PROMOTING HEALTH AND WELFARE FOR PEOPLE RECEIVING HOME AND COMMUNITY-BASED SERVICES

Division of Long Term Services and Supports

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

Training Objectives

- To understand the basis for Health and Welfare in the 1915(c) Home and Community-Based Services (HCBS) Waiver program.

- To describe context for Health and Welfare concerns within HCBS.

- To discuss the implementation of the Health and Welfare Special Review Team (H&W SRT), goals, and process.

- To describe the National Incident Management Survey.

Health and Welfare in the Social Security Act § 1915(c)

- Under section 1915(c) of the Social Security Act, successful waivers must provide assurances to CMS that the state has necessary safeguards to protect the health and welfare of participants receiving services.

- Waiver authority also requires states to annually report the following to CMS:
  – Information on the impact of the waiver granted;
  – Types and amounts of medical assistance provided; and
  – Information on the health and welfare of recipients.

Health and Welfare in 42 CFR § 441.302(a)

- Health and Welfare safeguards outlined in 42 CFR § 441.302(a) include:
  - Adequate standards for all types of providers furnishing waiver services;
  - Assurance that providers are adequately certified or have met the state's licensure requirements to provide the services under the waiver;
  - Assurance that all facilities providing home and community-based services are compliant with state standards and meet the requirements of 45 CFR part 1397 for board and care facilities;
  - Assurance that the state will be able to meet the unique service needs of individuals who are among different target groups under a single waiver, by providing data on an annual basis in the quality section of the CMS-372(s) report; and
  - Assurance that services are provided in home and community-based settings, as specified in § 441.301(c)(4).

2014 Revised § 1915(c) Waiver Guidance

- On March 12, 2014 CMS issued an Informational Bulletin on "Modifications to Quality Measurements and Reporting in 1915(c) Home and Community-Based Waivers".

- This document revised the Health and Welfare assurance to read:

  "The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare."[1]

2014 Revised § 1915(c) Waiver Guidance – *Continued*

- Under the revised Health and Welfare assurance the following four new sub-assurances were identified, requiring a state to:
  - Demonstrate on an ongoing basis how it identifies, addresses, and seeks to prevent instances of abuse, neglect or exploitation, and unexplained death;
  - Demonstrate that an incident management system is in place and effectively resolves reported incidents and prevents further similar incidents to the extent possible;
  - Demonstrates that policies and procedures for the use of and prohibition of restrictive interventions (including restraints and seclusion) are followed; and
  - Establishes overall health care standards and monitors those standards based on the responsibility of the service provider as established in the approved waiver.

Summary of HHS-OIG Report Findings

- In 2016, the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) released several reports on states' compliance with federal or state requirements regarding critical incident reporting.

- The HHS-OIG found that several states did not comply with federal waiver provisions and state requirements for reporting and monitoring critical incidents involving HCBS waiver individuals. The findings included that: [2,3,4]

  – Critical incidents were not reported correctly;

  – Adequate training to identify appropriate action steps for reported critical incidents or reports of abuse or neglect was not provided to state staff;

  – Appropriate data sets to trend and track critical incidents were not accessible to staff; and

  – Critical incidents were not clearly defined, making it difficult to identify potential abuse or neglect.

Summary of CMS Audit Findings

- In 2016, CMS conducted three audits based in part or in whole on concerns regarding health and welfare and negative media coverage on abuse, neglect or exploitation issues.

- CMS found that states have had challenges meeting their 1915(c) waiver assurances, similar to findings reported by the OIG.
  - Lack of tracking and trending of unusual incidents.
  - Inadequate provider or state staffing levels.

Summary of GAO Report Findings

- In January 2018, the United States Government Accountability Office (GAO) released a report on a study of 48 states that covered assisted living services.

- This study found large inconsistencies between states in their definition of a critical incident and their systems' ability to report, track, and collect information on critical incidents that have occurred.

- States also varied in their oversight methods as well as the type of information they were reviewing as part of this oversight.

- CMS conducts oversight using annual state reports (CMS-372) for each HCBS waiver; however, almost half of the states had limitations in their data reflected in 372 reports.

- The GAO recommended requiring states to report information on incidents (e.g., type and severity of incidents, number of incidents, etc.) to strengthen the effectiveness of state and federal oversight. [5]

Summary of Recommendations from Reports

Findings from the HHS-OIG, GAO reports, and CMS audits highlight the need for states to:

- Conduct additional oversight regarding the administration and operation of their incident management systems;

- Provide clarity and transparency on the operation and collection of information from their incident management systems;

- Standardize definitions and processes for:

  – Responding to incidents; and

  – Annual reporting requirements for HCBS waivers.

- Implement promising practices and performance improvements that help maximize resources and improve current incident management systems.

Synchronicity/Differences between the OIG and GAO Audits

- GAO audited Assisted Living Facilities nationally

- OIG audited 3 states' ID/DD group home settings

- Findings for both audits were fairly consistent

- Between the two types of audits, settings serving Individuals with ID/DD, Older Adults, and Individuals with Disabilities were included.

