

NOTICE OF INTENT TO SUBMIT WAIVER AMENDMENTS SOLICITATION OF PUBLIC INPUT

Pursuant to 42 C.F.R. § 440.386, the Idaho Department of Health and Welfare Division of Medicaid (Department) provides public notice of its intent to submit waiver amendments to the Centers for Medicare and Medicaid Services (CMS) for Idaho's Aged and Disabled (A&D) §1915(c) waiver and Idaho's Adult Developmental Disabilities §1915(c) waiver.

The Department assures these changes are in compliance with 42 CFR 440.345, and that individuals under twenty-one (21) years of age, pursuant to EPSDT, may receive additional services if determined medically necessary and prior authorized by the Department. Medicaid has consulted with Idaho Tribal representatives regarding this change in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009.

Pursuant to 42 C.F.R. § 441.304, public notice of the proposed waiver amendments will be published on **August 3, 2018** in the newspapers of widest circulation in each Idaho city with a population of 50,000 or more and on the Department's website. On **August 6, 2018**, copies of the public notice and the proposed waiver amendment will be made available for public review during regular business hours at any regional or field office of the Idaho Department of Health and Welfare, and any regional or local public health district office. In Adams, Boise and Camas counties, copies will be available at each county clerk's office. The public will be given the opportunity to comment on the proposed Aged and Disabled waiver amendment and the proposed Adult Developmental Disabilities waiver amendment for a period of at least 30 days.

PROPOSED WAIVER CHANGES

The proposed waiver amendments will allow the Department to sustain two (2) existing Medicaid benefits currently administered under the Money Follows the Person (MFP) Demonstration Grant, also known as the Idaho Home Choice program. The demonstration grant is scheduled to end on September 30, 2020. The Department intends to sustain the Transition Management and Transition Benefit services by adding these benefits to both the A&D §1915(c) waiver and the Adult Developmental Disabilities §1915(c) waiver. These benefits will support Medicaid participants who transition from institutionalized care into home and community-based settings.

PUBLIC REVIEW

A copy of the proposed Aged and Disabled §1915(c) waiver amendment and Adult Developmental Disabilities §1915(c) waiver amendment will be posted on the Department's website at:

<http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> no later than **August 6, 2018**.

Unless otherwise specified, copies of the proposed waiver amendments are also available for public review during regular business hours at any regional Medicaid services office of the Idaho Department of Health and Welfare in addition to the locations listed below.

LOCATIONS FOR PUBLIC REVIEW OF PROPOSED CHANGES

Ada County

DHW Region 4, 1720 Westgate Drive, Boise, ID 83704

Central District Health Department, 707 North Armstrong Place, Boise, ID 83704

Adams County

Adams County Clerk's Office, 201 Industrial Avenue, Council, ID 83612

Bannock County

DHW Region 6, 1070 Hiline, Pocatello, ID 83201

Southeastern Idaho Public Health, 1901 Alvin Ricken Drive, Pocatello, ID 83201

Bear Lake County

Southeastern Idaho Public Health, 455 Washington, Suite #2, Montpelier, ID 83254

Benewah County

Panhandle Health District, 137 N 8th Street, St Maries, ID 83861

Bingham County

DHW Region 6, 701 East Alice, Blackfoot, ID 83221

Southeastern Idaho Public Health, 145 W Idaho Street, Blackfoot, ID 83221

Blaine County

South Central Public Health, 117 East Ash Street, Bellevue, ID 83313

Boise County

Boise County Clerk's Office, 420 Main Street, Idaho City, ID 83631

Bonner County

DHW Region 1, 207 Larkspur Street, Ponderay, ID 83852

Panhandle Health District, 2101 W. Pine Street, Sandpoint, ID 83864

Bonneville County

DHW Region 7, 150 Shoup Avenue, Idaho Falls, ID 83402

Eastern Idaho Public Health, 1250 Hollipark Drive, Idaho Falls, ID 83401

Boundary County

Panhandle Health District, 7402 Caribou Street, Bonners Ferry, ID 83805

Butte County

Southeastern Idaho Public Health, 178 Sunset Drive, Arco, ID 83213

Camas County

Camas County Clerk's Office, 501 Soldier Road, Fairfield, ID 83327

Canyon County

DHW Region 3, 3402 Franklin Road, Caldwell, ID 83605

Southwest District Health, 13307 Miami Lane, Caldwell, ID 83607

Caribou County

Southeastern Idaho Public Health, 55 East 1st South, Soda Springs, ID 83276

Cassia County

DHW Region 5, 2241 Overland Avenue, Burley, ID 83318

Clark County

Eastern Idaho Public Health, 332 West Main, Dubois, ID 83423

Clearwater County

North Central Health District, 105 115th Street, Orofino, ID 83544

Custer County

Eastern Idaho Public Health, 1050 N. Clinic Road, Suite A, Challis, ID 83226

Elmore County

DHW Region 4, 2420 American Legion Blvd., Mountain Home, ID 83647

Central District Health Department, 520 E. 8th Street N, Mountain Home, ID 83647

Franklin County

DHW Region 6, 223 North State, Preston, ID 83263

Southeastern Idaho Public Health, 50 West 1 St. South, Preston, ID 83263

Fremont County

Eastern Idaho Public Health, 45 South 2nd West, St. Anthony, ID 83445

Gem County

Southwest District Health, 1008 East Locust, Emmett, ID 83617

Gooding County

South Central Public Health, 255 North Canyon Drive, Gooding, ID 83330

Idaho County

DHW Region 2, Camas Resource Center, 216 South C Street, Grangeville, ID 83530
North Central Health District, 903 W Main, Grangeville, ID 83530

Jefferson County

Eastern Idaho Public Health, 380 Community Lane, Rigby, ID 83442

Jerome County

South Central Public Health, 951 East Avenue H, Jerome, ID 83338

Kootenai County

DHW Region 1, 1120 Ironwood Drive, Coeur d'Alene, ID 83814

Panhandle Health District, 8500 N. Atlas Road, Hayden, ID 83835

Latah County

DHW Region 2, 1350 Troy Highway, Moscow, ID 83843

North Central Health District, 333 E Palouse River Drive, Moscow, ID 83843

Lemhi County

DHW Region 7, 111 Lillian Street, Suite 104, Salmon, ID 83467

Eastern Idaho Public Health, 801 Monroe, Salmon, ID 83467

Lewis County

North Central Health District, 132 N Hill Street, Kamiah, ID 83536

Lincoln County

South Central Public Health, Lincoln County Community Center, 201 South Beverly St., Shoshone, ID

Madison County

DHW Region 7, 333 Walker Drive, Rexburg, ID 83440

Eastern Idaho Public Health, 314 North 3rd East, Rexburg, ID 83440

Minidoka County

South Central Public Health, 485 22nd Street, Heyburn, ID 83336

Nez Perce County

DHW Region 2, 1118 F Street, Lewiston, ID 83501

North Central Health District, 215 10th Street, Lewiston, ID 83501

Oneida County

Southeastern Idaho Public Health, 175 South 300 East, Malad, ID 83252

Owyhee County

Southwest District Health, 132 E. Idaho, Homedale, ID 83628

Payette County

DHW Region 3, 515 N. 16th Street, Payette, ID 83661

Southwest District Health, 1155 Third Avenue North, Payette, ID 83661

Power County

Southeastern Idaho Public Health, 590 1/2 Gifford, American Falls, ID 83211

Shoshone County

DHW Region 1, 35 Wildcat Way, Suite B, Kellogg, ID 83837

Panhandle Health District, 114 Riverside Avenue W, Kellogg, ID 83837

Teton County

Eastern Idaho Public Health, 820 Valley Centre Drive, Driggs, ID 83422

Twin Falls County

DHW Region 5, 601 Pole Line Road, Twin Falls, ID 83301

South Central Public Health, 1020 Washington Street North, Twin Falls, ID 83301

Valley County

Central District Health Department, 703 1st Street, McCall, ID 83638

Washington County

Southwest District Health, 46 West Court, Weiser, ID 83672

PUBLIC COMMENT

The Department is accepting written and recorded comments regarding these waiver amendments for a period of 30 calendar days. **Comments must be submitted by one of the methods below by close of business Tuesday, September 4, 2018.**

Hand Deliver to: Medicaid Central Office

Idaho Department of Health and Welfare

3232 W. Elder Street

Attn: Katie Davis

Boise, ID 83705

Mail to: PO Box 83720

Boise, ID 83720-0036

FAX: (208) 332-7283

Email: IHCMFP@dhw.idaho.gov

The Department will review all comments received prior to submitting the waiver amendments to CMS. A summary document of the comments received in addition to the Department's response will be posted online once they have been reviewed and compiled.

Note:

Aged and Disabled (A&D) Waiver pages with no proposed changes were omitted from this document.

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

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 waiver’s 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 for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

- A. The **State of Idaho** requests approval for an amendment to the following Medicaid home and community-based services approved under authority of the §1915(c) of the Social Security Act.
- B. **Program Title:**
Aged and Disabled Waiver
- C. **Waiver Number: ID.1076**
Original Base Waiver Number: ID.1076.90.R3A3.04
- D. **Amendment Number: ID.1076.R06.04**
- E. **Proposed Effective Date: (mm/dd.yy)**

01/01/2019

Approved Effective Date of Waiver being Amended: TBD

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

Character Count: 0 out of 6000

Addition of Transition Service benefits, which require updates to Appendices C, I, and J.

