# Application for a §1915(c) Home and Community-Based Services Waiver

**Submitted by:**

The Maryland Department of Health – Office of Health Services (OHS) and Developmental Disabilities Administration (DDA)

| | |
|---|---|
| **Submission Date:** | |

| | |
|---|---|
| **CMS Receipt Date** *(CMS Use)* | |

## PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

## Request Information (1 of 3)

**A.** The **State** of **Maryland** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

**B.** **Program Title** (*optional – this title will be used to locate this waiver in the finder*): **Family Supports Waiver**

**C.** **Type of Request:** *(the system will automatically populate new, amendment, or renewal)*

**Requested Approval Period**: (*For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

| | |
|---|---|
| State: | |
| Effective Date | |

Attachments to Application: 1

| | |
|---|---|
| | **3 years** |
| **X** | **5 years** |

| | | | |
|---|---|---|---|
| ☐ | **New to replace waiver**<br>Replacing Waiver Number: | | |
| ☐ | **Migration Waiver** – this is an existing approved waiver<br>Provide the information about the original waiver being migrated | | |
| | **Base Waiver Number:** | | |
| | **Amendment Number** (if applicable): | | |
| | **Effective Date:** (mm/dd/yy) | 07/01/2018 | |

**D. Type of Waiver** *(select only one)*:

| | |
|---|---|
| ○ | **Model Waiver** |
| ◉ | **Regular Waiver** |

**E. Proposed Effective Date:** July 1, 2023

**Approved Effective Date** *(CMS Use):*

## PRA Disclosure Statement

The purpose of this application is for states to request a Medicaid Section 1915(c) home and community based services (HCBS) waiver. Section 1915(c) of the Social Security Act authorizes the Secretary of Health and Human Services to waive certain specific Medicaid statutory requirements so

that a state may voluntarily offer HCBS to state-specified target group(s) of Medicaid beneficiaries who need a level of institutional care that is provided under the Medicaid state plan. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0449 (Expires: December 31, 2023). The time required to complete this information collection is estimated to average 160 hours per response for a new waiver application and 75 hours per response for a renewal application, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Request Information (2 of 3)

**F. Level(s) of Care**. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan *(check each that applies)*:

| | | |
|---|---|---|
| ☐ | **Hospital** *(select applicable level of care)* | |
| | ○ | **Hospital as defined in 42 CFR §440.10**<br>If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care: |
| | | |
| | ○ | **Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160** |
| ☐ | **Nursing Facility** *(select applicable level of care)* | |
| | ○ | **Nursing Facility as defined in 42 CFR §440.40 and 42 CFR §440.155**<br>If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care: |
| | | |
| | ○ | **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140** |
| ☑ | **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**<br>If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID facility level of care: | |
| | | |

## Request Information (1 of 3)

**G. Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities

**Select one:**

| | | |
|---|---|---|
| ⦿ | **Not applicable** | |
| ○ | **Applicable** | |
| | Check the applicable authority or authorities: | |
| | ☐ | **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I** |

| | | | | |
|---|---|---|---|---|
| ☐ | **Waiver(s) authorized under §1915(b) of the Act.**<br>*Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:* | | | |
| | | | | |
| | Specify the §1915(b) authorities under which this program operates (*check each that applies*): | | | |
| | ☐ | §1915(b)(1) (mandated enrollment to managed care) | ☐ | §1915(b)(3) (employ cost savings to furnish additional services) |
| | ☐ | §1915(b)(2) (central broker) | ☐ | §1915(b)(4) (selective contracting/limit number of providers) |
| | | | | |
| ☐ | **A program operated under §1932(a) of the Act.**<br>*Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:* | | | |
| | | | | |
| ☐ | **A program authorized under §1915(i) of the Act.** | | | |
| ☐ | **A program authorized under §1915(j) of the Act.** | | | |
| ☐ | **A program authorized under §1115 of the Act.**<br>Specify the program: | | | |
| | | | | |

**H. Dual Eligibility for Medicaid and Medicare.**
Check if applicable:

| | |
|---|---|
| ☑ | **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.** |

## 2. Brief Waiver Description

**Brief Waiver Description.** *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The Family Supports Waiver is designed to provide support services to participants and their families, which enable participants to work toward self-determination, independence, productivity, integration, and inclusion in all facets of community life across their lifespans. It supports participants and their families as they focus on life experiences that point the trajectory toward a good quality of life across the participant's lifespan. Services can support integrated life domains that are important to a good quality of life for the participant, including daily life, safety and security, community living, healthy lifestyle, social and spirituality, and citizenship and advocacy. These services will build on each participant's current support structures to work toward individually defined life outcomes, which focus on developing the participant's abilities for self-determination, community living, socialization, and economic self-sufficiency. The intent of services and supports are to maintain, acquire, and increase individual's independence and reduce their level of services needed.

