CARE MANAGEMENT BUSINESS AREA
HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS CHECKLIST

STATE:	DATE OF REVIEW:	REVIEWER:

HCBS WAIVERS (WA) CHECKLIST

HCBS WAIVERS CHECKLIST BACKGROUND

Background for this checklist:

1. This checklist targets HCBS waivers only. It does not address Medicaid system requirements for §1115 or §1915(b) managed care waivers. There is a separate set of checklists covering system requirements for managed care program interfaces.
2. This checklist applies when the State uses the Medicaid system to support provider enrollment, member enrollment/ disenrollment, service authorization, claims processing and payment, capitation payment, program integrity and quality management, and reporting functions for HCBS programs. If the HCBS programs are supported by processes and systems outside the scope of the Medicaid system receiving enhanced Federal matching funds, these external processes are not subject to the Federal certification review. More States are folding HCBS system functionality into the mainstream Medicaid system.
3. Automated support for HCBS programs is a miniature copy of basic Medicaid system functionality. This checklist does not incorporate all the requirements of Medicaid provider management, claims adjudication, and other core functions that are found in separate checklists, e.g., Provider Management, Claims Adjudication., and others.
4. This checklist covers requirements not found in non-waiver processes, e.g., “Enroll providers approved to render specialty care services to waiver target population.”
5. Most of the requirements in this checklist are derived from the Home and Community-Based Waiver (HCBS) Application Version 3.4, Technical Guide and Review Criteria, Version 3.4 dated November 2006. The document is updated at least annually. The certification review team should find out if any changes to the application document will affect the certification review criteria in this checklist and update those criteria that are affected prior to conducting the State certification review.
6. The authority for operating a HCBS program is found in §1915(c) of the Social Security Act. §1915(c) which authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements so that a State may offer home and community-based services to State-specified target group(s) who need a level of institutional care provided under the Medicaid State plan. This provision was added to the Act by §2176 of Public Law (P.L.) 97-35 (OBRA 1981) and amended by P.L. 99-272 (COBRA 1985), P.L. 99-509 (OBRA 1986), P.L. 101-508 (OBRA 1990), and §4743 of P.L. 105-33 (BBA 1997).
7. In addition to specific source references to HCBS requirements, the State Medicaid Manual Part 11 Chapter 2, § 2700 requires that the MMIS produce program data necessary to satisfy Federal Medicaid reporting requirements.

Sources for the criteria in this checklist are as follows:

HCBS - Home and Community Based Services waiver program. Application form available from http://www.cms.hhs.gov/HCBS/02_QualityToolkit.asp

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CFR – Code of Federal Regulations, available from http://www.access.gpo.gov/uscode/title42/title42.html
SMM – State Medicaid Manual, MMIS Section, available from http://www.cms.hhs.gov/Manuals/PBM/list.asp, Document 45
IBP – Industry Best Practices. Items are selected from RFPs for MMISs developed by states and approved by CMS.

BUSINESS OBJECTIVES

Ref #	Business Objectives	Comments
WA1	Control enrollment of participants into the HCBS (1915(c)) waiver programs to meet the State's objectives.	.
WA2	Enroll traditional and nontraditional service providers meeting identified standards of care into the program to provide services to the target population.	
WA3	Provide services as described in the individual's approved plan of care.	
WA4	Process waiver provider claims and make timely and accurate payments.	
WA5	Produce program data necessary to satisfy Federal Medicaid reporting requirements, monitor utilization, and assess quality of care provided to participants.	
WASS1	*Add State-specific business objectives for the HCBS* Waiver *checklist here.*	

WA1 – CONTROL ENROLLMENT IN WAIVER PROGRAMS

Ref #	System Review Criteria	Source	Yes	No	Comments
WA1.1	Identifies unduplicated participants enrolled in 1915 (c) waiver program.	HCBS			

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WA1 – CONTROL ENROLLMENT IN WAIVER PROGRAMS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA1.2	Tracks and reports the number of unduplicated participants in the 1915 (c) waiver program.	HCBS			
WA1.3	Generates notices or alerts to agency if number of unduplicated participants enrolled in the wavier program exceeds the number of participants approved in the waiver application.	HCBS			
WA1.4	Identifies the date a participant is assessed to meet the waiver level of care (LOC) and the date of the LOC reevaluation.	HCBS			
WA1SS.1	*Add State-specific criteria for this objective here.*				