2. Nature of the Amendment

- A. **Component(s) of the Approved Waiver by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver	Subsection(s)
<input checked="" type="checkbox"/> Waiver Application	6I, 7a
<input type="checkbox"/> Appendix A – Waiver Administration and Operation	
<input type="checkbox"/> Appendix B – Participant Access and Eligibility	

<input checked="" type="checkbox"/> Appendix C – Participant Services	<u>C.1.a, C.2.a, C-1/C-3</u>
<input type="checkbox"/> Appendix D – Participant Centered Service Planning and Delivery	
<input type="checkbox"/> Appendix E – Participant Direction of Services	
<input type="checkbox"/> Appendix F – Participant Rights	
<input type="checkbox"/> Appendix G – Participant Safeguards	
<input type="checkbox"/> Appendix H	
<input checked="" type="checkbox"/> Appendix I – Financial Accountability	<u>I.2.a</u>
<input checked="" type="checkbox"/> Appendix J – Cost-Neutrality Demonstration	<u>J.2.d</u>

B. **Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (check each that applies):

- Modify target group(s)**
- Modify Medicaid eligibility**
- Add/delete services**
- Revise service specifications**
- Revise provider qualifications**
- Increase/decrease number of participants**
- Revise cost neutrality demonstration**
- Add participant-direction of services**
- Other**

Specify:

Character Count: 0 out of 6000

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

1. Request Information (1 of 3)

A. The **State of Idaho** 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):

Idaho Aged and Disabled Waiver

C. **Type of Request: amendment**

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

- 3 years 5 years

Original Base Waiver Number: ID.1076

Waiver Number: [ID.1076.R06.03]

Draft ID: ID.003.06.04

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

Regular Waiver

E. **Proposed Effective Date of Waiver being Amended: 01/01/2019**

Approved Effective Date of Waiver being Amended: TBD

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

Character Count: 5988 out of 6000

The Department continues to engage in extensive outreach efforts to inform stakeholders of Idaho Home Choice Money Follows the Participant (IHCMFP) and provides opportunities to provide public comment on associated deliverables. Outreach activities include:

1. Recurring meetings with the Personal Assistance Oversight Committee (PAO). The PAO is a subcommittee of the Medical Care Advisory Committee (MCAC). The purpose of the PAO is to plan, monitor, and recommend changes to the Medicaid HCBS waivers and personal assistance programs. Such recommendations would be submitted to the MCAC. The PAO consists of providers of personal

assistance services and participants of such services, advocacy organizations representing such participants, and other interested parties. This committee meets quarterly and is open to the public. The upcoming availability of the draft waiver amendment and public comment period was discussed during the June 21, 2018 PAO meeting.

2. Tribal solicitations were mailed to the Tribal Representatives during the week of July 23, 2018. In addition, ongoing feedback is solicited from Tribal representatives during the quarterly Tribal Meetings. IHCMFP will be discussed during the August 16, 2018 meeting.
3. The Department presented at the 2018 Idaho Healthcare Association (IHCA) Convention and Tradeshow Conference in Boise in July 2018. The annual conference is a well-attended provider and administrator conference and includes a broad audience of stakeholders. The Department shared information about the IHCMFP program and solicited provider feedback.
4. Changes to Idaho Administrative Procedures Act (IDAPA) to align with the IHCMFP program require outreach as part of the rule promulgation process. A Negotiated Rulemaking meeting was hosted on June 14, 2018, in Boise, Idaho, with a WebEx and toll-free conference call option for those unable to attend in-person to share information about the proposed rules and solicit feedback. Attendees did not have formal comment pertaining to the proposed rules. Public hearings to solicit additional testimony about the implementation of IHCMFP are scheduled for September 11, 2018 (Lewiston and Idaho Falls) and September 13, 2018 in Boise.
5. The Department will publish notices in the newspapers of widest circulation in the state, the Idaho Press Tribune, the Idaho Statesman, the Idaho State Journal, the Post Register, and the Coeur D'Alene Press, notifying stakeholders of the opportunities for comment on the Aged and Disabled 1915(c) waiver amendment prior to the CMS submittal on August 1, 2018.

The Department will make the draft A&D waiver amendment available for public review on August 1, 2018, in all regional Department of Health and Welfare offices and Public Health District Offices. In counties in which the Department does not have a regional office, the materials will be made available at Public Health District offices, Self Reliance offices, and the County Clerk's office. These materials are also posted on the main Medicaid webpage at <https://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> under "Proposed Changes & Public Notice for Waiver Services."

Public comment will be accepted via mail, email, fax, and telephone message from August 1, 2018 through close of business on August 31, 2018.

Public Feedback:

A document summarizing comments received and the State's respective responses will be posted on the Department's website at <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> under the "Proposed Changes & Public Notice for Waiver Services" header.

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 is 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:	<u>Pinkerton</u>
First Name:	<u>Jennifer</u>
Title:	<u>Medicaid Program Policy Analyst</u>
Agency:	Idaho Division of Medicaid
Address:	P.O. Box 83720
Address 2:	
City:	Boise
State:	Idaho
Zip:	83720-0009
Phone:	(208) <u>287-1171</u>
Fax:	(208) <u>332-7283</u>
E-mail	<u>Jennifer.Pinkerton@dhw.idaho.gov</u>

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

Last Name:	Wimmer
First Name:	Matt
Title:	Medicaid Administrator
Agency:	Department of Health and Welfare - Division of Medicaid
Address:	P.O. Box 83720
Address 2:	
City:	Boise
State:	Idaho
Zip:	83720-0009
Phone:	(208) 364-1831
Fax:	(208) 364-1811
E-mail	<u>matt.wimmer@dhw.idaho.gov</u>

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:

Ronda Kadel

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:	Kadel
First Name:	Ronda
Title:	Medicaid Director Designee
Agency:	Department of Health and Welfare - Division of Medicaid
Address:	P.O. Box 83720
Address 2:	
City:	Boise
State:	Idaho
Zip:	83720-0009
Phone:	(208) 364-1836
Fax:	(208) 364-1811
E-mail	Ronda.Kadel@dhw.idaho.gov

Attachments**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:

N/A

Character Count: 1089 out of 12000

The 2-1-1 Idaho CareLine is a toll-free, statewide service available to link Idahoans with health or human service providers and programs and has translation assistance services.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service
Statutory Service	Adult Day Health
Statutory Service	Day Habilitation
Statutory Service	Homemaker
Statutory Service	Residential Habilitation
Statutory Service	Respite
Statutory Service	Supported Employment
Extended State Plan Service	Attendant Care
Other Service	Adult Residential Care
Other Service	Chore Services
Other Service	Companion Services
Other Service	Consultation
Other Service	Environmental Accessibility Adaptations
Other Service	Home Delivered Meals
Other Service	Non-medical Transportation
Other Service	Personal Emergency Response System
Other Service	Skilled Nursing
Other Service	Specialized Medical Equipment and Supplies
<u>Other Service</u>	<u>Transition Services</u>

Appendix C: Participant Services

C-1/C-3: Service Specification (1 of 3)

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Adult Day Health

Alternate Service Title (if any):

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transition Services

HCBS Taxonomy:

Category 1:

16: Community Transition Services

Sub-Category 1:

16010 community transition services

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Character Count: 704 out of 12000

Transition Services.

Transition services include goods and services that enable a participant residing in a nursing facility, hospital, IMD, or ICF/ID residents to transition to a community-based setting. A participant is eligible to receive transition services immediately following discharge from a qualified institution after residing within that institution for a minimum of forty-five (45) Medicaid-reimbursed days.

IDAPA 16.03.10.326.17, Transition Services lists the qualified institutions as the following:

- Skilled, or Intermediate Care Facilities;
- Nursing Facility;
- Licensed Intermediate Care Facility for the Persons with Intellectual Disabilities (ICF/ID);
- Hospitals; and

- Institutions for Mental Diseases

IDAPA 16.03.10.326.17, Transition Services, lists the following allowable goods and services:

- Security deposits that are required to obtain a lease on an apartment or home;
- Cost of essential household furnishings, including furniture, window coverings, food preparation items, bed/bath linens, and second-hand kitchen appliances;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- Services necessary for the individual’s health and safety such as pest eradication and one-time cleaning prior to occupancy;
- Moving expenses; and
- Activities to assess need, arrange for and procure transition services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Character Count: 0 out of 6000

Transition services are limited to a total cost of \$2,000 per participant and can be accessed every two years, contingent upon a qualifying transition from an institutional setting. Transition services are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources. Transition services do not include ongoing expenses, real property, ongoing utility changes, décor, and/or diversion/recreational items such as televisions, DVDs, and/or computers.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

<u>Provider Category</u>	<u>Provider Type</u>
<u>Agency</u>	<u>Personal Assistance Agency</u>
<u>Agency</u>	<u>Residential Habilitation Agency</u>

Appendix C: Participant Services

C-1/C-3: Provider Specification for Service

Service Type: Other Service

Service Name: Transition Services

Provider Category:

Agency

Provider Type:

Personal Assistance Agency

Provider Qualifications:

License (specify):

Character Count: 0 out of 4000

Certificate (specify):

Character Count: 0 out of 6000

Other Standard (specify):

Character Count: 369 out of 12000

Transition managers are responsible for administering transition services. All providers of transition services must:

- Satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, “Criminal History and Background Checks”; and
- Have documented successful completion of the Department-approved Transition Manager training prior to providing any transition management and/or transition services; and
- Have a Bachelor’s Degree in a human services field from a nationally accredited university or college; or three (3) years’ supervised work experience with the population being served; and
- Be employed with a provider type approved by the Department.