2018 Joint Report

- Issued by OIG, Administration for Community Living, and Office of Civil Rights

- Aggregated individual state audits

- Recommended Model Practices for quality oversight framework

- Provided suggestions to CMS[6]

Joint Report Recommended Model Practices for States

- Model Practices for State Incident Management and Investigation

- Model Practices for Incident Management Audits

- Model Practices for State Mortality Reviews

- Model Practices for State Quality Assurance

Joint Report Suggestions to CMS

- Encourage states to implement compliance oversight programs, such as the Model Practices
  - See Informational Bulletin issued June 28, 2018[7]

- Where there is evidence of systemic problems in state implementation and compliance with health and safety oversight, CMS should form a "SWAT" [Special Review] team to assist the state in addressing the problem effectively.

- Where there are serious health and safety findings, CMS should take immediate action, using its authorities under 42 CFR § 441.304(g).

Health & Welfare Special Review Team (H&W SRT)

- In an effort to be responsive to the OIG recommendation, CMS considered the benefits of a team that would assist states with their implementation of a system of oversight for Health and Welfare.

- The prevailing objective was to assist states in evaluating and addressing issues in their oversight of the health and welfare systems on a proactive basis:

  – Within a three year period, conduct site visits across as many states as possible,

  – Work with states to proactively ameliorate health and welfare issues,

  – Work with states and CMS to provide a strong technical assistance program based on on-site experience with states, and

  – Support CMS in exercising the Agency's oversight and compliance responsibilities in its HCBS programs.

H &W SRT Criteria

CMS identified the following four criteria to prioritize states for technical assistance across the next 3 years:
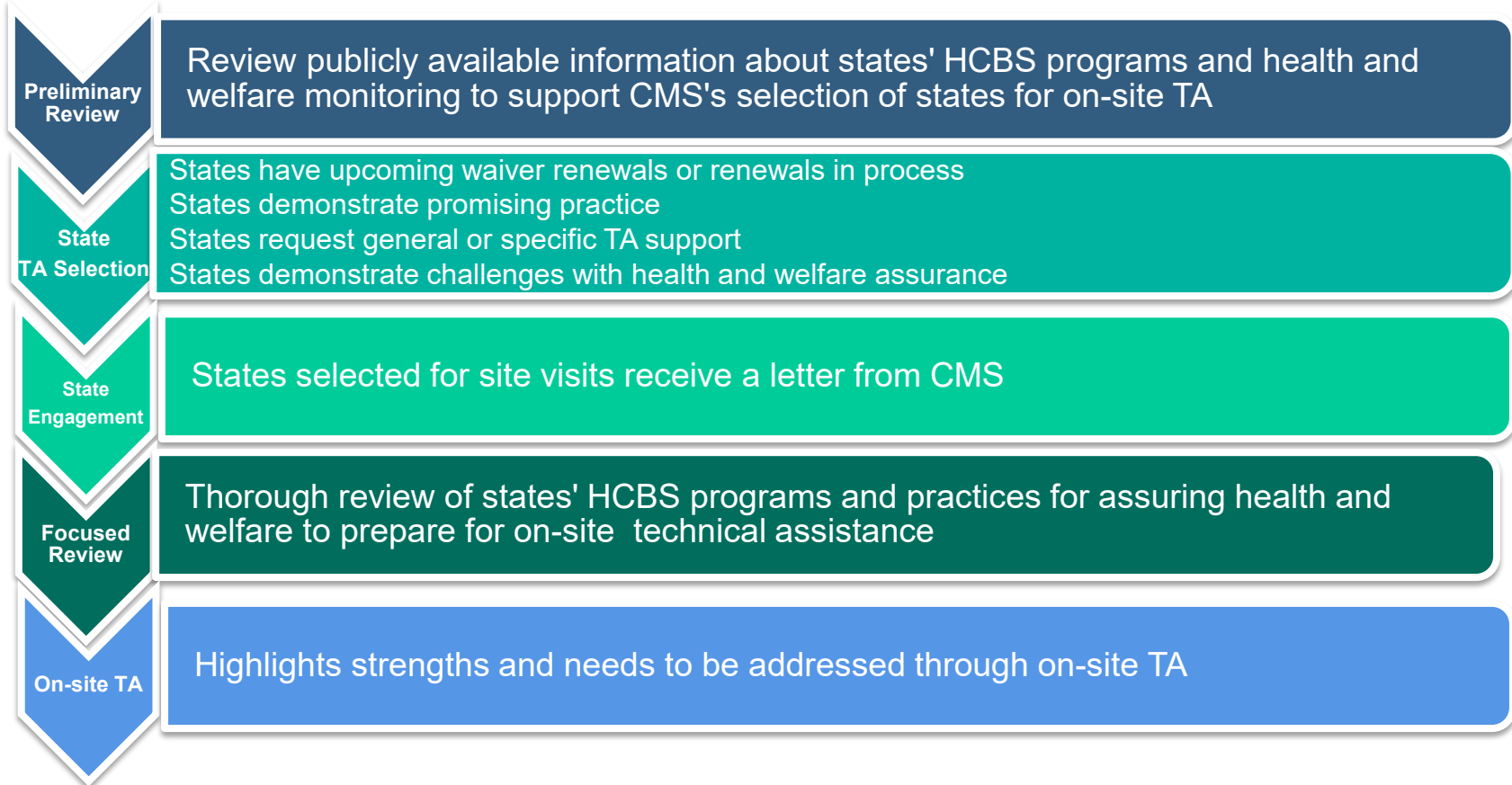
1) One or more HCBS programs are due for renewal in the following year,

2) One or more promising practices have been identified,

3) On-site technical assistance has been requested by the state and/or

4) Challenges in monitoring beneficiary health and welfare have been identified.