As a Technology First State, our first initiative is to provide information regarding assistive technology resources as the first option of community support. Assistive technology supports and services allows Marylanders with disabilities to enhance their functional independence and support their self-defined goals.

Waiver Organizational Structure:

The Maryland Department of Health (MDH) is the single state agency ultimately responsible for administering Maryland's Medical Assistance Program. MDH's Office of Long-Term Services and Supports (OLTSS) is responsible for ensuring compliance with federal and state laws and regulations in the operation and administration of this and other Waiver programs. MDH's Developmental Disabilities Administration (DDA) is the operating state agency administering this Waiver program and providing funds for community-based services and supports for eligible individuals with developmental disabilities in the State of Maryland. The DDA has a Headquarters (HQ) and four Regional Offices (RO) across the State: Central, Eastern, Southern, and Western.

The DDA utilizes various agents, licensed providers, and contractors to support administrative tasks, operations, and direct service delivery. Medicaid State Plan's targeted case management (TCM) services are provided by certified Coordination of Community Services provider organizations. The

MDH's Office of Health Care Quality (OHCQ) performs licensing, surveys, and incident investigations of many of the DDA's licensed home- and community-based services providers. MDH's Office of Inspector General investigates allegations of overpayment or fraud.

Participants will receive case management services, provided by DDA certified Coordination of Community Services providers, through the Medicaid State Plan Targeted Case Management (TCM) authority. Each Coordinator of Community Services (CCS) assists participants in developing a Person-Centered Plan, which identifies individual health and safety needs and supports that can meet those needs. The CSS is also responsible for conducting monitoring and follow-up to assess the quality-of-service implementation.

Services are delivered under either the Self-Directed Services or Traditional Service Delivery Models provided by qualified providers (such as individuals, community-based service provider organizations, vendors and other entities) throughout the State. Services are provided based on each participant's Person-Centered Plan, to enhance the participant's and their family's quality of life as identified by the participant and their person-centered planning team through the person-centered planning process.

Services are provided by individuals or provider organizations (i.e., private entities) that meet applicable requirements set forth in Appendix C prior to rendering services. ~~Generally, for~~For Traditional Services delivery model, individuals and provider organizations are licensed or certified by MDH; for the Self-Directed Services delivery model, the individual or provider organization must be confirmed by the Financial Management and Counseling ~~Fiscal Management~~ Services (FMCS) provider as meeting applicable requirements. Providers offering career exploration, facility-based supports, day habilitation, licensed respite, community living - group home, and community living - enhanced supports waiver services must meet provider qualifications and have their provider owned and/or operated sites licensed. Services provided in the community or the person's own home such as employment services, personal supports, respite, and assistive technology and services must meet provider qualifications to be certified by the DDA. ~~Fiscal Management Services (FMS)~~ FMCS and Support Broker services are also provided for individuals that use the self-directed service delivery option. This organizational structure provides a coordinated community-based service delivery

system so that participants receive appropriate services oriented toward the goal of full integration into their community.

The DDA has a contract with an entity that is certified by Centers for Medicare and Medicaid Services (CMS) as a Quality Improvement Organization (QIO) to:

1. Provide strategies that enhance the quality of life and help to ensure the health and wellbeing for individuals with intellectual and developmental disabilities;

2. Develop audit standards for the DDA's services including review cases and analyze patterns of services related to assessed need and quality review;

~~1.~~3. Conduct ongoing utilization reviews to safeguard against unnecessary utilization of care and services and to assure efficiency, economy, and quality of care; and

~~2.~~4. Administer the DDA's National Core Indicators Surveys.

## 3. Components of the Waiver Request

**The waiver application consists of the following components.** *Note: Item 3-E must be completed.*

**A. Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.

**B. Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

**C. Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

**D. Participant-Centered Service Planning and Delivery. Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

**E. Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. *(Select one)*:

| | |
|---|---|
| ⊙ | **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.* |
| ○ | **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.* |

**F. Participant Rights**. **Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

**G. Participant Safeguards. Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

**H. Quality Improvement Strategy. Appendix H** contains the Quality Improvement Strategy for this waiver.

**I. Financial Accountability. Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

**J. Cost-Neutrality Demonstration. Appendix J** contains the State's demonstration that the waiver is cost-neutral.

## 4. Waivers Requested

**A. Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

**B. Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

| | |
|---|---|
| ○ | **Not Applicable** |
| ○ | **No** |
| ⊙ | **Yes** |

**C. Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

| | |
|---|---|
| ⊙ | **No** |
| ○ | **Yes** |

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

| | |
|---|---|
| ☐ | **Geographic Limitation**. A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.<br>S*pecify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area*: |
| | |
| ☐ | **Limited Implementation of Participant-Direction**. A waiver of statewideness is requested in order to make ***participant direction of services*** as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.<br>*Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area*: |