Verification of Provider Qualifications

Entity Responsible for Verification:

Character Count: 32 out of 4000

Department of Health and Welfare and MCE

Frequency of Verification:

Character Count: 25 out of 6000

Every two years.

Appendix C: Participant Services

C-1/C-3: Provider Specification for Service

Service Type: Statutory Service

Service Name: Residential Habilitation

Provider Category:

Agency

Provider Type:

Residential Habilitation Agency

Provider Qualifications:

License (specify):

Character Count: 141 out of 4000

Certificate (specify):

Character Count: 181 out of 6000

As described in IDAPA 16.03.10.329.18 Providers of residential habilitation services must be at least eighteen (18) years of age; Be a high school graduate or have a GED or demonstrate the ability to provide services according to a plan of care; Have current CPR and First Aid certifications; Be free from communicable diseases.

Other Standard (specify):

Character Count: 201 out of 12000

Residential Habilitation -- Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and supervise the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements:

- a. Direct service staff must meet the following minimum qualifications:
 - i. Be at least eighteen (18) years of age;
 - ii. Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of service;
 - iii. Have current CPR and First Aid certifications;
 - iv. Be free from communicable diseases;
 - v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. Staff previously trained on assistance with medications by a licensed nurse but who have not completed this course must meet this requirement by July 1, 2007.
 - vi. Residential habilitation service providers who provide direct care or services must satisfactorily complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

- vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. Direct service staff must also have taken a traumatic brain injury training course approved by the Department.
- b. The provider agency is responsible for providing direct service staff with a traumatic brain injury training course approved by the Department, and training specific to the needs of the participant.
- c. Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-29-12)
 - i. Purpose and philosophy of services;
 - ii. Service rules;
 - iii. Policies and procedures;
 - iv. Proper conduct in relating to waiver participants;
 - v. Handling of confidential and emergency situations that involve the waiver participant;
 - vi. Participant rights;
 - vii. Methods of supervising participants;
 - viii. Working with individuals with developmental disabilities; and
 - ix. Training specific to the needs of the participant.
 - x. Working with individuals with traumatic brain injuries
- e. Additional training requirements must be completed within six (6) months of employment with the residential habilitation agency and include at a minimum:
 - i. Instructional techniques: Methodologies for training in a systematic and effective manner;
 - ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors;
 - iii. Feeding;
 - iv. Communication;
 - v. Mobility;
 - vi. Activities of daily living;
 - vii. Body mechanics and lifting techniques;
 - viii. Housekeeping techniques; and
 - ix. Maintenance of a clean, safe, and healthy environment.
- f. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed.

Verification of Provider Qualifications

Entity Responsible for Verification:

Character Count: 113 out of 4000

The Department of Health and Welfare and MCE

Frequency of Verification:

Character Count: 66 out of 6000

Every two years

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):
- Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
 - Applicable** - Case management is furnished as a distinct activity to waiver participants.
Check each that applies:
 - As a waiver service defined in Appendix C-3.** Do not complete item C-1-c.
 - As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** Complete item C-1-c.
 - As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** Complete item C-1-c.
 - As an administrative activity.** Complete item C-1-c.
- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Character Count: 3671 out of 4000

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

- a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):
- No. Criminal history and/or background investigations are not required.**
 - Yes. Criminal history and/or background investigations are required.**
- Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Character Count: 3287 out of 12000

a. Homemaker, attendant care, adult day health, habilitation, residential habilitation, day habilitation, supported employment, respite, chore services, consultation, adult residential care, companion services, ~~and~~ skilled nursing, and transition services.

b. The criminal history check is a fingerprint based check consisting of a self-declaration, fingerprints of the individual, information obtained from the Federal Bureau of Investigation, the National Criminal History Background Check System, Bureau of Criminal Identification, the Statewide Child Abuse Registry, Adult Protection Registry, Sexual Offender Registry, and Medicaid SURs exclusion list. Done in accordance with Idaho Administrative Code at IDAPA 16.05.06.100 & 170, "Rules Governing Mandatory Criminal History Checks."

documentation is provided). For codes that are not manually priced, the rate is based on the Medicaid fee schedule price.

Environmental Accessibility Adaptations - For adaptations over \$500, three bids are required if it is possible to obtain three bids. The lowest bid which meets the participant's needs is selected.

Nursing Services - These services are paid on a uniform reimbursement rate based on an annual survey conducted by the Department.

The contract between the Department and the MCE shall be a firm fixed fee, indefinite quantity contract for services specified in the Scope of Work. For payment purposes, a capitated payment is calculated based on the current eligible MMCP or Idaho Medicaid Plus participant count multiplied by the per member per month (PMPM) figure and is intended to be adequate to support participant access to, and utilization of covered services, including administrative costs. The total PMPM payment is comprised of two (2) components; the Medical capitation and the blended Long Term Services and Supports (LTSS). Once the eligible Enrollee count by enrollment status is determined for the contract, the blended LTSS rate will remain in effect through the contract period.

Transition Services – The benefit limit of \$2,000 was recommended by Federal partners and validated by an informal cost analysis conducted in 2013. The analysis included sample shopping at multiple retailers to procure essential household furnishings, appliances and supplies. The analysis results concluded that this is a reasonable amount.

- b. **Flow of Billings.** Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

Character Count: 386 out of 6000

For services provided on a Fee For Service (FFS) basis, provider billing flows directly from the provider to the State's claim payment system. Health PAS Administrator (QNXT) is Idaho's Management Information System (MMIS).

Providers for participants enrolled in the MMCP or Idaho Medicaid Plus bill the MCE (or the MCE's subcontractor, if applicable) for all services rendered.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (2 of 3)

- c. **Certifying Public Expenditures** (*select one*):

- No. State or local government agencies do not certify expenditures for waiver services.**
- Yes. State or local government agencies directly expend funds for part or all of the cost of waiver services and certify their State government expenditures (CPE) in lieu of billing that amount to Medicaid.**

Select at least one:

- Certified Public Expenditures (CPE) of State Public Agencies.**

The MMIS was used to derive the historical number of units per user. Estimated units per user were held constant through the five years of the waiver renewal.

The starting cost per unit was derived from the current A & D Fee Schedule. The cost per unit was held constant through the five years of the waiver renewal as the historical changes in reimbursement rates did not result in a predictable pattern to forecast. The waiver will be amended in the event that cost per unit fluctuates over time.

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Character Count: 347 out of 12000

Historical Medicaid expenditures for A & D waiver participants from the internal MMIS system were reviewed and projected forward over the five year estimate period, based on the historical trend.

Factor D' does not include the costs of prescription drugs.

- iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Character Count: 171 out of 12000

Estimates were derived from actual data available in the internal MMIS system and then projected forward over the five year estimate period, based on the historical trend.

- iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Character Count: 171 out of 12000

Estimates were derived from actual data available in the internal MMIS system and then projected forward over the five year estimate period, based on the historical trend.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

Waiver Services
Adult Day Health
Day Habilitation
Homemaker
Residential Habilitation
Respite
Supported Employment
Attendant Care
Adult Residential Care
Chore Services
Companion Services

Consultation
Environmental Accessibility Adaptations
Home Delivered Meals
Non-Medical Transportation
Personal Emergency Response System
Skilled Nursing
Specialized Medical Equipment and Supplies
<u>Transition Services</u>

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937). Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service / Component	Capitation	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Adult Day Health Total:							181575.96
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	8	12.00	.01	.96	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	90	1345.00	1.50	181575.00	
Adult Day Health Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	0	0.00	0.01	0.00	
Day Habilitation Total:							27361.20
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	2	3020.00	4.53	27361.20	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	0	12.00	0.01	0.00	
Day Habilitation Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	0	0	0.01	0.00	
Homemaker Total:							19656337.04
Homemaker MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	190	12.00	0.01	22.80	
Homemaker	<input type="checkbox"/>	Per 15 Minute Unit	6416	764.00	4.01	19656314.24	
Homemaker Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	0	0.00	0.01	0.00	
Residential Habilitation Total:							2785356.24
Residential Habilitation	<input type="checkbox"/>	Per Diem	24	350.00	331.59	2785356.00	
Residential Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	2	12.00	0.01	.24	

Specialized Medical Equipment and Supplies	<input checked="" type="checkbox"/>	Per Member Per Month	0	0.00	0.01	0.00	
Transition Services Total:							0.00
<u>Transition Services</u>	<input type="checkbox"/>	<u>Per Transition</u>	<u>0</u>	<u>1</u>	<u>2000.00</u>	0.00	
<u>Transition Services MMCP</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>0</u>	<u>1</u>	<u>0.01</u>	0.00	
<u>Transition Services Idaho Medicaid Plus</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>0</u>	<u>1</u>	<u>0.01</u>	0.00	
GRAND TOTAL:						85453742.53	
Total Services included in capitation:						218.16	
Total Services not included in capitation:						85453524.37	
Total Estimated Unduplicated Participants:						11485	
Factor D (Divide total by number of participants):						7440.47	
Services included in capitation:						0.02	
Services not included in capitation:						7440.45	
Average Length of Stay on the Waiver:						285	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

- i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 2

Waiver Service / Component	Capitation	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Adult Day Health Total:							187628.58
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	9	12.00	.01	1.08	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	84	1345.00	1.50	169470.00	
Adult Day Health Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	9	12.00	0.01	1.08	
Day Habilitation Total:							27361.20
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	2	3020.00	4.53	27361.20	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	0	12.00	0.01	0.00	

RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	136	33.00	10.19	45732.72	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	116	619.00	7.31	524887.24	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	471	12.00	0.01	56.52	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	4531	2.00	50.95	461708.90	
Skilled Nursing Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	503	12.00	0.01	60.36	
Specialized Medical Equipment and Supplies Total:							71847.82
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	6	12.00	0.01	0.72	
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipment	60	2.00	552.67	66320.40	
Specialized Medical Equipment and Supplies	<input checked="" type="checkbox"/>	Per Member Per Month	7	12.00	0.01	0.84	
<u>Transition Services Total:</u>							<u>62000.06</u>
<u>Transition Services</u>	<input type="checkbox"/>	<u>Per Transition</u>	<u>31</u>	<u>1</u>	<u>2000.00</u>	<u>62000.00</u>	
<u>Transition Services MMCP</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>3</u>	<u>1</u>	<u>0.01</u>	<u>0.03</u>	
<u>Transition Services Idaho Medicaid Plus</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>3</u>	<u>1</u>	<u>0.01</u>	<u>0.03</u>	
GRAND TOTAL:						81977559.27	
Total Services included in capitation:						499.56	
Total Services not included in capitation:						81977059.71	
Total Estimated Unduplicated Participants:						11944	
Factor D (Divide total by number of participants):						6863.49	
Services included in capitation:						0.04	
Services not included in capitation:						6863.45	
Average Length of Stay on the Waiver:						285	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

- i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Non-Medical Transportation Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	101	12.00	0.01	12.12	
Personal Emergency Response System Total:							492618.93
Personal Emergency Response System 1 st Month Rent	<input type="checkbox"/>	Per Month (+ Installation)	363	1.00	56.89	20651.07	
Personal Emergency Response System Monthly Rent	<input type="checkbox"/>	Per Month	1550	9.00	33.83	471928.50	
Personal Emergency Response System MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	156	12.00	0.01	18.72	
Personal Emergency Response System Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	172	12.00	0.01	20.64	
Skilled Nursing Total:							1070909.72
RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	142	33.00	10.19	47750.34	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	120	619.00	7.31	542986.80	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	490	12.00	0.01	58.80	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	4711	2.00	50.95	480050.90	
Skilled Nursing Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	524	12.00	0.01	62.88	
Specialized Medical Equipment and Supplies Total:							69638.10
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	7	12.00	0.01	0.84	
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipment	63	2.00	552.67	69636.42	
Specialized Medical Equipment and Supplies	<input checked="" type="checkbox"/>	Per Member Per Month	7	12.00	0.01	0.84	
<u>Transition Services Total:</u>							<u>84000.08</u>
<u>Transition Services</u>	<input type="checkbox"/>	<u>Per Transition</u>	<u>42</u>	<u>1</u>	<u>2000.00</u>	<u>84000.00</u>	
<u>Transition Services MMCP</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>4</u>	<u>1</u>	<u>0.01</u>	<u>0.04</u>	
<u>Transition Services Idaho Medicaid Plus</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>4</u>	<u>1</u>	<u>0.01</u>	<u>0.04</u>	
GRAND TOTAL:				85419992.01			
Total Services included in capitation:						545.16	
Total Services not included in capitation:						85419446.85	
Total Estimated Unduplicated Participants:						12422	
Factor D (Divide total by number of participants):						6876.51	
Services included in capitation:						0.04	
Services not included in capitation:						6876.46	
Average Length of Stay on the Waiver:						285	

Environmental Accessibility Adaptations MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	3	12.00	0.01	0.36	
Environmental Accessibility Adaptations Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	3	12.00	0.01	0.36	
Home Delivered Meals Total:							2330498.96
Home Delivered Meals	<input type="checkbox"/>	Per Meal	2044	218.00	5.23	2330446.16	
Home Delivered Meals MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	213	12.00	0.01	25.56	
Home Delivered Meals Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	227	12.00	0.01	27.24	
Non-Medical Transportation Total:							230377.68
Non-Medical Transportation MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	99	12.00	0.01	11.88	
Non-Medical Transportation	<input type="checkbox"/>	Per Mile	945	554.00	0.44	230353.20	
Non-Medical Transportation Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	105	12.00	0.01	12.60	
Personal Emergency Response System Total:							512296.25
Personal Emergency Response System 1 st Month Rent	<input type="checkbox"/>	Per Month (+ Installation)	377	1.00	56.89	21447.53	
Personal Emergency Response System Monthly Rent	<input type="checkbox"/>	Per Month	1612	9.00	33.83	490805.64	
Personal Emergency Response System MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	162	12.00	0.01	19.44	
Personal Emergency Response System Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	197	12.00	0.01	23.64	
Skilled Nursing Total:							1114479.42
RN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	147	33.00	10.19	49431.69	
LPN Nursing Services	<input type="checkbox"/>	Per 15 Minute Unit	125	619.00	7.31	565611.25	
Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	509	12.00	0.01	61.08	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	4900	2.00	50.95	499310.00	
Skilled Nursing Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	545	12.00	0.01	65.40	
Specialized Medical Equipment and Supplies Total:							72954.12
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	7	12.00	0.01	0.84	
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipment	66	2.00	552.67	72952.44	
Specialized Medical Equipment and Supplies	<input checked="" type="checkbox"/>	Per Member Per Month	7	12.00	0.01	0.84	
Transition Services Total:							86000.10
<u>Transition Services</u>	<input type="checkbox"/>	<u>Per Transition</u>	<u>43</u>	<u>1</u>	<u>2000.00</u>	<u>86000.00</u>	

<u>Transition Services MMCP</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>5</u>	<u>1</u>	<u>0.01</u>	<u>0.05</u>	
<u>Transition Services Idaho Medicaid Plus</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>5</u>	<u>1</u>	<u>0.01</u>	<u>0.05</u>	
GRAND TOTAL:					88683710.94		
Total Services included in capitation:						569.16	
Total Services not included in capitation:						88683141.78	
Total Estimated Unduplicated Participants:						12919	
Factor D (Divide total by number of participants):						6864.60	
Services included in capitation:						0.04	
Services not included in capitation:						6864.55	
Average Length of Stay on the Waiver:						285	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

- i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 5

Waiver Service / Component	Capitation	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Adult Day Health Total:							189647.52
Adult Day Health MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	10	12.00	.01	1.20	
Adult Day Health	<input type="checkbox"/>	Per 15 Minute Unit	94	1345.00	1.50	189645.00	
Adult Day Health Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	11	12.00	0.01	1.32	
Day Habilitation Total:							41041.80
Day Habilitation	<input type="checkbox"/>	Per 15 Minute Unit	3	3020.00	4.53	41041.80	
Day Habilitation MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	0	12.00	0.01	0.00	
Day Habilitation Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	0	12.00	0.01	0.00	
Homemaker Total:							21469127.96

Skilled Nursing MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	529	12.00	0.01	63.48	
Nursing Supervisory Visits	<input type="checkbox"/>	Per Visit	5096	2.00	50.95	519282.40	
Skilled Nursing Idaho Medicaid Plus	<input checked="" type="checkbox"/>	Per Member Per Month	566	12.00	0.01	67.92	
Specialized Medical Equipment and Supplies Total:							75164.92
Specialized Medical Equipment and Supplies MMCP	<input checked="" type="checkbox"/>	Per Member Per Month	7	12.00	0.01	0.84	
Specialized Medical Equipment and Supplies	<input type="checkbox"/>	Per Piece of Equipment	68	2.00	552.67	75163.12	
Specialized Medical Equipment and Supplies	<input checked="" type="checkbox"/>	Per Member Per Month	8	12.00	0.01	0.96	
<u>Transition Services Total:</u>							<u>88000.12</u>
<u>Transition Services</u>	<input type="checkbox"/>	<u>Per Transition</u>	<u>44</u>	<u>1</u>	<u>2000.00</u>	<u>88000.00</u>	
<u>Transition Services MMCP</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>6</u>	<u>1</u>	<u>0.01</u>	<u>0.06</u>	
<u>Transition Services Idaho Medicaid Plus</u>	<input checked="" type="checkbox"/>	<u>Per Member Per Transition</u>	<u>6</u>	<u>1</u>	<u>0.01</u>	<u>0.06</u>	
GRAND TOTAL:						92238890.89	
	Total Services included in capitation:					589.80	
	Total Services not included in capitation:					92238301.09	
	Total Estimated Unduplicated Participants:					13436	
	Factor D (Divide total by number of participants):					6865.06	
	Services included in capitation:					0.04	
	Services not included in capitation					6865.01	
	Average Length of Stay on the Waiver:					285	

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

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 waiver's 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 for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

- A. The **State of Idaho** requests approval for an amendment to the following Medicaid home and community-based services approved under authority of the §1915(c) of the Social Security Act.
- B. **Program Title:**
Adult Developmental Disabilities Waiver (renewal)
- C. **Waiver Number:** ID.0076
Original Base Waiver Number: ID.0076.90.R3B
- D. **Amendment Number:** **ID.0076.R06.02**
- E. **Proposed Effective Date:** (mm/dd.yy)

01/01/19

Approved Effective Date: **TBD**

Approved Effective Date of Waiver being Amended: 10/01/17

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

Character Count: 649 out of 6000

The purposes of this amendment to Idaho's Developmental Disabilities Waiver are as follows:

1. To add transition services to the services furnished under this waiver (Appendix C-1-a, C-1 Service Specification / C-3 provider Specifications for Service) for both traditional and participant-directed community support services;
2. To describe the method used to establish the benefit limit for transition services (Appendix I-2-a); and
3. To revise the Composite Overview and Demonstration of Cost-Neutrality Formula (Appendix J-1) and the Estimate of Factor D tables for Waiver Years 1-5 (Appendix J-2-d) to reflect the addition of transition services beginning WY2.