Current Status of H & W SRT Process

- During Federal Fiscal Year 2019:
  - CMS has conducted visits to three states with an additional two visits scheduled in September 2019.
  - CMS conducted three national training activities addressing risk and enhancing Health and Welfare of beneficiaries.

- During Federal Fiscal Year 2020
  - CMS expects to visit another 15 states
  - Additional training and targeted technical assistance will be available.

Research and Analysis

Preliminary Review
Review publicly available information about states' HCBS programs and health and welfare monitoring to support CMS's selection of states for on-site TA

State TA Selection
States have upcoming waiver renewals or renewals in process
States demonstrate promising practice
States request general or specific TA support
States demonstrate challenges with health and welfare assurance

State Engagement
States selected for site visits receive a letter from CMS

Focused Review
Thorough review of states' HCBS programs and practices for assuring health and welfare to prepare for on-site technical assistance

On-site TA
Highlights strengths and needs to be addressed through on-site TA

On-Site Technical Assistance

Virtual Planning

Webinar and conference call with state. CMS and the H&W SRT to prepare for on-site visit 30-days prior to visit

In-Person Entrance Conference

Detailed overview of the agenda and discussion for on-site TA

On-Site TA

Review of health and welfare assurance practices; meetings and observations with credentialing agencies, provider and program enrollment entities, case managers, participants, Medicaid agency. Provision of real-time TA

In-Person Exit Conference

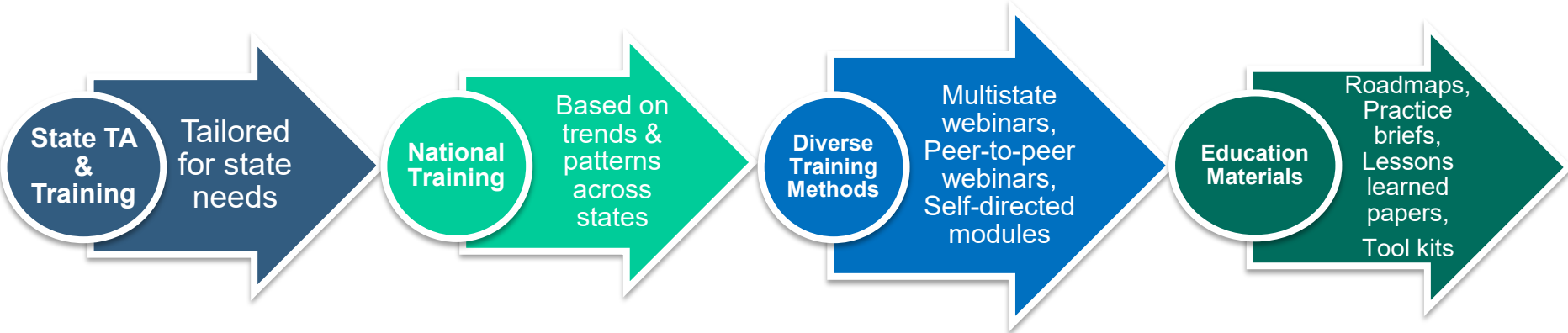Review and discussion of on-site TA and plan for follow-up activities.

What Occurs during the Visit?

- CMS and its contractor meet with:
  - State Medicaid and Operating Agency Staff
  - State Licensing/ Investigation staff
  - Beneficiaries
  - Case Managers/ Support Coordinators
  - Service Providers
  - Family Members, Stakeholders and Advocates
- Review documents surrounding critical incidents

Early Lessons in Three States Visited

- States are tracking and trending data often by provider or within target groups

- States and providers are engaged in mortality reviews for unexplained deaths in certain instances

- There is variance in reporting by Operating Agencies

- There is variance in investigatory infrastructure

Training and Education

State TA & Training → Tailored for state needs

National Training → Based on trends & patterns across states

Diverse Training Methods → Multistate webinars, Peer-to-peer webinars, Self-directed modules

Education Materials → Roadmaps, Practice briefs, Lessons learned papers, Tool kits

Training Topics

CMS and the H & W SRT will also develop a variety of training and education materials to support states' learning and growth regarding HCBS participant health and welfare. Educational efforts will focus on topics such as:

- Risk assessment and mitigation

- Balancing individual choice and safety, and

- Key components of quality monitoring in oversight of the Health and Welfare systems. (upcoming Fall 2019)

Additional Benefits

- Over time the H&W SRT will develop a cohort of promising practices that are being implemented across the nation.

- Additional national trainings to assist states in resolving issues will be created, presented and maintained as resources for states. Topics will include trainings on:
  - Trend Analysis
  - Interventions
  - Promising Practices

Incident Management: Key Takeaways

Incidents will happen…

- Our goal must be to do all that we can to minimize preventable incidents from occurring.

- A robust incident management system allows states to proactively respond to incidents and implement actions that reduce the risk and likelihood of future incidents.

- States have utilized different approaches to developing and implementing their incident management systems.

What is an Incident Management (IM) System?

