

E&D Waiver Amendment
 Summary of Changes by Application Section
 7-15-10

Section	Action(s)
AMENDMENT	
Amendment-1	Entered a target start date for the waiver amendment.
Amendment-2	Added narrative to describe the purpose of the waiver amendment.
Amendment-3-A	Checked off the application sections affected by the amendment and listed specific subsections that have been edited.
Amendment-3-B	Filled in the checklist indicating the nature of the amendment.
MAIN	
Main-1	No edits
Main-2	Added a paragraph about participant-direction under service delivery methods.
Main-3	In section E, indicated that the waiver includes participant direction.
Main-4	No edits
Main-5	No edits
Main-6	No edits
Main-7	No edits
Main-8	Inserted the DMMA Director's contact information.
Main-A (Transition Plan)	Provided narrative information about transition plans for: 1) consolidation of waivers; 2) participant-direction; 3) change in service definitions.
Main-B (Optional)	No edits (no text in this section)
APPENDIX A	
A-1	No edits
A-2-a	Added one item to DSAAPD's list of responsibilities: DSAAPD develops and monitors contracts with Support for Participant Direction providers. Added the phrase "including Support for Participant Direction contractor monitoring reports" as part of DMMA's review of waiver program operations.
A-2-b	No edits (this section is NA)
A-3	Added narrative about Support for Participant Direction contractors. In provider relations agent paragraph, removed a reference to the checklist in Appendix A-7 (to account for the fact that there will now be two contractor types under the waiver).
A-4	No edits (this section is NA)
A-5	Added narrative about Support for Participant Direction contractors.
A-6	Edited the narrative to separate monitoring strategies for two contractor types: provider relations agent and support for participant direction contractors. Added text about monitoring support for participant direction contractors.
A-7	Filled in check box for contracted entity to provide utilization management. (Support for Participant Direction Providers will perform this function for participant-directed personal care services.)
A-QA	All performance measures remained the same. In Performance Measure #2 (related to QII Meetings), changed the frequency of data collection and analysis from monthly to quarterly.

APPENDIX B	
B-1-a	No edits
B-1-b	Added text to explain that the target group for the waiver includes persons with acquired brain injury (ABI)
B-1-c	No edits
B-2-a	No edits
B-2-b	No edits (this section is NA)
B-2-c	No edits (this section is NA)
B-3-a	No edits
B-3-b	No edits
B-3-c	No edits
B-3-d	No edits
B-3-e	No edits
B-3-f	No edits
B-4-a	No edits
B-4-b	No edits
B-5-a	No edits
B-5-b	No edits
B-5-c	No edits (this section is NA)
B-5-d	No edits
B-6-a	No edits
B-6-b	No edits
B-6-c	No edits
B-6-d	No edits
B-6-e	No edits
B-6-f	No edits
B-6-g	No edits
B-6-h	No edits
B-6-i	Updated the text related to the level of care (LOC) re-determination process because of the availability of “review due” queries through the TAP system.
B-6-j	No edits
B-QA	All performance measures remained the same. Data sources updated: Sub-assurance 1: removed Case Log and TAP; added Initial Level of Care Review; changed data aggregation to quarterly. Sub-assurance 2: removed TAP and Case Log; changed data aggregation to quarterly. Sub-assurance 3 (both performance measures): added Initial Level of Care Review as data source. Updated narrative sections (a)ii and (b)i to reflect new data sources.
B-7-a	No edits
B-7-b	No edits
B-8	No edits
APPENDIX C	
C-1-a-Serv-ADC	Service definition: added a paragraph about the enhanced level of care.
C-1-a-Serv-DayHab	Added new service
C-1-a-Serv-PersC	Service definition: for clarification, removed the word “secondary” from the description of IADL assistance. Service limits: added language to exclude