## 5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

**A. Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

**1**. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;

**2**. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,

**3**. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

**B. Financial Accountability**. The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

**C. Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

**D. Choice of Alternatives:** The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

**1**. Informed of any feasible alternatives under the waiver; and,

**2**. Given the choice of either institutional or home and community-based waiver services.

**Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

**E. Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

**F. Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

**G. Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

**H. Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

**I. Habilitation Services**. The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

**J. Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR §440.160.

## 6. Additional Requirements

***Note: Item 6-I must be completed.***

**A. Service Plan**. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

**B. Inpatients.** In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

**C. Room and Board**. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

**D. Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

**E. Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has

received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

**F. FFP Limitation**. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

**G. Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

**H. Quality Improvement.** The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified throughout the application and in **Appendix H**.

**I. Public Input.** Describe how the State secures public input into the development of the waiver:

The DDA partners with people in services, self-advocates, family members, service providers, advocacy organizations, and subject matter experts to enhance services and supports for Marylanders with developmental disabilities. This partnership includes working with various groups related to employment, self-direction, technology, supporting children and families, person-centered planning, coordination of services, ~~supporting children,~~ training, system platforms, and rates.

~~The DDA also shares information and overview of this Waiver program, including its requirements and services, for these various groups.~~ These ~~events~~ partnerships provide opportunities to obtain additional information, input, and recommendations from participants that can influence services offered by this Waiver program and applicable policies and procedures.

The DDA also shares information and overview of this Waiver program, including its requirements and services, for these various groups.

Prior to development of the renewal, MDH reached out to the Maryland Developmental Disabilities Coalition and the Self-Directed Advocacy Network of Maryland Inc. for input on suggested changes to the waiver program. The Maryland Developmental Disabilities Coalition includes representation from People on the Go (self-advocacy group), the Maryland Developmental Disabilities Council, The ARC of Maryland, Maryland Disability Law Center, and the Maryland Association of Community Services (provider association).

During the 2022 Legislative session, the Self-Directed Act of 2022 became law (Reference: House Bill 1020/Senate Bill 868). Waiver requirements of the new law have been incorporated into the renewal.

The DDA recognizes and appreciates the diversity of input it receives from its stakeholders' carefully considered input and recommendations from people with developmental disabilities and various stakeholders for improvements and changes to our services, processes, and policies.

**Waiver Renewal Announcement and Dedicated DDA Renewal Webpage**

The DDA sent out an announcement of the renewal on August 17, 2022.

The DDA established a dedicated Waiver Renewal 2023 webpage and posted information about the proposed waiver amendment including the draft documents, which show tracked changes for stakeholders to easily see the edits made to the currently approved waiver. The website is located at: https://health.maryland.gov/dda/Pages/Family-Supports-Waiver-Renewal-2023.aspx

Waiver Renewal Overview

The DDA will conduct a webinar on September 1, 2022 to share an overview of the proposed renewal. The webinar will be recorded and posted to the dedicated renewal page.

The official public comments period will be held from September 6, 2022 through October 6, 20232. Public comments can be submitted to wfb.dda@maryland.gov or mailed to DDA Federal Programs at 201 West Preston Street, 4th Floor, Baltimore MD 21201. To support the stakeholder input process and minimize public burden, comments for all three DDA waiver amendments should be submitted together under one response.

Public Input Summary (to be added after public comment period)

The DDA received the following input during the public comment period: (insert after comment period)

The Maryland Urban Indian Organization (UIO) was notified on (date to be inserted).

**J. Notice to Tribal Governments**. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date as provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

**K. Limited English Proficient Persons**. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

## 7. Contact Person(s)

**A.** The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

| | | | | | |
|---|---|---|---|---|---|
| **Last Name:** | Hutchinson | | | | |
| **First Name:** | Marlana | | | | |
| **Title:** | Director, Office of Long Term Services and Supports | | | | |
| **Agency:** | Maryland Department of Health – Office of Health Services | | | | |
| **Address :** | 201 West Preston Street, 1st Floor | | | | |
| **Address 2:** | | | | | |
| **City:** | Baltimore | | | | |
| **State:** | Maryland | | | | |
| **Zip:** | 21201 | | | | |
| **Phone:** | (410) 767-4003 | **Ext:** | | ☐ | **TTY** |

| | |
|---|---|
| **Fax:** | (410) 333-6547 |
| **E-mail:** | marlana.hutchinson@maryland.gov |