- According to the 1915(c) Technical Guide, page 225, an incident management system must be able to:

  - Assure that reports of incidents are filed;

  - Track that incidents are investigated in a timely fashion; and

  - Analyze incident data and develop strategies to reduce the risk and likelihood of the occurrence of similar incidents in the future.[8]

Goals of an IM System

A robust incident management system:

- Standardizes what incidents are and how incident reports are collected;

- Provides guidelines for states in prioritizing what incidents need to be investigated and resolved; and

- Allows states to identify, track, trend, and mitigate preventable incidents. [9]

Key Elements of the IM System

The following are six key elements that states should consider when implementing an effective incident management system: [9]

1. Identifying the Incident	2. Reporting the Incident	3. Triaging the Incident
4. Investigating the Incident	5. Resolving the Incident	6. Tracking and Trending Incidents

Incident Management: Survey Background

Survey Background

- In July 2019, CMS issued a survey to states nationwide on approaches to operating an incident management system.

- This follows on the heels of a pilot survey in seven states in May 2018. The intent of the pilot was to obtain preliminary information regarding incident management systems and feedback on completing the survey instrument.

- The goal of the national survey is to obtain a comprehensive understanding of how states organize their incident management system to best respond to, resolve, monitor, and prevent critical incidents in their waiver programs and was tailored based on feedback from the pilot and the PRA process.

Survey Background - Continued

- The survey contains approximately 140 questions across the following ten sections:

Figure 1: Pilot Survey Questions Table of Contents

No.	Section
1	General Identifiers
2	System
3	Reporting
4	Incident Resolution
5	Quality Improvement
6	Collaboration
7	Training
8	Prevention
9	Mitigation of Fraud, Waste, and Abuse
10	Feedback to CMS

Survey Overview

- This survey is provided through a web-based platform with some survey logic (e.g., skip patterns), therefore based on a state's individual waiver criteria, the respondent may not have to answer some of the questions in the survey.

- Survey responses are due to CMS on or before August 28, 2019

  - States self-report their data.

  - States can submit responses for each unique incident management system for their 1915(c) waivers.

  - CMS will follow-up with states requesting clarification for any response that required additional detail or information (e.g., state selected "other" without providing a description).

Review of Pilot Results in Brief:
Incident Management System Operations

- Findings are limited to responses from seven states reporting on incident management activities encompassing 38 different waivers.

- More than half of the waivers surveyed serve individuals with Intellectual Disability, Developmental Disability or Both populations:

Figure 2: Distribution of Populations Served

Population	# of Waivers
Aged or Disabled, or Both – General[1]	12
Aged or Disabled, or Both – Specific Recognized Subgroups[2]	4
Intellectual Disability or Developmental Disability, or Both[3]	20
Mental Illness[4]	2

1. This includes: Aged, Disabled (Physical), Disabled (Other)
2. This includes: Brain Injury, HIV/AIDS, Medically Fragile, Technology Dependent
3. This includes: Autism, Developmental Disability, Intellectual Disability
4. This includes: Mental Illness, Serious Emotional Disturbance

Pilot Findings:
Incident Management System Operations – Continued

- Many of the surveyed states reported using different incident management systems for the waivers in their state.

  - Survey responses account for 14 unique incident management systems across the seven states.

- For most waivers, survey responses indicated that the incident management system is managed by the Operating Agency.

  - Other responses included: the state Medicaid Agency, an outside entity and/or Adult Protective Services or Child Protectives Services
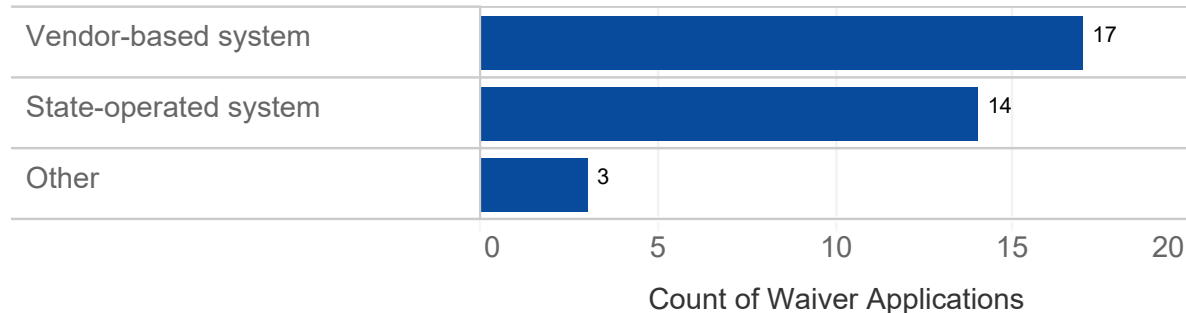
Survey Findings:
Incident Management System Platforms

States were asked to provide responses on questions regarding technologies/systems implemented for their incident management system:

- 34 out of 38 waivers reported using an electronic system. Half of these waivers had a vendor-based system.

Figure 5: Type of IM System Used

Type	Count
Vendor-based system	17
State-operated system	14
Other	3

Count of Waiver Applications

- ## Other systems include:

  - An Excel-based tool on a single-user computer; and
  - A system managed by the managed care plans.

Pilot Findings:
Incident Management System Functionalities

- Most surveyed waivers record, triage, and trend incidents electronically, but interoperability is not a functionality available for most systems.

- All surveyed waivers indicate the use of standardized forms or database interfaces for reporting incidents to the state.

- Most of the surveyed waivers categorized incidents by risk level at the time of reporting the incident and enabled anonymous reporting.