	assisted living residents. Service delivery method: checked participant direction. Added two new provider types: personal care attendant and personal care agency.
C-1-a-Serv-RESP	Edited service definition to remove home care. In service limits, excluded persons whose regular residence is assisted living. Removed home health as a provider type.
C-1-a-Serv-AL	Added new service
C-1-a-Serv-COG	Added new service
C-1-a-Serv-ERS	Updated service definition to: 1) allow for different ERS response technologies/mechanisms; 2) exclude participants who live in assisted living facilities.
C-1-a-Serv-EQUIP	No edits
C-1-a-Prov-ADC	Changed the name of the provider relations agent from EDS to HP.
C-1-a-Prov-DayHab	Added new service
C-1-a-Prov-PersC	Under home health agency, changed the named of the provider relations agent from EDS to HP. Added information about new providers: personal care agencies and personal care attendants.
C-1-a-Prov-RESP	Removed home health agency as provider type. For other provider types, changed the provider relations agent name from EDS to HP.
C-1-a-Prov-AL	Added new service
C-1-a-Prov-COG	Added new service
C-1-a-Prov-ERS	Changed the name of the provider relations agent from EDS to HP.
C-1-a-Prov-EQUIP	Changed the name of the provider relations agent from EDS to HP.
C-1-b	No edits
C-1-c	No edits
C-2-a	Included background check information for personal assistance services agencies and personal care attendants. Re-organized and updated the narrative to account for new provider types and oversight responsibilities. Updated state legal references where needed.
C-2-b	Included abuse registry check information for personal assistance services agencies and personal care attendants. Re-organized and updated the narrative to account for new provider types and oversight responsibilities. Updated state legal references where needed.
C-2-c	Edited the assisted living (AL) checklist to indicate that assisted living and respite services are provided in AL. Also, updated the narrative describing homelike environment to include the assisted living service.
C-2-d	Indicated that the waiver will make payment for legally responsible relatives. Specified the legally-responsible relatives who can receive payment. Specified the circumstances and safeguards surrounding the use of legally responsible relatives.
C-2-e	Indicated that the waiver will make payment for relatives. Specified the circumstances and safeguards surrounding the use of relatives.
C-2-f	Edited the text to indicate two processes for open enrollment of providers (for provider managed and participant-directed services). Added text to describe the open enrollment of personal care attendant providers.
C-QA	All performance measures remained the same. Updated data sources: Sub-

	assurance 1, Performance Measure #1: removed Provider Enrollment Application and MMIS; added Provider and Payment Oversight Report; changed data aggregation to quarterly and designated the Medicaid agency (DSAAPD) as the responsible party. Performance Measure #2: Removed MMIS; added Provider and Payment Oversight Report; changed data aggregation to quarterly. Sub-assurance 2, Performance Measure #1: removed Provider Enrollment Application and MMIS; added Provider and Payment Oversight Report; changed data aggregation to quarterly and designated the Medicaid agency (DSAAPD) as the responsible party. Performance Measure #2: Removed MMIS; added Provider and Payment Oversight Report; changed data aggregation to quarterly. Sub-assurance 3: Removed MMIS; added Provider and Payment Oversight Report; changed data aggregation to quarterly. Updated the narrative section (a)ii to change the name of the provider relations agent to HP and to add a sentence about the Provider and Payment Oversight Report.
C-3	No edits
C-4	No edits
APPENDIX D	
D-1-a	No edits
D-1-b	No edits
D-1-c	No edits
D-1-d	Edited sentence about DSAAPD staff contact with participants to remove number of staff contacts per year and insert instead a reference to the staff contact schedule detailed in Appendix D-2-a. (This change was made for internal consistency within the document and to clarify number of in-person visits. The contact schedule in Appendix D-2-a was not changed.)
D-1-e	No edits
D-1-f	No edits
D-1-g	Updated the text related to the review of care plans: 1) Indicated that case managers are involved in the care plan development process as well as nurses; 2) Indicated that case manager supervisors review care plans as well as nurse supervisors; 3) Changed the name of the data collection tool from “case review” to “record review”; and 4) Changed the name of the data report from “case review” to “record review”.
D-1-h	No edits
D-1-i	No edits
D-2-a	No edits.
D-2-b	No edits
D-QA	No edits
APPENDIX E	
E-0	Indicated that the state will afford participant-direction opportunities but will not seek Independence Plus designation.
E-1-a	Added a description of participant direction opportunities
E-1-b	Indicated the availability of employer authority.
E-1-c	Indicated that participant direction opportunities are available in private homes and group facilities of four or fewer.