3. Nature of the Amendment

A. Component(s) of the Approved Waiver by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver	Subsection(s)
<input checked="" type="checkbox"/> <input type="checkbox"/> Waiver Application	<u>2, 6-I, and 7-A</u>
<input type="checkbox"/> Appendix A – Waiver Administration and Operation	
<input type="checkbox"/> Appendix B – Participant Access and Eligibility	
<input checked="" type="checkbox"/> <input type="checkbox"/> Appendix C – Participant Services	<u>C-1-a, C-1/C-3</u>
<input type="checkbox"/> Appendix D – Participant Centered Service Planning and Delivery	
<input type="checkbox"/> Appendix E – Participant Direction of Services	
<input type="checkbox"/> Appendix F – Participant Rights	
<input type="checkbox"/> Appendix G – Participant Safeguards	
<input type="checkbox"/> Appendix H	
<input checked="" type="checkbox"/> <input type="checkbox"/> Appendix I – Financial Accountability	<u>I-2-a</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Appendix J – Cost-Neutrality Demonstration	<u>J-1 and J-2-d</u>

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

- Modify target group(s)**
- Modify Medicaid eligibility**
- Add/delete services**
- Revise service specifications**
- Revise provider qualifications**
- Increase/decrease number of participants**
- Revise cost neutrality demonstration**
- Add participant-direction of services**
- Other**

Specify:

Character Count: 0-135 out of 6000

To revise Appendix 1-2-a (Financial Accountability) to describe the method used to establish the benefit limit for transition services.

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

1. Request Information (1 of 3)

A. The State of Idaho 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*):

Idaho Developmental Disabilities Waiver (renewal)

C. Type of Request: amendment

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

3 years 5 years

Original Base Waiver Number: ID.0076

Waiver Number: ID.0076.R06.02

Draft ID: ID.003.06.02

D. Type of Waiver (select only one):

Regular Waiver

E. Proposed Effective Date of Waiver being Amended: 10/01/17

Approved Effective Date of Waiver being Amended: 10/01/17

[Section Omitted]

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.*

Character Count: 4999 out of 6000

The purpose of this waiver is to provide an array of home and community-based services and supports for eligible adults with developmental disabilities that encourage individual choice and independence, promote community integration, and prevent unnecessary institutionalization.

The key objectives of this waiver are:

- To allow eligible participants, who meet the level of care required to receive services in an intermediate care facility for individuals with intellectual disabilities, to choose between living in their home or other community-based setting, or living in an institution;
- To require the use of a person-centered planning process to develop service plans and ensure that each participant's goals, needs and preferences are reflected in their respective plan;
- To assure that home and community-based services are provided by qualified and trained providers;
- To allow for participant-direction of home and community-based services;
- To safeguard and protect the health and welfare of participants receiving home and community-based services under this waiver.

The waiver serves adults, age 18 or older, who are determined to have a developmental disability in accordance with Idaho Code § 66-402, and who are capable of living safely in a non-institutional setting and, but for the provision of waiver services, would require institutionalization in an intermediate care facility for individuals with intellectual disabilities.

The waiver is administered and operated by the Idaho Department of Health and Welfare (Department) through its Bureau of Developmental Disability Services (BDDS) within the Division of Medicaid (Medicaid). The Department contracts with an Independent Assessment Provider (IAP) to perform eligibility evaluations, including the completion of level of care determinations and assignment of individualized budgets. Eligible participants may choose to receive either traditional waiver services or consumer-directed waiver services.

Participants who select traditional waiver services must use a plan developer to develop a plan of service. The costs for all paid supports identified on the participant's plan of service must not exceed the individualized budget assigned to them for the upcoming plan year. In developing the plan of service, the person must identify services and supports available outside of Medicaid-funded services that can help them meet their desired goals. The plan of service must

identify: (1) type of services to be delivered; (2) goals to be addressed within the plan year; (3) frequency of supports and services; and (4) service providers. In addition, the plan of service must include activities to promote progress, maintain functional skills, delay or prevent regression, and allow for health and safety.

Traditional waiver services are provided by approved Medicaid providers who bill directly through the MMIS system. The waiver makes the following traditional services available to eligible participants:

- Residential Habilitation either through Supported Living Services (in the home of the participant) or Certified Family Home Services (in the home of the provider);
- Respite;
- Community Supported Employment;
- Adult Day Health;
- Behavior Consultation/Crisis Management;
- Chore Services;
- Environmental Accessibility Adaptations;
- Home Delivered Meals;
- Non-Medical Transportation;
- Personal Emergency Response System;
- Skilled Nursing; ~~and~~
- Specialized Medical Equipment and Supplies; ~~and~~
- Transition Services.

Participants, who select consumer-directed services, must use a support broker (paid or unpaid) to assist the participant to make informed choices, participate in a person-centered planning process, and become skilled at managing his own supports. The costs for all paid supports identified on the participant's plan of service must not exceed the individualized budget assigned to them for the upcoming plan year. The plan of service must identify: (1) the participant's preferences and interests by identifying all the supports and services, both paid and non-paid, the participant wants and needs to live successfully in his community; (2) response to emergencies including access to emergency assistance and care; (3) risks or safety concerns in relation to the identified support needs on the participant's plan and the supports or services needed to address each identified risk; and (4) sources of payment for the listed supports and services, including the frequency, duration, and main task of the listed supports and services. Participants, who select consumer-directed services, must use a fiscal employer agent Medicaid provider to provide Financial Management Services (FMS) for payroll and reporting functions.

Review and approval of proposed plans of care, exception review regarding community supported employment or health and safety concerns, and hearings to appeal a Department decision regarding DD eligibility, ICF/ID LOC eligibility or service plan denial are handled by the Department.

[Sections Omitted]

6. Additional Requirements

[Sections Omitted]

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

Character Count: 3836 out of 6000

The Department continues to engage in extensive outreach efforts to inform stakeholders of Idaho Home Choice Money Follows the Participant (IHCMFP) program and provides opportunities to provide public comment on associated deliverables. Outreach activities include:

1. Recurring meetings with the Personal Assistance Oversight Committee (PAO). The PAO is a subcommittee of the Medical Care Advisory Committee (MCAC). The purpose of the PAO is to plan, monitor, and recommend changes to the Medicaid HCBS waivers and personal assistance programs.

PAO recommendations are submitted to the MCAC. The PAO consists of providers of personal assistance services and participants of such services, advocacy organizations representing such participants, and other interested parties. The PAO meets quarterly and is open to the public. The upcoming availability of the draft waiver amendment and public comment period was discussed during the June 21, 2018 PAO meeting.

2. Tribal solicitations were mailed to the Tribal Representatives of the six federally recognized tribes in Idaho during the week of July 23, 2018, and solicited comment regarding the proposed waiver amendment for the 31-day period beginning August 1, 2018 through August 31, 2018. Tribal comments will be accepted via email and telephone. In addition, ongoing feedback is solicited from Tribal Representatives during the quarterly Tribal Meetings. The IHCMFP program will be discussed during the August 16, 2018 meeting.
3. The Department presented at the 2018 Idaho Healthcare Association (IHCA) Convention and Tradeshow Conference in Boise in July 2018. The annual conference is a well-attended provider and administrator conference and includes a broad audience of stakeholders. The Department shared information about the IHCMFP program and solicited provider feedback.
4. Changes to Idaho Administrative Code (IDAPA) to align with the IHCMFP program require outreach as part of the rule promulgation process under the Idaho Administrative Procedure Act (Title 67, Chapter 52, Idaho Code). A Negotiated Rulemaking meeting was hosted on June 14, 2018, in Boise, Idaho, with a WebEx and toll-free conference call option for those unable to attend in-person to share information about the proposed rules and solicit feedback. Attendees did not have formal comment pertaining to the proposed rules. Public hearings to solicit additional testimony about the implementation of IHCMFP program are scheduled for September 11, 2018 (Lewiston and Idaho Falls) and September 13, 2018 in Boise.
5. The Department will publish notices in the newspapers of widest circulation in the state – the Idaho Press Tribune, the Idaho Statesman, the Idaho State Journal, the Post Register, and the Coeur D'Alene Press – soliciting comment regarding the proposed waiver amendment for the 30-day period beginning August 6, 2018 through September 4, 2018. Public comment will be accepted via mail, email, and fax.

The Department will make a draft of the proposed waiver amendment available for public review in all regional Department of Health and Welfare offices and Public Health District Offices. In counties in which the Division of Medicaid does not have a regional office, the materials will be made available at Public Health District offices, Self Reliance offices, or the County Clerk's office. These materials will also be posted on the main Medicaid webpage at <https://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> under "Proposed Changes & Public Notice for Waiver Services."

A document summarizing comments received and the Department's responses will be posted on the Department's website at <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> under the "Proposed Changes & Public Notice for Waiver Services" header.