* Responses are not mutually exclusive.
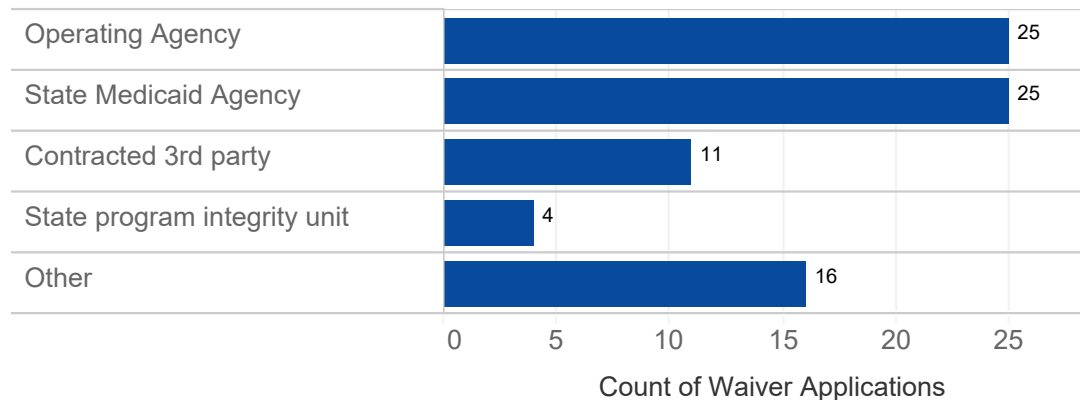
Pilot Findings:
Incidents that Trigger an Investigation and Methods

- Pilot states used the following to determine which incidents to investigate:

  - Nature and severity of the incident;

  - If the incident is abuse, neglect, and/or exploitation;

  - Independent investigative agency's determination;

  - Case manager evaluation of risk to individual; and

  - Secondary review by lead of investigative authority

- Pilot States used several investigation methods:

  - Onsite document reviews

  - Meeting with the individual or guardian

  - Meeting with alleged perpetrator

  - Meeting with the provider agency

  - Analyzing claims data

- Most common Burden of Proof was "preponderance of evidence"

Pilot Findings:
Investigation Audits

- After completion of the investigation, survey results indicated that one or more of the following entities were responsible for auditing the investigation results and/or incident resolution process:

Figure 12: Individual Responsible for Auditing Investigations/Incident Resolution*

Entity	Count of Waiver Applications
Operating Agency	25
State Medicaid Agency	25
Contracted 3rd party	11
State program integrity unit	4
Other	16

- Others responsible for audits include supervisors, shared service staff (e.g., services shared with other agencies, such as investigative staff), and individuals responsible for the annual quality review. Audits can also be included in licensing site reviews.

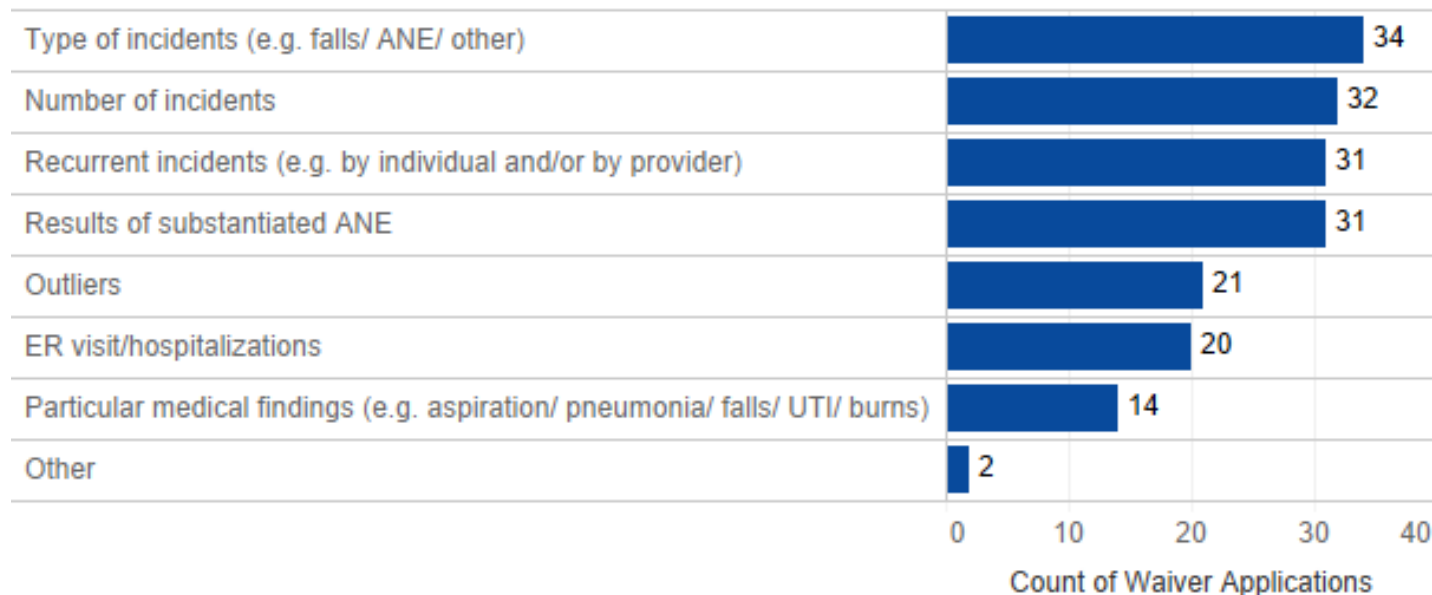- * Responses are not mutually exclusive.