**B.** If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

| | | | | | |
|---|---|---|---|---|---|
| **Last Name:** | Workman | | | | |
| **First Name:** | Rhonda | | | | |
| **Title:** | Director of Federal Programs and Integrity | | | | |
| **Agency:** | Maryland Department of Health – Developmental Disabilities Administration | | | | |
| **Address:** | 201 West Preston Street, 4th Floor | | | | |
| **Address 2:** | | | | | |
| **City:** | Baltimore | | | | |
| **State:** | Maryland | | | | |
| **Zip :** | 21201 | | | | |
| **Phone:** | (443) 226-1539 | **Ext:** | | ☐ | **TTY** |
| **Fax:** | (410) 333-5850 | | | | |
| **E-mail:** | Rhonda.Workman@maryland.gov | | | | |

## 8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

**Signature:**

_____

State Medicaid Director or Designee

| | |
|---|---|
| **Submission Date:** | |

**Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.**

| | |
|---|---|
| **Last Name:** | Dennis R. |
| **First Name:** | Schrader |
| **Title:** | Secretary |

| | |
|---|---|
| State: | |
| Effective Date | |

| | |
|---|---|
| **Agency:** | Maryland Department of Health |
| **Address:** | 201 W. Preston Street |
| **Address 2:** | 5th Floor |
| **City:** | Baltimore |
| **State:** | Maryland |
| **Zip:** | 21201 |
| **Phone:** | 410-767-5807 |
| **Fax:** | dennis.schrader@maryland.gov |
| **E-mail:** | 410-767-6489 |

**Attachment #1: Transition Plan**

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

☐ **Replacing an approved waiver with this waiver.**

☐ **Combining waivers.**

☐ **Splitting one waiver into two waivers. Eliminating a service.**

☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**

☒ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**

☐ **Reducing the unduplicated count of participants (Factor C).**

☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**

☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**

☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

1. Environmental Modifications
    a. Limitation increased to up to $50,000 every three years unless otherwise authorized by the DDA. Due to high cost associated with construction and materials, the limit has been raised.
2. Individual and Family Directed Goods and Services

a. Removed funding limit as per the Self-Directed Service Act of 2022

3. Nursing Support Services

a. Noted limitations from legacy nursing services to Nursing Support Service

b. Removed references to legacy services that previously

**Attachment #2: Home and Community-Based Settings Waiver Transition Plan**

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

*Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.*
*To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.*
*Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.*
*Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.*

**Additional Needed Information (Optional)**

Provide additional needed information for the waiver (optional):

# Appendix A: Waiver Administration and Operation

**1. State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver *(select one)*:

| | | | |
|---|---|---|---|
| ⊙ | The waiver is operated by the State Medicaid agency. Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one)*: | | |
| | ○ | The Medical Assistance Unit *(specify the unit name) (Do not complete Item A-2*) | |
| | ⊙ | Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit. Specify the division/ unit name.<br>This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency. (*Complete item A-2-a)* | **Developmental Disabilities Administration (DDA)** |
| ○ | The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency. Specify the division/unit name: | | |
| | | | |
| | In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. (*Complete item A-2-b).* | | |

**2. Oversight of Performance.**

**a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities.

The Maryland Department of Health (MDH) is the Single State Medicaid Agency (SMA) authorized to administer Maryland's Medical Assistance Program. MDH's Office of Long-Term Services and Supports (OLTSS) is the Medicaid unit within the SMA that oversees the Community Supports Waiver. In this capacity, OLTSS oversees the performance of the Developmental Disabilities Administration (DDA), Operating State Agency (OSA) for the waiver. The OLTSS serves as the point of contact with the Centers for Medicare and Medicaid Services (CMS) with programmatic expertise and support from the DDA.

The DDA is responsible for the day-to-day operations of administering this Waiver program, including, but not limited to, facilitating the waiver application process to enroll into this Waiver program, reviewing and approving applications for potential providers, reviewing and monitoring claims for payment, and assuring participants receive quality care and services, based on the assurance requirements set forth in this waiver. The DDA is responsible for collecting, trending, prioritizing, and determining the need for system improvements.

OLTSS will meet regularly with the DDA to discuss waiver performance and quality enhancement opportunities with respect to this Waiver program. The DDA will provide OLTSS with regular reports on program performance. In addition, OLTSS will review all policies issued related to this Waiver program. OLTSS will continually monitor the DDA's performance and oversight of all delegated functions through a data-driven approach. If any issues are identified, OLTSS will work collaboratively with the DDA to remediate such issues and to develop successful and sustainable system improvements. OLTSS and the DDA will develop solutions, guided by the required Waiver program assurances and the needs of Waiver program participants. OLTSS will provide guidance to the DDA regarding recommended changes in policies, procedures, and systems.