[Sections Omitted]

7. Contact Person(s)

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

Last Name:	Westbrook
First Name:	Karen

Title:	Alternative Care Coordinator Medicaid Program Policy Analyst
Agency:	Idaho Division of Medicaid
Address:	P.O. Box 83720
Address 2:	
City:	Boise
State:	Idaho
Zip:	83720-0009
Phone:	(208) 364-1960
Fax:	(208) 332-7286
E-mail	Karen.Westbrook@dhw.idaho.gov

[Sections Omitted]

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service
Statutory Service	Residential Habilitation
Statutory Service	Respite
Statutory Service	Supported Employment
Supports for Participant Direction	Financial Management Services
Supports for Participant Direction	Financial Management Services
Other Service	Adult Day Health
Other Service	Behavioral Consultation/Crisis Management
Other Service	Chore Services
Other Service	Community Support Services (Participant Direction)
Other Service	Environmental Accessibility Adaptations
Other Service	Home Delivered Meals
Other Service	Non-medical Transportation
Other Service	Personal Emergency Response System
Other Service	Skilled Nursing
Other Service	Specialized Medical Equipment and Supplies
<u>Other Service</u>	<u>Transition Services</u>

[Sections Omitted]

Appendix C: Participant Services

C-1/C-3: Service Specification (1 of 2)

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transition Services

HCBS Taxonomy:

Category 1:

16 Community Transition Services

Sub-Category 1:

16010 Community Transition Services

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Character Count: 1399 out of 12000

Transition Services. Transition services include Allowable Goods and Services (as set forth below) that enable a participant residing in a Qualified Institution (as set forth below) to transition to a community-based setting. A participant is eligible to receive transition services immediately following discharge from a Qualified Institution to a community-based setting after residing within that institution for a minimum of forty-five (45) Medicaid-reimbursed days (Qualifying Transition).

Qualified Institutions. Qualified Institutions include the following:

- Skilled, or Intermediate Care Facility;
- Nursing Facility;
- Licensed Intermediate Care Facility for the Persons with Intellectual Disabilities;
- Hospital; and
- Institution for Mental Diseases.

Allowable Goods and Services. Transition services may include the following goods and services:

- Security deposits that are required to obtain a lease on an apartment or home;
- Cost of essential household furnishings, including furniture, window coverings, food preparation items, bed/bath linens, and second-hand kitchen appliances;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;
- Moving expenses; and
- Activities to assess need, arrange for and procure transition services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Character Count: 541 out of 6000

Transition services are limited to a total cost of \$2,000 per participant and can be accessed every two years, contingent upon a Qualifying Transition (as defined in the Service Definition section above) from a Qualified Institution (as defined in the Service Definition section above).

Transition services are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources.

Transition services do not include ongoing expenses, real property, ongoing utility changes, décor, and/or diversion/recreational items such as televisions, DVDs, and/or computers.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

<u>Provider Category</u>	<u>Provider Type</u>
<u>Agency</u>	<u>Transition Manager</u>

Appendix C: Participant Services

C-1/C-3: Provider Specification for Service (2 of 2)

Provider Category:

Agency

Provider Type:

Transition Manager

Provider Qualifications:

License (specify):

Character Count: 0 out of 4000

Certificate (specify):

Character Count: 0 out of 6000

Other Standard (specify):

Character Count: 676 out of 12000

Transition managers are responsible for arranging for and procuring transition services. All providers of transition services must:

- Satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, “Criminal History and Background Checks”; and
- Have documented successful completion of the Department-approved Transition Manager training prior to providing any transition services; and
- Have a Bachelor’s Degree in a human services field from a nationally accredited university or college; or three (3) years’ supervised work experience with the population being served; and
- Be employed with a provider type approved by the Department.

Verification of Provider Qualifications

Entity Responsible for Verification:

Character Count: 32 out of 4000

Department of Health and Welfare

Frequency of Verification:

Character Count: 25 out of 6000

At least every two years.

Appendix C: Participant Services

C-1/C-3: Community Support Services Service Specification (1 of 3)

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Support Services (Participant Direction)

HCBS Taxonomy:

Category 1:

12 Services Supporting Self-Direction

Sub-Category 1:

12020 information and assistance in support of self-direction

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

- Service is included in approved waiver. There is no change in service specifications.**
- Service is included in approved waiver. The service specifications have been modified.**
- Service is not included in the approved waiver.**

Service Definition (Scope):

Character Count: 1108 out of 12000

Community support services provide goods and supports that are medically necessary and/or minimize the participant's need for institutionalization and address the participant's preferences for:

Job support to help the participant secure and maintain employment or attain job advancement;

Personal support to help the participant maintain health, safety, and basic quality of life;

Relationship support to help the participant establish and maintain positive relationships with immediate family members, friends, spouse, or others in order to build a natural support network and community;

Emotional support to help the participant learn and practice behaviors consistent with his goals and wishes while minimizing interfering behaviors;

Learning support to help the participant learn new skills or improve existing skills that relate to his identified goals;

Non-medical Transportation support to help the participant accomplish his identified goals;

Skilled nursing supports. Services and equipment that are available through the Medicaid State plan as 1905(a) services for children per Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements are not allowed as payable under Skilled Nursing services. Experimental or prohibited treatments are excluded; and

Adaptive equipment to address an identified medical or accessibility need in the service plan (improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements:

- A safe and effective treatment that meets acceptable standards of medical practice
- Items needed to optimize the health, safety and welfare of the participant
- The least costly alternative that reasonably meets the participant's need
- For the sole benefit of the participant
- The participant does not have the funds to purchase the item or the item is not available through another source.

Adaptive and therapeutic equipment must also meet at least one of the following:

- maintain the ability of the participant to remain in the community,
- enhance community inclusion and family involvement,
- decrease dependency on formal support services and thus increase independence of the participant OR
- provide unpaid family members and friends training in the use of the equipment to provide support to the participant.

Adaptive and therapeutic equipment are not otherwise covered under Durable Medical Equipment (DME). Services and equipment that are available through the Medicaid State plan as 1905(a) services for children per Early Periodic

Screening, Diagnosis, and Treatment (EPSDT) requirements are not allowed as payable under family-directed community support services. Experimental or prohibited treatments are excluded.”

Transition Services. Transition services include Allowable Goods and Services (as set forth below) that enable a participant residing in a Qualified Institution (as set forth below) to transition to a community-based setting. A participant is eligible to receive transition services immediately following discharge from a Qualified Institution to a community-based setting after residing within that institution for a minimum of forty-five (45) Medicaid-reimbursed days (Qualifying Transition). Qualified Institutions include the following: Skilled, or Intermediate Care Facility; Nursing Facility; Licensed Intermediate Care Facility for the Persons with Intellectual Disabilities; Hospital; and Institution for Mental Diseases. Transition services may include the following goods and services:

- Security deposits that are required to obtain a lease on an apartment or home;
- Cost of essential household furnishings, including furniture, window coverings, food preparation items, bed/bath linens, and second-hand kitchen appliances;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- Services necessary for the individual’s health and safety such as pest eradication and one-time cleaning prior to occupancy;
- Moving expenses; and
- Activities to assess need, arrange for and procure transition services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Character Count: 241 out of 6000

Only participants who select the Self-Directed option may access this service. Except for Transition Services, There there are no limits on the amount, frequency or duration of these services other than the participant must stay within their prospective individual budget amount.

Transition services are limited to a total cost of \$2,000 per participant and can be accessed every two years, contingent upon a Qualifying Transition (as defined in the Service Definition section above) from a Qualified Institution (as defined in the Service Definition section above). Transition services are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources. Transition services do not include ongoing expenses, real property, ongoing utility changes, décor, and/or diversion/recreational items such as televisions, DVDs, and/or computers.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type
Agency	Community Support
Individual	Community Support

Appendix C: Participant Services

C-1/C-3: Provider Specification for Community Support Services (2 of 3)

Provider Category:

Agency

Provider Type:

Community Support

Provider Qualifications:**License (specify):**

Character Count: 141 out of 4000

If required for identified goods or supports. For example, a community support providing skilled nursing must have current nursing licensure.

Certificate (specify):

Character Count: 181 out of 6000

If required for identified goods or supports. For example, when the community support is providing services in the community support's home, the home must be a certified family home.

Other Standard (specify):

Character Count: 201 out of 12000

Must have completed employment/vendor agreement specifying goods or supports to be provided, qualifications to provide identified supports, and statement of qualification to provide identified supports.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Character Count: 113 out of 4000

Participant

Support Broker

The Department of Health and Welfare (during retrospective quality assurance reviews).

Frequency of Verification:

Character Count: 66 out of 6000

Initial and annually, with review of employment/vendor agreements.

Appendix C: Participant Services

C-1/C-3: Provider Specification for Community Support Services (3 of 3)

Provider Category:

Individual

Provider Type:

Community Support

Provider Qualifications:

License *(specify)*:

Character Count: 141 out of 4000

If required for identified goods or supports. For example, a community support providing skilled nursing must have current nursing licensure.

Certificate *(specify)*:

Character Count: 182 out of 6000

If required for identified goods or supports. For example, when the community support is providing services in the community support's home, the home must be a certified family home.

Other Standard *(specify)*:

Character Count: 202 out of 12000

Must have completed employment/vendor agreement specifying goods or supports to be provided, qualifications to provide identified supports, and statement of qualification to provide identified supports.

Verification of Provider Qualifications

Entity Responsible for Verification:

Character Count: 108 out of 4000

Participant
Support Broker
Department of Health and Welfare (during retrospective quality assurance reviews)

Frequency of Verification:

Character Count: 66 out of 6000

Initially and annually, with review of employment/vendor agreement.