Pilot Findings:
Trend Reports for Quality Improvement

Questions regarding how states trend and track incidents to inform quality improvement strategies indicated the following:

- States create one or more of the following trend reports from incident data:

Figure 13: Types of Trend Reports Created*

Type of Trend Report	Count
Type of incidents (e.g. falls/ ANE/ other)	34
Number of incidents	32
Recurrent incidents (e.g. by individual and/or by provider)	31
Results of substantiated ANE	31
Outliers	21
ER visit/hospitalizations	20
Particular medical findings (e.g. aspiration/ pneumonia/ falls/ UTI/ burns)	14
Other	2

Count of Waiver Applications

* Responses are not mutually exclusive.

Pilot Findings:
Interventions in Response to Trends

- Surveyed waivers reported that systemic or operational interventions were implemented in response to trend reports for half of the reported waivers within the last five full waiver years.

- Over half of the surveyed waivers that reported the implementation of a systemic or operational intervention reported that the number of incidents decreased due to the intervention.

- Almost all surveyed waivers (36 out of 38) reported that their agency worked with other departments or agencies to collect information regarding incidents like licensing or certification agencies, quality improvement organizations, and/or law enforcement.

Pilot Findings:
Staff Training

States provided initial and ongoing training to providers as well as a variety of strategies employed to help train and retain skilled investigative staff. These included:

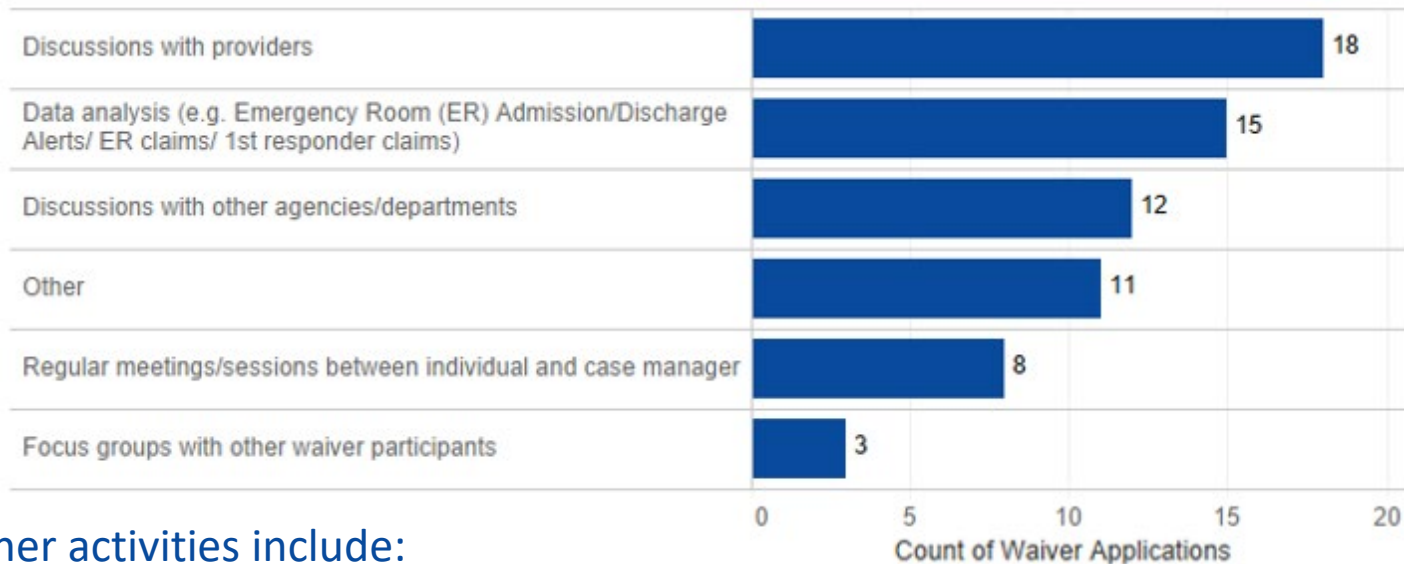**Figure 19: Training Strategies to Retain Skilled Investigative Staff**

Type of Strategy	Descriptions Provided by States
Ongoing Trainings (Identified by 3 states)	• Create and provide ongoing trainings based on trends or issues identified at a system level; • Provide refresher trainings for staff; • Provide specialized training curriculums for investigative agents; and • Create and support web-based training modules.
Communication/Meetings (Identified by 2 states)	• Conduct monthly/quarterly staff meetings that include training on specific investigative topics; and • Provide updated information on an ongoing basis via conferences/meetings.
Other (Identified by 3 states)	• Hire third-party investigative entity and meet monthly to identify issues and needs; and • Provide technical assistance (TA) to providers addressing incidents that do not involve suspected maltreatment and for "difficult cases".

Pilot Findings:
Strategies to Identify Unreported Incidents

- States identified the following activities as effective in helping identify unreported incidents:

Figure 23: Activities Effective for Identifying Unreported Incidents*

Activity	Count of Waiver Applications
Discussions with providers	18
Data analysis (e.g. Emergency Room (ER) Admission/Discharge Alerts/ ER claims/ 1st responder claims)	15
Discussions with other agencies/departments	12
Other	11
Regular meetings/sessions between individual and case manager	8
Focus groups with other waiver participants	3

- Other activities include:
  - Trainings;
  - Corrective Action Plans/Sanctions;
  - Record Reviews/Annual Reviews; and
  - Public Awareness Outreach.