A detailed Interagency Agreement (IA) outlines the roles and responsibilities related to Waiver program operation and those functions of the division within OLTSS with operational and oversight responsibilities.

**b. Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

**Not applicable**

# Appendix A: Waiver Administration and Operation

**Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one)*:

| | |
|---|---|
| ⊙ | **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).** Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.* |
| | As further described below, the DDA currently contracts with community organizations for assistance and services in the following areas:<br><br>1. Participant Waiver Application<br><br>The DDA certifies independent community-based organizations and local health departments to provide Coordination of Community Services to perform intake activities, including taking applications to participate in the Waiver program and referrals to county, local, State, and federal programs, and resources.<br><br>2. Support Intensity Scale (SIS)®<br><br>The DDA contracts with an independent community organization to conduct the Support Intensity Scale (SIS) ®. The SIS® is an assessment of a participant's needs to support independence. It focuses on the participant's current level of support needs, instead of focusing on skills or abilities they may not currently demonstrate. The Coordinators of Community Service use each completed SIS® as a planning guide in the development of the participant's Person-Centered Plan.<br><br>3. Quality Assurance<br><br>The DDA contracts with independent community organizations to conduct and analyze results from the National Core Indicator (NCI) surveys.<br><br>4. System Training |

The DDA contracts with independent community organizations to provide trainings for individuals, their family members, community providers, Coordinators of Community Services, Support Brokers, DDA staff, and others related to various topics to support service delivery (*e.g.*, person-center planning), health and welfare (*e.g.*, choking prevention), and workforce development (*e.g.*, alternative communication methods).

5. Research and Analysis

The DDA contracts with independent community organizations and higher education entities for research and analysis of the Waiver program's service data, trends, options to support the Waiver program assurances, financial strategies, and rates.

6. Financial Management and Counseling Services

The DDA contracts with independent community organizations for Financial Management and Counseling Services to support participants that are enrolled in the DDA's Self-Directed Services Model, as described in Appendix E.

7. Health Risk Screen Tool

The DDA contracts with IntellectAbility~~Health Risk Screening Tool, Inc.~~ for training and the use of an electronic Health Risk Screen Tool (HRST) to identify health and safety risk factors for participants and to assist with determining health related support needs and training.

8. LTSS*Maryland* - Long Term Services and Supports Information System

The MDH contracts with information technology organizations for design, revisions, and support of the electronic software database that supports the Waiver program's administration and operations.

9. Behavioral and Mental Health Crisis Supports

The DDA contracts with independent community organizations for crisis hotline services, mobile crisis services, and behavioral respite services to support participants and families during a participant's behavioral and mental health crisis.

10. Organized Health Care Delivery System providers

Participants can select to use an Organized Health Care Delivery System (OHCDS) provider to purchase goods and services from community-based individuals and entities that are not Medicaid providers. The OHCDS provider's administrative services to support this action is not charged to the participant.

11. Provider Search Directory

The DDA contracts with an agency to develop a web-based provider searchable database of its licenses service providers by service location and type. The end user can search providers by typing the name of the provider, selecting a county, selecting a waiver type and service or a combination of county/waiver type/service.

12. Person Centered Planning, Training, and System Enhancement

The DDA contracts with LifeCourse Nexus Training and Technical Assistance Center from UMKC to assist with the enhancement of the Person-centered process to gather input from stakeholders in making our process meaningful for the participant and their families.

13. Positive Behavioral Supports Implementation, Training, and Capacity Building

The DDA contracts with the Institute on Community Integration at the University of Minnesota (ICI) including (1) building capacity to transfer expertise in the implementation of Positive Behavior Support; and (2) expanding training for professional development and competency-based training of direct support professionals.

14. Self-Direction Information, Technical Assistance and Support

The DDA contract with Applied Self Direction for information, technical assistance and support related to national policies and requirements; discussion forums on best practices; topic consultation; and projects.

| | |
|---|---|
| | 15. Change Management<br><br>To promote the effective implementation of key change initiatives, the DDA contracts with change management consultants to support the diagnosis, design, assessment, and delivery of change strategies and stakeholder engagement.<br><br>16. Quality Improvement Organization<br><br>The DDA contracts with a certified Quality Improvement Organization (QIO) or QIO–like organization to support administrative functions related to technical assistance, quality assurance, and utilization review |
| ○ | **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).** |

