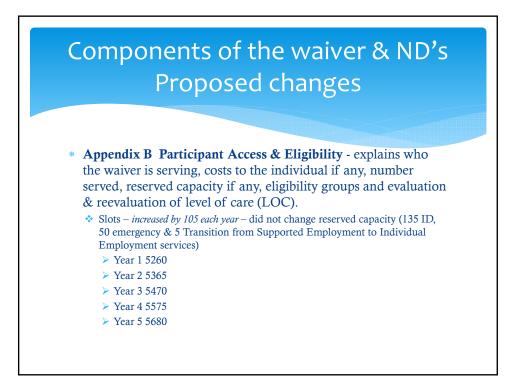
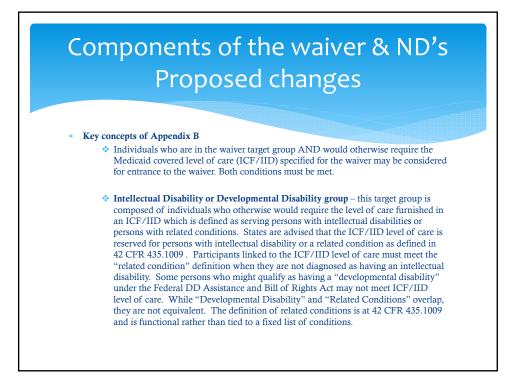


- The State Medicaid agency must retain oversight over all aspects of the Waiver.
- The DD Division has day to day responsibility for operation.

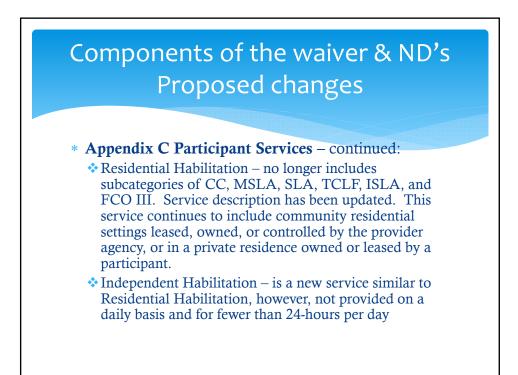


Key concepts of Appendix B

- Who can receive a HCBS waiver service?
- * The person must be eligible for Medicaid, according to your state rules; AND
- * Meet what's called the level of care (LOC) for:
 - > Nursing Home
 - ICF/IID
 - Hospital or
 - > Other Medicaid-financed institutional care
- The State must select <u>one</u> of the three principal target groups and for the target group selected, may select one more of the subgroups listed.
 - Aged (persons age 65 and older) or disabled; or both;
 - Persons with intellectual disability or a developmental disability or both;
 Persons with mental illnesses.
- The waiver we are referring to is persons with an "intellectual disability or a
- developmental disability". The state selected both options.

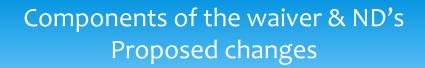


- * **Appendix C Participant Services -** summary of all the services, any service limitations, and provider requirements
 - * Removed Adult Day Health
 - * Changed Day Support name to Day Habilitation
 - Removed Extended services and replaced with the following services:
 - Prevocational
 - Individual Employment
 - Small Group Employment



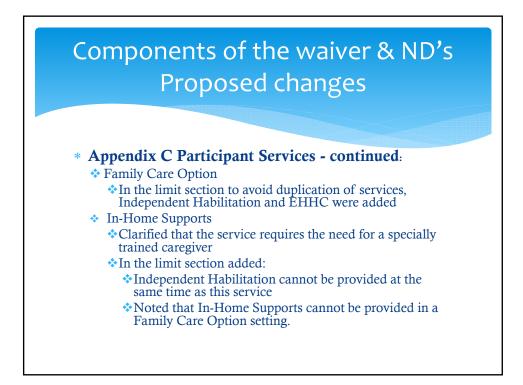


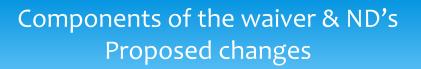
- * Appendix C Participant Services continued:
 - * Homemaker
 - Added language to clarify that Family Care Option cannot be provided in conjunction with this service
 - Extended Home Health Care (EHHC) updated the service definition and specification that the service is not available for individuals who are eligible for EPSDT



- * Appendix C Participant Services continued:
 - Adult Foster Care name change from Adult Family Foster Care to Adult Foster Care
 - EHHC and Behavioral Consultation cannot be provided with this service
 - Behavioral Consultation
 - Added language that the behavioral consultant needs to write the plan and the plan is incorporated into the participant's service plan

- * Appendix C Participant Services continued:
 - Environmental Modifications:
 - clarified that the limit is for the five year waiver period
 - changed provider verifications from DDPM to participant or primary caregiver
 - Equipment & Supplies:
 - clarified that the limit is for the five year waiver period
 clarified that nutritional supplements are only covered
 - when they constitute 51% or more of nutritional intake to ensure that it is not duplicated under the Medicaid State Plan,
 - changed provider verifications from DDPM to Fiscal Agent.