[Sections Omitted]

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

- a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

Character Count: 5804 out of 12000

The Department provides public notice of significant reimbursement changes in accordance with 42 CFR § 447.205 (made applicable to waivers through 42 CFR § 441.304(e)). The Department publishes public notice of proposed reimbursement changes in multiple newspapers throughout the State and on the

Department's website at www.healthandwelfare.idaho.gov. Copies of public notices and text of proposed significant reimbursement changes are made available for public review on Department's website and during regular business hours at agency locations in each Idaho county as identified in each public notice. Additionally, payment rates are published on our website at www.healthandwelfare.idaho.gov for the public to access.

The Department provides opportunity for meaningful public input related to proposed reimbursement changes in accordance with 42 CFR § 441.304(f). The Department solicits comments from the public (including beneficiaries, providers and other stakeholders) through its public notice process and through public hearings related to the proposed reimbursement changes. The public is given the opportunity to comment on the proposed reimbursement changes for at least 30 days prior to the submission of a waiver amendment to CMS. Additionally, when administrative rules are promulgated in connection with reimbursement changes, the proposed rules are published in the Idaho Administrative Bulletin and the public is given the opportunity to comment.

Waiver service providers will be paid on a fee for service basis as established by the Department depending on the type of service provided. The Bureau of Financial Operations is responsible for rate determinations.

Please see below for services and Reimbursement Methodology information:

Adult Day Health:

The rate was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service adjusted for employment related expenditures and indirect general and administrative costs which includes program related costs and are based on surveyed data. The rate for this service is set at a percentage of the statewide target reimbursement rate.

Behavioral Consultation/Crisis Management:

The rate was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service adjusted for employment related expenditures and indirect general and administrative costs which includes program related costs and are based on surveyed data. The rate for this service is set at a percentage of the statewide target reimbursement rate.

Chore Services:

These items are manually priced based on the submitted invoice price which cannot exceed \$8.00 an hour.

Environmental Accessibility Adaptations:

For adaptations over \$500, three bids are required if it is possible to obtain three bids. The lowest bid which meets the participant's needs is selected.

Home Delivered Meals:

The rate is set based on Personal Care Service rates and then increased or decreased based on the qualifications to provide the waiver service, what sort of supervision was required, and agency costs associated with delivering the services.

Non-Medical Transportation

A study is conducted that evaluates the actual costs of fuel reasonably incurred by the typical non-commercial transportation provider whose personal vehicle averages fifteen (15) miles per gallon.

Personal Emergency Response System:

The rate is developed by surveying Personal Emergency Response System vendors in all seven regions of the State to calculate a state-wide average. The state-wide average is the rate paid for this service.

Residential Habilitation:

The rate model used to develop Residential Habilitation rates is described in Idaho Administrative Code (IDAPA) 16.03.10.037.04. The Department will survey current residential habilitation providers to identify

the actual cost of providing residential habilitation services (Cost Survey). Reimbursement rates will be based on surveyed data and derived using a combination of four cost components – direct care staff wages, employer related expenditures, program related costs, and indirect general and administrative costs.

The individual components of the rate will be determined as follows: (1) the direct care staff wage component will be determined using either the wage for a comparable Bureau of Labor Statistics (BLS) occupation title, or the weighted average hourly rate from surveyed data if there is no comparable BLS occupation title; (2) the employer related expenditure component will be determined by multiplying the direct care staff wage by the cumulative percentage of employer costs for employee compensation identified by BLS for the West Region, Mountain Division and the internal revenue service employer cost for social security benefit and Medicare benefit; (3) the program related cost component will be determined by identifying the 75th percentile of the ranked program related costs from the surveyed data; and (4) the indirect general and administrative cost component will be determined by identifying the 75th percentile of the ranked general and administrative costs from the surveyed data.

Respite:

The rate is set based on Personal Care Service rates and then increased or decreased based on the qualifications to provide the waiver service, what sort of supervision was required, and agency costs associated with delivering the services.

Skilled Nursing:

These services are paid on a uniform reimbursement rate based on an annual survey conducted by the Department.

Specialized Medical Equipment and Supplies:

For equipment and supplies that are manually priced, including miscellaneous codes, a copy of the manufacturer's suggested retail pricing (MSRP) or an invoice or quote from the manufacturer is required. Reimbursement will be seventy-five percent (75%) of MSRP. If pricing documentation is the invoice, reimbursement will be at cost plus ten percent (10%), plus shipping (if that documentation is provided). For equipment and supplies that are not manually priced, the rate is based on the Medicaid fee schedule price.

Transition Services:

The benefit limit of \$2,000 was recommended by Federal partners and validated by an informal cost analysis conducted in 2013. The analysis included sample shopping at multiple retailers to procure essential household furnishings, appliances and supplies. The analysis results concluded that this is a reasonable amount.

Supported Employment:

The rate was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service adjusted for employment related expenditures and indirect general and administrative costs which includes program related costs and are based on surveyed data. The rate for this service is set at a percentage of the statewide target reimbursement rate.

Self-Directed Services (Support Broker Services and Community Support Services):

Rates are set by the participant based on the specific needs of the participant through negotiation with the worker. The identified rates may not exceed prevailing market rates. The Department provides training and resource materials to assist the participant, support broker, and circle of supports to make this determination. The participant and the support broker monitor this requirement each time the participant enters into an employment agreement. The Department ensures that the proposed plan of service does not exceed the overall budget at the time of plan review and approval. The Department also reviews a statistically valid sample of participant employment agreements during the annual retrospective quality assurance reviews.

Financial Management Services:

Reimbursement methodology for FMS is based on a market study of other state Medicaid program rates for FMS to gather a range which allows the Department to accept a Per Member Per Month (PMPM) rate within the range determined from the market study. The established PMPM payment rates for each Department approved qualified FMS provider will be published on a fee schedule by the Department. This fee schedule will be updated at least yearly, and when new providers are approved. This information will be published for consumer convenience to the IDHW Medicaid website, and by request.

[Sections Omitted]

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: ICF/IID

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	49533.10	12476.88	62009.98	88244.20	10297.84	98542.04	36532.06
2	51938.73 <u>51943.67</u>	13100.73	65039.46 <u>65044.40</u>	88872.31	10812.73	99685.04	34645.58 <u>34640.64</u>
3	54476.61 <u>54482.77</u>	13755.76	68232.37 <u>68238.53</u>	89500.42	11353.36	100853.78	32621.41 <u>32615.25</u>
4	57140.11 <u>57145.89</u>	14443.55	71583.66 <u>71589.44</u>	90128.53	11921.03	102049.56	30465.90 <u>30460.12</u>
5	59936.42 <u>59941.97</u>	15165.73	75102.15 <u>75107.70</u>	90756.65	12517.08	103273.73	28171.58 <u>28166.03</u>

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

Waiver Services
Residential Habilitation
Respite
Supported Employment
Financial Management Services
Support Broker Services
Adult Day Health
Behavior Consultation / Crisis Management

Chore Services
Community Support Services (Participant Direction)
Environmental Accessibility Adaptations
Home Delivered Meals
Non-Medical Transportation
Personal Emergency Response System
Skilled Nursing
Specialized Medical Equipment and Supplies
Transition Services

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

a. Estimate of Factor D.

- i. Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service / Component	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Residential Habilitation Total:						168730214.40
Residential Habilitation	15 minute	3456	33440	1.46	168730214.40	
Respite Total:						27316.52
Respite	15 minute	11	1267	1.96	27316.52	
Supported Employment Total:						4140423.00
Supported Employment	15 minute	684	1153	5.25	4140423.00	
Financial Management Services Total:						1761840.48
Financial Management Services	Per member per month	1334	12	110.06	1761840.48	
Support Broker Services Total:						1171882.08
Support Broker Services	15 minute	1182	216	4.59	1171882.08	
Adult Day Health Total:						4487296.50
Adult Day Health	15 minute	1767	1693	1.50	4487296.50	
Behavior Consultation / Crisis Management Total:						98952.00
Behavior Consultation / Crisis Management	15 minute	20	532	9.30	98952.00	
Chore Services Total:						2488.56
Chore Services	Per chore	6	1	414.76	2488.56	
Community Support Services Total:						70791431.36
Community Support Services	Per week	1334	52	1020.52	70791431.36	

Environmental Accessibility Adaptations Total:						47282.40
Environmental Accessibility Adaptations	Per adaptation	6	1	7880.40	47282.40	
Home Delivered Meals Total:						139327.20
Home Delivered Meals	Meal	74	360	5.23	139327.20	
Non-Medical Transportation Total:						161757.64
Non-Medical Transportation	Mile	209	1759	0.44	161757.64	
Personal Emergency Response System Total:						2409.00
Personal Emergency Response System	Month	6	10	40.15	2409.00	
Skilled Nursing Total:						651986.58
Skilled Nursing	15 minute	413	249	6.34	651986.58	
Specialized Medical Equipment and Supplies Total:						107015.82
Specialized Medical Equipment and Supplies	Piece of Equipment	43	3	829.58	107015.82	
<u>Transition Services Total:</u>						<u>0.00</u>
<u>Transition Services</u>	<u>Per Transition</u>	<u>0</u>	<u>1</u>	<u>2000.00</u>	<u>0.00</u>	
GRAND TOTAL:						252321623.54
Total Estimated Unduplicated Participants:						5094
Factor D (Divide total by number of participants):						49533.10
Average Length of Stay on the Waiver:						345