## Appendix A: Waiver Administration and Operation

**Role of Local/Regional Non-State Entities**. Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity *(Select one)*:

| | |
|---|---|
| ◉ | **Not applicable** |
| ○ | **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies: |
| ☐ | **Local/Regional non-state public agencies** conduct waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state agency that sets forth the responsibilities and performance requirements of the local/regional agency. The interagency agreement or memorandum of understanding is available through the Medicaid agency or the operating agency (if applicable). *Specify the nature of these agencies and complete items A-5 and A-6:* |
| | |
| ☐ | **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency |

| | | |
|---|---|---|
| | | or the operating agency (if applicable). *Specify the nature of these entities and complete items A-5 and A-6*: |
| | | |

## Appendix A: Waiver Administration and Operation

**Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

MDH, including the OLTSS, and the DDA is responsible for monitoring all contracts pertaining to administration and operations supporting this waiver.

## Appendix A: Waiver Administration and Operation

**Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

MDH in general, and the DDA individually, each have a dedicated procurement function providing oversight of all legal agreements, including contracts and memoranda of understanding, into which they enter.

In accordance with the State's applicable procurement laws, a contract monitor is assigned to provide technical oversight for each agreement, including specific administration and operational functions supporting the Waiver program as required in the agreement. Performance and deliverable requirements are set forth in each agreement, delineating service expectations and outcomes, roles, responsibilities, and monitoring.

DDA staff monitor each agreement and assess contract performance on an ongoing basis, depending on the specific contract requirements, but no less frequently than annually.

1. Participant Waiver Application – DDA reviews all applications daily for completeness as per DDA policy and provide technical assistance, training, or request corrective action as needed.

2. Support Intensity Scale (SIS)® - DDA's contract monitor reviews submitted invoices and documentation monthly related to completed Support Intensity Scale SIS®. Corrective actions are taken for discrepancies.

3. Quality Assurance – DDA's contract monitor reviews submitted data with the National Core Indicator (NCI) Reports upon receipt and initiates corrective actions as needed.

4. System Training – DDA staff review supporting documentation including attendance sheets upon receipt prior to approval of invoices.

5. Research and Analysis – DDA staff review activity reports and supporting documentation upon receipt prior to approval of invoices.

6. Financial Management and Counseling Services (FMCS) ~~– DDA staf~~ MDH's ~~f~~FMCS Program Manager oversees contract requirements. The QIO conducts audits of FMCS records for compliance with operational tasks annually and provide technical assistance, training, or request corrective action as needed.

7. Health Risk Screen Tool – DDA's contract monitor reviews submitted invoices and documentation related to completed HRSTs upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies. QIO conducts quality reviews.

8. Maryland - Long Term Services and Supports Information System – DDA staff review and authorize service deliverables based on work orders upon receipt.

9. Behavioral and Mental Health Crisis Supports - DDA's contract monitor reviews submitted invoices and documentation related to delivered services as per the contract upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies.

10. Crisis hotline services, mobile crisis services, and behavioral respites services - DDA's contract monitor reviews submitted invoices and documentation related to delivered services as per the contract upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies.

11. Organized Health Care Delivery System providers - ~~DDA~~ QIO audits service providers ~~annually~~ for compliance with DDA policy and regulation and provide technical assistance, training, or request corrective action as needed.

12. Provider Search Directory - DDA staff review activity reports and supporting documentation upon receipt prior to approval of invoices.

13. Person Centered Planning, Training, and System Enhancement - DDA staff review invoice and supporting documentation upon receipt prior to approval of invoices.

14. Positive Behavioral Supports Implementation, Training, and Capacity Building - DDA staff review invoices and supporting documentation upon receipt prior to approval of invoices.

15. Self-Direction Information, Technical Assistance and Support - DDA staff review invoices and supporting documentation upon receipt prior to approval of invoices.

~~12.~~**16.** Change Management – DDA staff review invoices and supporting documentation upon receipt prior to approval of invoices.

~~13.~~**17.** QIO – DDA QIO Program Manager oversees contract requirement and review invoices and supporting documentation upon receipt prior to approval of invoices.

## Appendix A: Waiver Administration and Operation

**Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

| Function | Medicaid Agency | Other State Operating Agency | Contracted Entity | Local Non-State Entity |
|---|---|---|---|---|
| | | | | |
| Participant waiver enrollment | ☑ | ☐ | ~~☐~~X | ☐ |
| Waiver enrollment managed against approved limits | ☑ | ☐ | ☐ | ☐ |
| Waiver expenditures managed against approved levels | ☑ | ☐ | ☑ | ☐ |
| Level of care evaluation | ☑ | ☐ | ☑ | ☐ |
| Review of Participant service plans | ☑ | ☑ | ☑ | ☐ |
| Prior authorization of waiver services | ☑ | ☐ | ☐ | ☐ |
| Utilization management | ☑ | ☐ | ~~☐~~X | ☐ |
| Qualified provider enrollment | ☑ | ☐ | ~~☐~~X | ☐ |
| Execution of Medicaid provider agreements | ☑ | ☐ | ☐ | ☐ |
| Establishment of a statewide rate methodology | ☑ | ☐ | ☑ | ☐ |
| Rules, policies, procedures and information development governing the waiver program | ☑ | ☐ | ☑ | ☐ |
| Quality assurance and quality improvement activities | ☑ | ☐ | ☑ | ☐ |

