev | To clarify the information that states were previously required to provide in the waiver application (from one large text box into one smaller text box for one portion of the | N/A. This is already accounted for in the waiver application. |
| Previous version was missing the words "person-centered" | Appendix D-1-c, Supporting the Participant in Service Plan Development, in this section and throughout the document, the words "person-centered" have been added when | Add | To align and be consistent with current terminology. | No. |
| Appendix D-1-d (added new subsection title "i" and missing language) | Appendix D-1-d is now D-1-d-i, Service Plan Development Process. In this section, interim service plan is also now a provisional service plan. In addition | Rev | To make a technical clarification. This does not impose a new state requirement. | No. |
| Appendix D-1-d-ii (new subsection added) | The following is newly added: D-1-d-ii. HCB Settings Requirements for the Service Plan: Instructions, By checking the boxes below in the waiver application, the state is | Add | Adds a set of statements for which states are to check off boxes to assure compliance with HCBS waiver regulations. | N/A This is already accounted for in the waiver application. |
| Appendix D-1-g: : Process for Making Service Plan Subject to the Approval of the Medicaid Agency | Added a statement to convey that the state sample of service plans must be representative of the demographic makeup of the waiver population. Also added the | Add | To add clarity to existing current requirements. | No. |
| Appnedix D-1-h, Service Plan Review and Update | The following language has been added "...when the individual's circumstances or needs change significantly, or at the request of the individual." | Add | To align with regulation language and current practice. | No. |
| Appendix D-2-a, Service Plan Implementation and Monitoring | the following language has been added: "...and adherence to the HCB settings criteria" | Add | To align language with current practice and 2014 final rule. | No. |

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| Appendix D-2-b, Monitoring Safeguards | Outdated langauge was removed and additional language was added. This section now reads as follows: Indicate whether entities and/or individuals that are responsible for monitoring service plan implementation and participant health and welfare are permitted to provide other direct (non-case management) services to the same waiver participant because they only willing and qualified entity in a geographic area who can monitor service plan implementation. If such entities and/or individuals are permitted to furnish other direct waiver services to the same waiver participant, explain that the HCBS waiver service provider is the only willing and qualified entity in a geographic area who can monitor service plan implementation for the same waiver participant and specify the safeguards to mitigate potential conflict of interest in monitoring of service plan implementation, participant health and welfare, and adherence to the HCB settings requirements. Technical Guidance. As described in 42 CFR § 441.301(c)(1)(vi), providers of HCBS for the individual, or those who have interest in or are employed | Rev. | To clarify the information that states were previously required to provide in the waiver application (previously one large text box and changed to one smaller text box for one portion of the requirement and check boxes (statements of assurances) for the rest). | N/A (burden reduction already added in Application crosswalk) |

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| Appendix D Quality Improvement, Service Plan | Revised "when warranted by changes in the waiver participant's needs " to "when the individual's circumstances or needs change significantly, or at the request of the individual." Added a missing subassurance: "The state monitors service plan development in accordance with its policies and procedures." Similar changes were made to the CMS Review Criteria for this section. Also added an edit for one of the service plan sub assurances in Appendix D to specify: "Service plans address all participants' assessed needs (including health and safety risk factors) and personal and community integration goals, either by waiver services or through other means." | Rev | To add technical edits. | No. |

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