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

- i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 2

Waiver Service / Component	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Residential Habilitation Total:						185518982.61
Residential Habilitation	15 minute	3627	33431	1.53	185518982.61	
Respite Total:						31624.32
Respite	15 minute	12	1267	2.08	31624.32	
Supported Employment Total:						5386867.20

Supported Employment	15 minute	858	1152	5.45	5386867.20	
Financial Management Services Total:						2207462.40
Financial Management Services	Per member per month	1608	12	114.40	2207462.40	
Support Broker Services Total:						1469188.80
Support Broker Services	15 minute	1420	216	4.79	1469188.80	
Adult Day Health Total:						5138748.72
Adult Day Health	15 minute	1811	1689	1.68	5138748.72	
Behavior Consultation / Crisis Management Total:						100533.30
Behavior Consultation / Crisis Management	15 minute	21	490	9.77	100533.30	
Chore Services Total:						2613.00
Chore Services	Per chore	6	1	435.50	2613.00	
Community Support Services Total:						89883855.36 <u>89885527.68</u>
Community Support Services	Per week	1608	52	1074.96 <u>1074.98</u>	89883855.36 <u>89885527.68</u>	
Environmental Accessibility Adaptations Total:						55162.80
Environmental Accessibility Adaptations	Per adaptation	7	1	7880.40	55162.80	
Home Delivered Meals Total:						160088.40
Home Delivered Meals	Meal	81	360	5.49	160088.40	
Non-Medical Transportation Total:						172491.88
Non-Medical Transportation	Mile	209	1756	0.47	172491.88	
Personal Emergency Response System Total:						2951.20
Personal Emergency Response System	Month	7	10	42.16	2951.20	
Skilled Nursing Total:						810940.90
Skilled Nursing	15 minute	482	253	6.65	810940.90	
Specialized Medical Equipment and Supplies Total:						123134.40
Specialized Medical Equipment and Supplies	Piece of Equipment	48	3	855.10	123134.40	
<u>Transition Services Total:</u>						<u>26000.00</u>
<u>Transition Services</u>	<u>Per Transition</u>	<u>13</u>	<u>1</u>	<u>2000.00</u>	<u>26000.00</u>	
GRAND TOTAL:					<u>291064645.29291092317.61</u>	
Total Estimated Unduplicated Participants:					5604	
Factor D (Divide total by number of participants):					<u>51938.7351943.67</u>	
Average Length of Stay on the Waiver:					345	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Waiver Service / Component	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Residential Habilitation Total:						203498784.00
Residential Habilitation	15 minute	3804	33435	1.60	203498784.00	
Respite Total:						36501.92
Respite	15 minute	13	1288	2.18	36501.92	
Supported Employment Total:						6917538.80
Supported Employment	15 minute	1060	1153	5.66	6917538.80	
Financial Management Services Total:						2748767.52
Financial Management Services	Per member per month	1922	12	119.18	2748767.52	
Support Broker Services Total:						1827360.00
Support Broker Services	15 minute	1692	216	5.00	1827360.00	
Adult Day Health Total:						5885934.08
Adult Day Health	15 minute	1846	1696	1.88	5885934.08	
Behavior Consultation / Crisis Management Total:						99607.25
Behavior Consultation / Crisis Management	15 minute	23	425	10.19	99607.25	
Chore Services Total:						3200.96
Chore Services	Per chore	7	1	457.28	3200.96	
Community Support Services Total:						113194575.52 113196574.40
Community Support Services	Per week	1922	52	1132.58 1132.60	113194575.52 113196574.40	
Environmental Accessibility Adaptations Total:						64400.00
Environmental Accessibility Adaptations	Per adaptation	8	1	8050.00	64400.00	
Home Delivered Meals Total:						186088.32
Home Delivered Meals	Meal	89	363	5.76	186088.32	
Non-Medical Transportation Total:						182979.50
Non-Medical Transportation	Mile	209	1751	0.50	182979.50	
Personal Emergency Response System Total:						3187.44
Personal Emergency Response System	Month	8	9	44.27	3187.44	
Skilled Nursing Total:						1002439.68

Skilled Nursing	15 minute	561	256	6.98	1002439.68	
Specialized Medical Equipment and Supplies Total:						142443.60
Specialized Medical Equipment and Supplies	Piece of Equipment	52	3	913.10	142443.60	
<u>Transition Services Total:</u>						<u>36000.00</u>
<u>Transition Services</u>	<u>Per Transition</u>	<u>18</u>	<u>1</u>	<u>2000.00</u>	<u>36000.00</u>	
GRAND TOTAL:					<u>335793808.59335831807.47</u>	
Total Estimated Unduplicated Participants:						6164
Factor D (Divide total by number of participants):						<u>54476.6154482.77</u>
Average Length of Stay on the Waiver:						345

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

- i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 4

Waiver Service / Component	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Residential Habilitation Total:						222604880.40
Residential Habilitation	15 minute	3963	33435	1.68	222604880.40	
Respite Total:						42210.28
Respite	15 minute	14	1294	2.33	42210.28	
Supported Employment Total:						8794215.50
Supported Employment	15 minute	1295	1151	5.90	8794215.50	
Financial Management Services Total:						3404895.84
Financial Management Services	Per member per month	2284	12	124.23	3404895.84	
Support Broker Services Total:						2265008.40
Support Broker Services	15 minute	2005	216	5.23	2265008.40	
Adult Day Health Total:						6742008.00
Adult Day Health	15 minute	1872	1715	2.10	6742008.00	
Behavior Consultation / Crisis Management Total:						96032.50
Behavior Consultation / Crisis Management	15 minute	25	359	10.70	96032.50	

Chore Services Total:						3841.12
Chore Services	Per chore	8	1	480.14	3841.12	
Community Support Services Total:						141572643.68 141573831.36
Community Support Services	Per week	2284	52	1192.01 <u>1192.02</u>	141572643.68 141573831.36	
Environmental Accessibility Adaptations Total:						73800.00
Environmental Accessibility Adaptations	Per adaptation	9	1	8200.00	73800.00	
Home Delivered Meals Total:						214629.80
Home Delivered Meals	Meal	98	362	6.05	214629.80	
Non-Medical Transportation Total:						193958.27
Non-Medical Transportation	Mile	209	1751	0.53	193958.27	
Personal Emergency Response System Total:						3764.88
Personal Emergency Response System	Month	9	9	46.48	3764.88	
Skilled Nursing Total:						1232811.72
Skilled Nursing	15 minute	651	258	7.34	1232811.72	
Specialized Medical Equipment and Supplies Total:						165216.48
Specialized Medical Equipment and Supplies	Piece of Equipment	58	3	949.52	165216.48	
Transition Services Total:						38000.00
<u>Transition Services</u>	<u>Per Transition</u>	<u>19</u>	<u>1</u>	<u>2000.00</u>	38000.00	
GRAND TOTAL:						387409916.87387449104.55
Total Estimated Unduplicated Participants:						6780
Factor D (Divide total by number of participants):						57140.1157145.89
Average Length of Stay on the Waiver:						345

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

- i. Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 5

Waiver Service / Component	Unit	# Users	Average Units Per User	Average Cost / Unit	Component Cost	Total Cost
Residential Habilitation Total:						242797683.04
Residential Habilitation	15 minute	4127	33427	1.76	242797683.04	
Respite Total:						48562.50
Respite	15 minute	15	1295	2.50	48562.50	
Supported Employment Total:						11086460.00
Supported Employment	15 minute	1565	1150	6.16	11086460.00	
Financial Management Services Total:						4199104.20
Financial Management Services	Per member per month	2699	12	129.65	4199104.20	
Support Broker Services Total:						2793113.28
Support Broker Services	15 minute	2364	216	5.47	2793113.28	
Adult Day Health Total:						7720598.40
Adult Day Health	15 minute	1902	1720	2.36	7720598.40	
Behavior Consultation / Crisis Management Total:						89376.00
Behavior Consultation / Crisis Management	15 minute	28	285	11.20	89376.00	
Chore Services Total:						4537.35
Chore Services	Per chore	9	1	504.15	4537.35	
Community Support Services Total:						176025865.08 176027268.56
Community Support Services	Per week	2699	52	1254.21 <u>1254.22</u>	176025865.08 176027268.56	
Environmental Accessibility Adaptations Total:						84100.00
Environmental Accessibility Adaptations	Per adaptation	10	1	8410.00	84100.00	
Home Delivered Meals Total:						248259.60
Home Delivered Meals	Meal	108	362	6.35	248259.60	
Non-Medical Transportation Total:						199053.68
Non-Medical Transportation	Mile	203	1751	0.56	199053.68	
Personal Emergency Response System Total:						4392.00
Personal Emergency Response System	Month	10	9	48.80	4392.00	
Skilled Nursing Total:						1515269.43
Skilled Nursing	Hour	753	261	7.71	1515269.43	
Specialized Medical Equipment and Supplies Total:						189449.82
Specialized Medical Equipment and Supplies	Piece of Equipment	63	3	1002.38	189449.82	
Transition Services Total:						40000.00

<u>Transition Services</u>	<u>Per Transition</u>	<u>20</u>	<u>1</u>	<u>2000.00</u>	<u>40000.00</u>	
GRAND TOTAL:					<u>447005824.38447047227.86</u>	
Total Estimated Unduplicated Participants:					7458	
Factor D (Divide total by number of participants):					<u>59936.4259941.97</u>	
Average Length of Stay on the Waiver:					345	

PROPOSED DRAFT