## Appendix A: Waiver Administration and Operation

### Quality Improvement: Administrative Authority of the Single State Medicaid Agency

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

| | |
|---|---|
| State: | |
| Effective Date | |

**a. Methods for Discovery: Administrative Authority**

***The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities..***

***i Performance Measures***

***For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:***

- ***Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver***
- ***Equitable distribution of waiver openings in all geographic areas covered by the waiver***
- ***Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014).***

***Where possible, include numerator/denominator.***

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

| | |
|---|---|
| ***Performance Measure:*** | *AA - PM1: Number and percent of annual Quality Reports submitted by DDA, to the OLTSS, in the correct format and timely. N = # of Quality Reports submitted by DDA in the correct format and timely. D = # of Quality Reports required by the OLTSS.* |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application): Other* | |
| *If 'Other' is selected, specify: DDA Quality Report* | |

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|
| | ☑ *State Medicaid Agency* | ☐ *Weekly* | ☑ *100% Review* |
| | ☐ *Operating Agency* | ☐ *Monthly* | ☐ *Less than 100% Review* |
| | ☐ *Sub-State Entity* | ☐ *Quarterly* | ☐ *Representative Sample; Confidence Interval =* |
| | ☐ *Other Specify:* | ☑ *Annually* | |
| | | ☐ *Continuously and Ongoing* | ☐ *Stratified: Describe Group:* |
| | | ☐ *Other Specify:* | |
| | | | ☐ *Other Specify:* |

| | |
|---|---|
| ***Performance Measure:*** | *AA - PM2: Number and percent of providers with Medicaid Provider Agreements that are executed in accordance with standards established by the Medicaid agency. N = # of providers with Medicaid Provider Agreements that are executed in accordance with standards established by the Medicaid agency. D = # of providers* |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application): Reports to State Medicaid Agency on delegated Administrative functions* | |
| *If 'Other' is selected, specify:* | |
| | |

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|
| | ☑ *State Medicaid Agency* | ☐ *Weekly* | ☑ *100% Review* |
| | ☐ *Operating Agency* | ☐ *Monthly* | ☐ *Less than 100% Review* |
| | ☐ *Sub-State Entity* | ☑ *Quarterly* | ☐ *Representative Sample; Confidence Interval =* |
| | ☐ *Other Specify:* | ☐ *Annually* | |
| | | ☐ *Continuously and Ongoing* | ☐ *Stratified: Describe Group:* |
| | | ☐ *Other Specify:* | |
| | | | ☐ *Other Specify:* |

| | |
|---|---|
| ***Performance Measure:*** | *AA - PM3: Number and percent of waiver policies approved by the OLTSS. N = Number of waiver policies approved by the OLTSS D = Total number of waiver policies issued.* |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application): Presentation of policies or procedures* | |
| *If 'Other' is selected, specify:* | |
| | |

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|
| | ☑ *State Medicaid Agency* | ☐ *Weekly* | ☑ *100% Review* |
| | ☐ *Operating Agency* | ☐ *Monthly* | ☐ *Less than 100% Review* |
| | ☐ *Sub-State Entity* | ☐ *Quarterly* | ☐ *Representative Sample; Confidence Interval =* |
| | ☐ *Other Specify:* | ☑ *Annually* | |

| | | | | |
|---|---|---|---|---|
| | | ☑*Continuously and Ongoing* | | ☐*Stratified: Describe Group:* |
| | | ☐*Other Specify:* | | |
| | | | | ☐*Other Specify:* |

| | |
|---|---|
| ***Performance Measure:*** | *AA - PM4: Number and percent of quarterly meetings held over a fiscal year to specifically monitor progress of performance measures. N = # of quarterly meetings held during the fiscal year that focused on monitoring of performance measures. D = # of quarterly meeting scheduled during the fiscal year.* |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application):Meeting Minutes* | |
| *If 'Other' is selected, specify:* | |