* Responses are not mutually exclusive.

Pilot Findings:
## Train Stakeholders to Prevent Future Incidents

- The majority of surveyed waivers (30 out of 38 waivers) train providers and case managers on individuals' risk factors to assist in the identification of potential occurrences of incidents.

- Providers or case managers for most waivers (29 out of 38 waivers) also routinely assess for the potential for future incidents.

Pilot Findings:
Incident Reporting for Self-Direction

Most states do not have a separate system for individuals receiving self-directed services but have implemented additional safeguards.

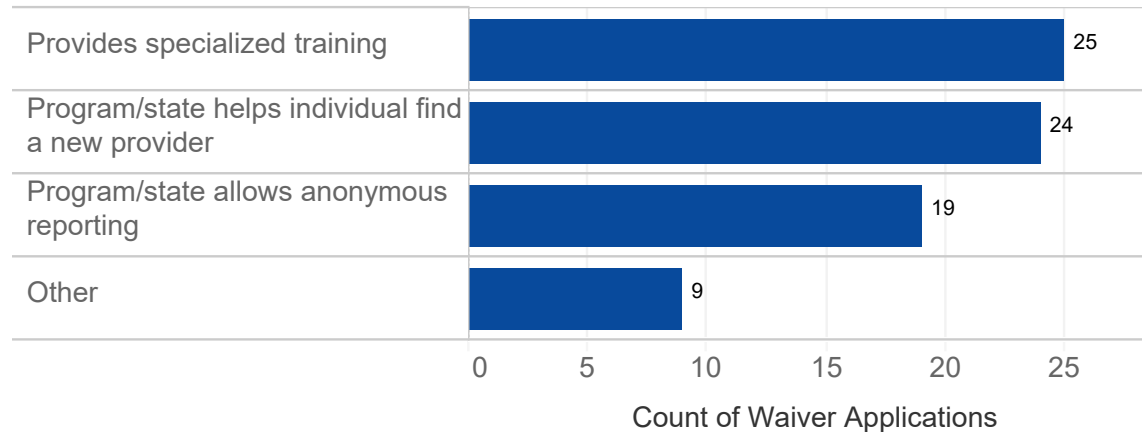**Figure 27: Separate Reporting Systems for Self-Direction**
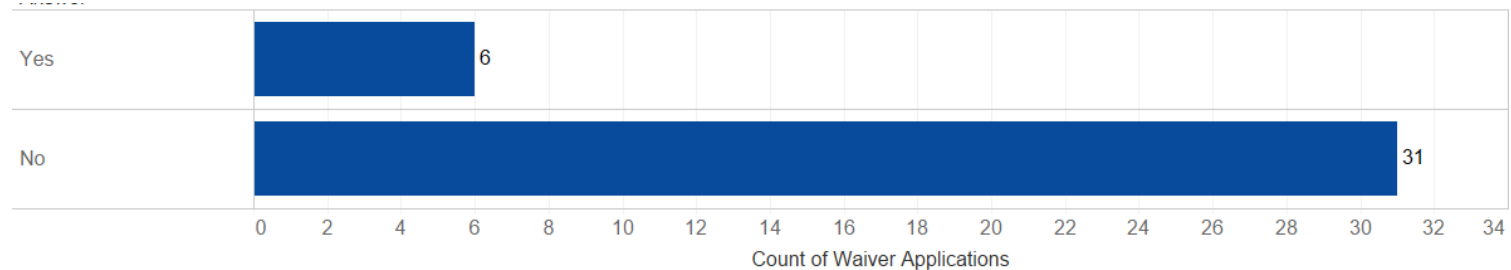
Pilot Findings:
Incident Resolution for Self-Direction

- 31 out of 38 waivers indicated that states do not respond differently to reports of ANE on self-directing individuals. The remaining seven waivers reported that it did not apply (e.g., because those waivers do not offer self-direction).

- However, survey results showed that states adopted the following safeguards for individuals self-directing services.

Figure 28: Safeguards Implemented for Self-Directed Individuals*

Safeguard	Count of Waiver Applications
Provides specialized training	25
Program/state helps individual find a new provider	24
Program/state allows anonymous reporting	19
Other	9

Count of Waiver Applications

* Responses are not mutually exclusive.

Challenges Identified by States – Part 1

States highlighted the following challenges they face with their incident management system:

- The incident management system platforms often have limited functionalities and do not easily allow for interoperability with other systems.

  – Multiple surveyed states reported limitations in reporting functionality.

  – Four states indicated that the system does not allow for data aggregation, which would support the creation of overall trend reports.

  – Three states indicated that their system limits:

    – The ability to support real-time reporting for multiple stakeholders (i.e., providers, individuals, family members); and

    – Reporting to specific individuals (e.g., case managers), which may lead to incidents being unreported or missed.

Challenges Identified by States – Part 2

- States identified the need for a more comprehensive tracking process to assist with incident resolution.

  – Three states identified the need for more robust tracking in their system (e.g., following up on required actions).

  – Two states indicated the need to implement a centralized system that allows access to track incidents and see investigation results.

