**HCBS Waiver Application Information Sheet**

The current CMS approved Waivers are located here:

The CMS technical Guide is located here:

<table>
<thead>
<tr>
<th>Appendix</th>
<th>CMS Review Criteria - Highlights</th>
<th>Hot Topic areas for DDW Application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Administration and Operation</strong></td>
<td>Who runs what; State Medicaid Agency must retain oversight; Delegation of operations (contractors, other state agencies etc.)</td>
<td>Future of OR State definition I/DD; Use of a standardized assessment</td>
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<tr>
<td><strong>B. Participant Access and Eligibility</strong></td>
<td>Who is eligible; Individual Cost limits, if any; Reserved Waiver capacity (slots reserved for certain groups or purposes); Freedom of Choice (HCBS and institutional care)</td>
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<tr>
<td><strong>C. Services</strong></td>
<td>CMS provides a list of core services; states can use modify, add to invent new or ignore definitions; Provider qualifications (CMS rules allow family to provider services with some criteria e.g. best interest of individual);</td>
<td>Services scope and definition: Service amount, frequency and duration, and applicable limits; Updates DSP training / certification and Provide accreditation; Services:</td>
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<td></td>
<td>• Non-Medical Transportation</td>
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<td>• Technology</td>
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<td></td>
<td>• Living Care Arrangements Supporting people needing two person transfers—Non-Ambulatory Stipend</td>
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<td>• CCS-IIBS;</td>
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<td>• In home needs during day</td>
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<td>• Job aide and Community inclusion aide</td>
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<td>• Nursing requirements</td>
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1 Red items were added for consideration by DD Waiver Steering Committee
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<td></td>
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<td>• Health Care Coordination (DDW Standards)</td>
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<td>• Supplemental Dental</td>
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<td>• Case Management training and mixed caseloads</td>
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<td>• Use of Therap (DDW Standards)</td>
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<tr>
<td>D. Participant Centered Planning and Service Delivery</td>
<td>Service Plan Development, Implementation and Monitoring including choice of providers</td>
<td>Development of ISP - and team processes; Improving person centered planning</td>
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<tr>
<td>E. Self-Direction</td>
<td>Opportunity for Medicaid Fair Hearing; Additional Dispute Resolution Mechanisms State Grievance/Complaint System</td>
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<tr>
<td>F. Participant Rights</td>
<td>Response to Critical Incidents; Safeguards Concerning Restraints and Restrictive Interventions; Medication Management Administration</td>
<td>Updates Human Rights Committee, allowable restrictions and Emergency Physical Restraints</td>
</tr>
<tr>
<td>G. Participant Safeguards</td>
<td>How state assures CMS it will meet all requirements; How the state will make improvements in the system; State must collect and analyze data and report to CMS</td>
<td>Oversight and monitoring – QMB Survey process (regulations and procedures)</td>
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<tr>
<td>H. Quality Improvement Strategy</td>
<td>Using only “legal” matching funds; Subjecting program to audits; Rate Methodology; Not paying for room and board</td>
<td>Rate methodology and rates (already covered) EVV model and implementation</td>
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<tr>
<td>J. Cost Neutrality Demonstration</td>
<td>The formula that shows what the state will spend on average person will not be more than what the state would pay on average per person for institutional care</td>
<td>Cost containment in general (HB 2 Requires cost Containment plan in Oct 2019)</td>
</tr>
</tbody>
</table>

**External Focus group Membership** – depending on topic and interest
- People and families in services
- DVR
- NM TAP
- ADDCP
- CMAAC
- MVAC /Consultant network (dual caseload)
OR implementation group
Behavior Therapy Association
Therapy Network
New Mexico Association of Family Living Providers
DD Nurses Association
PRO