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|---|
| | ☑*State Medicaid Agency* | ☐*Weekly* | | ☑*100% Review* |
| | ☐*Operating Agency* | ☐*Monthly* | | ☐*Less than 100% Review* |
| | ☐*Sub-State Entity* | ☑*Quarterly* | | ☐*Representative Sample; Confidence Interval =* |
| | ☐*Other Specify:* | ☐*Annually* | | |
| | | ☐*Continuously and Ongoing* | | ☐*Stratified: Describe Group:* |
| | | ☐*Other Specify:* | | |
| | | | | ☐*Other Specify:* |
| | | | | |

| | |
|---|---|
| ***Performance Measure:*** | *AA - PM5: Number and percent of Type 1- Priority A incidents of abuse, neglect or exploitation reviewed that did not require technical assistance or intervention by the OLTSS. N = # of Type 1 - Priority A incidents of abuse, neglect or exploitation reviewed that did not require technical assistance or intervention by the OLTSS. D = Number of Type 1 - Priority A incidents of abuse, neglect or exploitation reviewed by the OLTSS* |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application):Other* | |
| *If 'Other' is selected, specify: PCIS2 PORII Module* | |

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|---|
| | ☑*State Medicaid Agency* | ☐*Weekly* | | ✓*100% Review* |
| | ☐*Operating Agency* | ☐*Monthly* | | ☐*Less than 100% Review* |
| | ☐*Sub-State Entity* | ☑*Quarterly* | | ☐*Representative Sample; Confidence Interval =* |

| | | | | |
|---|---|---|---|---|
| | ☑Other<br>Specify: Office of Health Care Quality | ☐ Annually | | |
| | | ☐ Continuously and Ongoing | | ☐ Stratified:<br>Describe Group: |
| | | ☐ Other<br>Specify: | | |
| | | | | ☐ Other Specify: |

| | | | | |
|---|---|---|---|---|
| ***Performance Measure:*** | *AA - PM6: Number and percent of on-site death investigations conducted by the OHCQ that met requirements. N = # of on-site death investigations reviewed by the OHCQ the met requirements. D = # of on-site death investigations reviewed by the OHCQ* | | | |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application)Record Review, on site* | | | | |
| *If 'Other' is selected, specify:* | | | | |
| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* | |
| | ☑ State Medicaid Agency | ☐ Weekly | ☑ 100% Review | |
| | ☐ Operating Agency | ☐ Monthly | ☐ Less than 100% Review | |
| | ☐ Sub-State Entity | ☑ Quarterly | | ☐ Representative Sample; Confidence Interval = |
| | ☐ Other<br>Specify: | ☐Annually | | |
| | | ☐ Continuously and Ongoing | | ☐ Stratified:<br>Describe Group: |
| | | ☐ Other<br>Specify: | | |
| | | | | ☐ Other Specify: |

*ii* *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

**b. Methods for Remediation/Fixing Individual Problems**

***i*** *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

MDH's Office of Long-Term Services and Supports (OLTSS) within the State Medicaid Agency (SMA) is responsible for ensuring that the DDA performs its assigned operational and administrative functions in accordance with the Waiver program's requirements. To this end,

OLTSS has developed communication and reporting mechanisms to track performance measures as detailed herein.

The DDA submits an Annual Quality Report to OLTSS. It is a report on the status of the Waiver program's performance measures and includes discovery findings, remediation strategies, challenges, and system improvements associated with each waiver assurance including Level of Care, Service Plan, Qualified Providers, Health and Welfare, Financial Accountability, and Administration. The report includes any barriers to data collection and remediation steps.

The OLTSS, upon review of the report, will meet with DDA to address challenges ~~problems~~ and barriers. ~~-~~Guidance from OLTSS to DDA regarding changes in policies, procedures, or other system changes will be dependent upon the challenges ~~problems~~ or barriers identified. ~~-~~OLTSS and DDA communicate regularly and meet quarterly to discuss performance measures. If problems are identified regarding delegated functions, OLTSS and DDA develop solutions guided by waiver assurances and the needs of waiver participants with OLTSS exercising ultimate authority to approve such solutions.

***ii Remediation Data Aggregation***

| ***Remediation-related Data Aggregation and Analysis (including trend identification)*** | ***Responsible Party*** *(check each that applies)* | ***Frequency of data aggregation and analysis:*** *(check each that applies)* |
|---|---|---|
| | ☑ *State Medicaid Agency* | ☐ *Weekly* |
| | ☐ *Operating Agency* | ☐ *Monthly* |
| | ☐ *Sub-State Entity* | ☑ *Quarterly* |
| | ☐ *Other Specify:* | ☐ *Annually* |
| | | ☐ *Continuously and Ongoing* |
| | | ☐ *Other Specify:* |
| | | |

***c. Timelines***

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.*

| | |
|---|---|
| ☑ | **No** |
| ○ | **Yes** |

*Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*