WA2 – ENROLL TRADITIONAL AND ATYPICAL WAIVER PROVIDERS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA2.1	Captures enrollment information, including National Provider Identifier (NPI) if required, on entity or individual meeting the qualifications contained in the provider agreement including geographic locations and capitation or Fee-for Service (FFS) rates.	HCBS CFR			
WA2.2	Prevents enrollment of entities and individuals who do not meet the provider qualifications contained in the provider agreement.	HCBS CFR			
WA2.3	Updates information as changes are reported.	IBP			

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WA2 – ENROLL TRADITIONAL AND ATYPICAL WAIVER PROVIDERS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA2.4	Captures termination information when a waiver provider voluntarily terminates or a provider agreement is cancelled.	IBP			
WA2.5	Prohibits enrollment of providers affiliated with individuals debarred by State or Federal Agencies, listed in Abuse Registries, or otherwise unqualified to provide service.	HCBS			
WA2SS.1	*Add State-specific criteria for this objective here.*				

WA3 – PROVIDE SERVICES AS DESCRIBED IN THE PLAN OF CARE					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA3.1	Stores the plan of care and makes it available for viewing.	HCBS			
WA3.2	Produces monitoring reports to determine if services approved in the plan of care are provided.	HCBS			
WA3.3	Identifies the date a participant's plan of care (POC) assessment is completed and the date of the next POC re-evaluation, if applicable.	HCBS			
WA3SS.1	*Add State-specific criteria for this objective here.*				

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WA4 – PROCESS WAIVER CLAIMS AND MAKE TIMELY AND ACCURATE PAYMENTS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA4.1	Processes claims for medical services	HCBS			
WA4.2	Applies edits to prevent payments for services covered under a waiver program to a Medicaid provider who does not have a provider agreement.	HCBS			
WA4.3	Prevents or suspends payments for Beneficiaries who have become ineligible for Medicaid.	HCBS			
WA4.4	Suspends payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility or ICF/MR and sends notice to the provider of the admission. (If the State has approved personal care retainer, or respite services provided in an ICF/MR building but not covered under the ICF/MR benefit, an exception may be made.)	HCBS			
WA4.5	Limits payment for services to those described within the Beneficiary's approved plan of care. Deny claims exceeding dollar or utilization limits approved in waiver or exceeding the approved individual waiver budget cap.	HCBS			
WA4.6	Edits waiver services claims for prior authorization, if applicable.	HCBS			
WA4.7	Edits waiver services claims for Third Party Liability (TPL) coverage prior to payment to ensure Medicaid is the payer of last resort.	HCBS			
WA4.8	Edits waiver services claims for Beneficiary cost share of premium or enrollment fees prior to payment.	HCBS			

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WA4 – PROCESS WAIVER CLAIMS AND MAKE TIMELY AND ACCURATE PAYMENTS					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA4SS.1	*Add State-specific criteria for this objective here.*				

WA5 – SATISFY FEDERAL REPORTING REQUIREMENTS, MONITOR UTILIZATION, AND ASSESS QUALITY OF CARE					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA5.1	Gathers data and produces a variety of financial reports to facilitate cost reporting and financial monitoring of waiver programs.	HCBS SMM			
WA5.2	Gathers data and produces utilization reports for monitoring cost neutrality of waiver services to a target population. The average cost of waiver services cannot be more than the cost of alternative institutional care. State may define average either in aggregate or for each participant.	HCBS			
WA5.3	Accesses individual Beneficiary claims and/or encounter histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services.	HCBS SMM			
WA5.4	Collects and stores data needed to produce reports consistent with data collection plan to assess quality and appropriateness of care furnished to participants of the waiver program.	HCBS			
WA5.5	Monitors provider capacity and capabilities to provide waiver services to enrolled participants.	HCBS			

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WA5 – SATISFY FEDERAL REPORTING REQUIREMENTS, MONITOR UTILIZATION, AND ASSESS QUALITY OF CARE					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WA5SS.1	*Add State-specific criteria for this objective here.*				

FIRST STATE-SPECIFIC OBJECTIVE					
Ref #	**System Review Criteria**	**Source**	**Yes**	**No**	**Comments**
WASS1.1	*Add criteria based on the APD, RFP, etc., that are relevant to this State-specific objective.*				