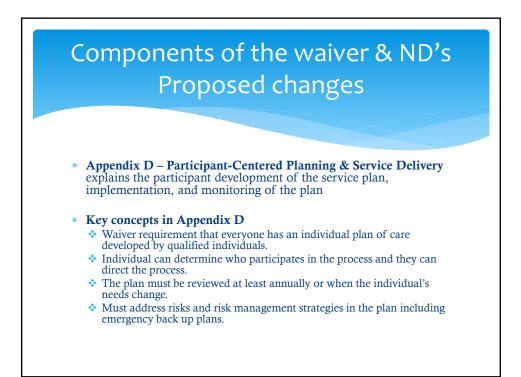


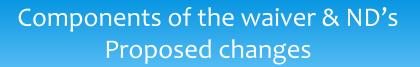
Parenting Support

*Added Independent Habilitation to the limit section

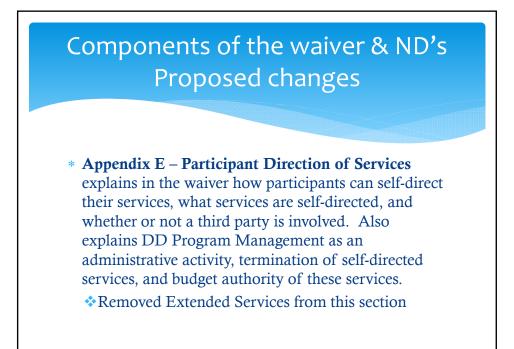
 Removed Transportation Costs for Financially Responsible Caregiver

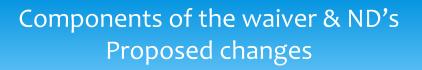
CMS regulations do not allow for medical transportation within a 1915(c) waiver. This guidance was provided to North Dakota during a recent amendment to the Medically Fragile Waiver. The division is working with CMS on a transition plan for this change. Additional information will follow.



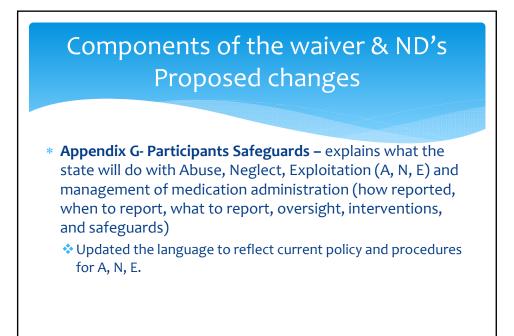


- * Appendix D Participant-Centered Planning & Service Delivery continued:
 - Added clarifying language to show compliance with HCBS final rule requirements
 - For example: participants have the right to choose their own team members; the participant can request an update of their plan at any time, etc.

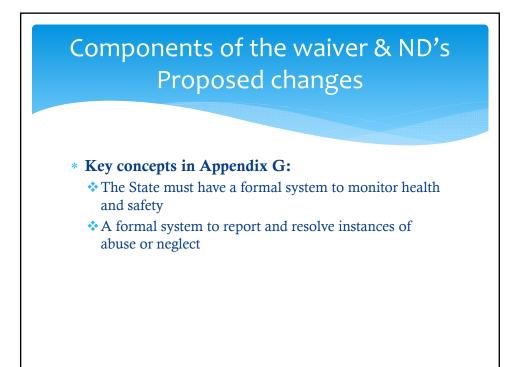




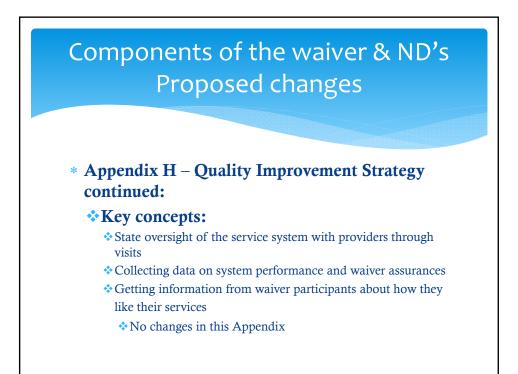
- * **Appendix F- Participants Rights** explains a participant's opportunity for a fair hearing, disputes resolutions, grievances, and complaints
- * Key concepts in Appendix F:
 - Freedom of choice of providers People can choose any provider they want that is qualified, under state rules to do the work
 - Appeal rights when a service is denied, suspended, terminated or reduced.
 - * No changes in this Appendix



- * Appendix G- Participants Safeguards Reviews of data are compiled and reviewed at least quarterly by the service provider responsible for implementation of the plan. The DDPM reviews the use of individual restrictive interventions during the Quality Enhancement Review (QER) to assure the safeguards and requirements are met and to assure that the approval of the individual/legal decision maker, behavior management committee and the Human Rights Committee is documented.
 - This information is recorded in the QER and any noncompliance or needed follow up regarding the use of restrictive interventions are initiated and documented



* Appendix H – Quality Improvement Strategy a summary of the plan for how the waiver will continually determine if it is operating as designed, meeting assurances and requirements, and achieving desired outcome for waiver participants in identifying issues, making corrections and implementing improvements

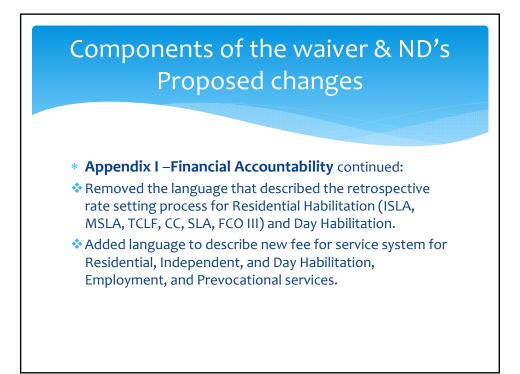






* Key concepts in Appendix I:

- The state must be financially accountable for ALL funds. This means the state has to know and report:
 - > How the money is spent,
 - > For what people and;
 - > What services.
- Portability of funding Medicaid money belongs to the individual not the provider.



- * **Appendix J Cost Neutrality** demonstrates budget neutrality (showing that it is less expensive on average or equal to have participants on the waiver than it is to have them institutionalized); explains:
 - Cost neutrality updated
 - Rates updated
- * Key Concepts in Appendix J:
 - The state must assure CMS that the waiver is cost neutral which means that the average cost per person under the waiver can't be more than the average cost per person in an ICF/IID