- Two states indicated the need for additional staff support to help focus attention on quality improvement activities.

Challenges Identified by States – Part 3

- State responses highlighted the need for revised policies and procedures to help improve program monitoring based on incident data:

  - Five states reported the need for improved communications and information sharing between stakeholders; and

  - Three states reported that updates to performance measures or data aggregation for trending will improve program monitoring.

- Many states reported that collaboration between agencies or with external parties was not an initial goal when building the incident management system. Therefore, states are experiencing limitations regarding the sharing of data or allowing central accessibility to key stakeholders.

Challenges Identified by States – Part 4

- All states identified the need for improvements in training:
  - Four states indicated the need for additional training platforms to accommodate various audiences;
  - Four states identified the lack of tailored trainings for individuals, individuals with disabilities, and family members; and
  - Two states reported the difficulties in monitoring the effectiveness of trainings.
- One state relied on a system that still required manual reporting, tracking, and trending of incident data, which made quality improvement and prevention activities difficult.
- One state reported that incident management activities were conducted by managed care organizations, making it difficult to centralize information, processes, and procedures.

Promising Practices Identified by States

States have identified the following as strengths to their incident management systems:

- Most states reported the use of an electronic system, which:
  - Supports the timely reporting of incidents;
  - Promotes accurate and timely capturing of data; and
  - Is easily accessible for use by responsible staff.

- One state required the creation of a prevention plan upon completion of the investigation for all substantiated incidents.

- Multiple states reported that analytical tools and reports were being developed to help identify trends of high-priority data points.

- Many states hold regular meetings and committee reviews to share incident information with other agencies, law enforcement, and licensing bodies.

Promising Practices Identified by States – Continued

- Almost all states indicated that initial and ongoing trainings were made available to key stakeholders, such as family/caregivers, investigative staff, providers, state staff, and waiver participants.

  – States also indicated that trainings are primarily updated due to the need for or implementation of systemic interventions.

- One state reported the use of public education materials to assist with the identification and reporting of maltreatment.

  – HCBS providers in this state are required to give service recipients information regarding their right to be free of maltreatment.

- One state reported the use of a data analyst to analyze all critical incident data for the previous years in order to position the state to conduct more predictive analytics.

H & W SRT Summary

- The H & W SRT is a key tool for CMS and states to improve the health and welfare of HCBS participants.

- Across the next three years, in depth technical assistance will be provided by CMS and its contractors.

- Preliminary findings support promising practices and opportunities for states consistent with Incident Management Pilot.

- National training and educational materials will be informed by the work of the H & W SRT.

Incident Management Summary

- Preliminary data from the pilot survey indicates that though incident management systems are organized differently across states, many of the states are using electronic systems, which help with the trending and tracking of incident data.

- Several states participating in the pilot indicated the use of their incident management system to implement systemic interventions or to identify unreported incidents.

- Data from the pilot survey also highlighted the need for additional resources to support the interoperability between different systems and to better crosswalk incident management data with fraud, waste, and abuse or claims data.

Questions & Answers

References

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2. Department of Health & Human Services Office of Inspector General. "Connecticut did not comply with federal and state requirements for critical incidents involving developmentally disabled Medicaid beneficiaries." May 2016. Available online: https://oig.hhs.gov/oas/reports/region1/11400002.pdf

3. Department of Health & Human Services Office of Inspector General. "Massachusetts did not comply with federal and state requirements for critical incidents involving developmentally disabled Medicaid beneficiaries." July 2016. Available online: https://oig.hhs.gov/oas/reports/region1/11400008.pdf

4. Department of Health & Human Services Office of Inspector General. "Maine did not comply with federal and state requirements for critical incidents involving developmentally disabled Medicaid beneficiaries." August 2017. Available online: https://oig.hhs.gov/oas/reports/region1/11600001.pdf

5. Government Accountability Office. "Medicaid assisted living services – improved federal oversight of beneficiary health and welfare is needed." January, 2018. Available online: https://www.gao.gov/assets/690/689302.pdf

6. Department of Health & Human Services Office of Inspector General, Administration for Community Living, & Office for Civil Rights. "Ensuring beneficiary health and safety in group homes through state implementation of comprehensive compliance oversight." January 2018. Available online: https://www.hhs.gov/sites/default/files/report_joint_report_hcbs.pdf

7. Department of Health & Human Services, CMS. "Health and welfare of home and community based services (HCBS) waiver recipients." June 2018. Available online: https://www.medicaid.gov/federal-policy-guidance/downloads/cib062818.pdf

8. CMS Disabled and Elderly Health Programs Group. "Application for a 1915(c) home and community-based waiver – instructions, technical guide and review criteria." January 2015. Available online: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf

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Additional Resources

- Copies of the HCBS Training Series/Webinars are located in below link: https://www.medicaid.gov/medicaid/hcbs/training/index.html.

- Social Security Act § 1915(c) is located here: https://www.ssa.gov/OP_Home/ssact/title19/1915.htm

- 42 CFR § 441.302 is located here: https://www.gpo.gov/fdsys/pkg/CFR-2002-title42-vol3/pdf/CFR-2002-title42-vol3-part441.pdf

- The 1915(c) Technical Guide is located here: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf

- Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers is located here: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/3-cmcs-quality-memo-narrative.pdf

For Further Information

<u>For questions contact:</u>

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