E-1-d	Indicated that participant-direction is available to all participants who receive personal care services.
E-1-e	Added text about information furnished to participants related to participant-direction opportunities.
E-1-f	Indicated that the state provides for legal and non-legal representatives. Added text to describe the policies for participant-appointed representatives.
E-1-g	Indicated the availability of employer authority for personal care services.
E-1-h	Indicated that financial management services (FMS) would be provided by private entities.
E-1-i	Indicated that FMS would be provided as an administrative activity.
E-1-i-i	Described the types of FMS entities and procurement methods.
E-1-i-ii	Indicated that FMS entities will be compensated on a per-member-per-month (PMPM) basis.
E-1-i-iii	Indicated scope of FMS activities on checklist.
E-1-i-iv	Described who will monitor FMS contract(s), monitoring methods, and frequency of monitoring.
E-1-j	Added text about Information and Assistance in Support of Participant Direction (Support Brokerage).
E-1-k	Indicated that no provisions have been made for independent advocacy.
E-1-l	Added text about voluntary termination of participant direction.
E-1-m	Added text about involuntary termination of participant direction.
E-1-n	Added participant direction goals.
E-2-a-i	Indicated the use of the common-law employer option.
E-2-a-ii	Checked items related to participant employer authority and included compensation methods for background checks.
E-2-b-i	No information added (this section is NA)
E-2-b-ii	No information added (this section is NA)
E-2-b-iii	No information added (this section is NA)
E-2-b-iv	No information added (this section is NA)
E-2-b-v	No information added (this section is NA)
APPENDIX F	
F-1	No edits
F-2	No edits
F-3-a	No edits
F-3-b	No edits
F-3-c	Added one sentence: “Also, assisted living services are provided in licensed facilities.”
APPENDIX G	
G-1-a	No edits
G-1-b	Added the phrase “and assisted living services” in first paragraph.
G-1-c	No edits
G-1-d	No edits
G-1-e	No edits
G-2-a	No edits
G-2-b	No edits

G-3-a	No edits
G-3-b-i	No edits
G-3-b-ii	No edits
G-3-c-i	No edits
G-3-c-ii	No edits
G-3-c-iii	No edits
G-3-c-iv	No edits
G-QA	All performance measures remained the same. In the first performance measure, changed the data aggregation to quarterly. In the last two performance measures, changed the data sources. In both cases, changed Provider Enrollment Application to Provider and Payment Oversight Report and also changed data collection and aggregation to quarterly.
APPENDIX H	
H-1-a-i	Edited text to remove reference to ABI and AL waivers; changed the name of the provider relations agent from EDS to HP; updated the names of data sources/reports generated; changed the frequency of QII meetings from monthly to quarterly.
H-1-a-ii	No edits
H-1-b-i	Changed the name of the provider relations agent from EDS to HP.
H-1-b-ii	Changed the frequency of QII meetings from monthly to quarterly.
APPENDIX I	
I-1	Added text to explain that participant directed personal care services are paid by the MMIS via Support for Participant Direction vendor(s); changed name of provider relations agent from EDS to HP.
I-QA	All performance measures remained the same. Changed Data sources for both measures to Provider and Payment Oversight Report. Changed data collection and aggregation to quarterly. Changed responsible party to Medicaid agency (DSAAPD). In (b)i, changed the name of the provider relations agent to HP.
I-2-a	Changed the name of the provider relations agent from EDS to HP.
I-2-b	Edited the text to describe the billing process for participant-directed personal care services.
I-2-c	No edits
I-2-d	No edits
I-2-e	No edits
I-3-a	No edits
I-3-b	No edits
I-3-c	No edits
I-3-d	No edits
I-3-e	No edits
I-3-f	No edits
I-3-g-i	No edits
I-3-g-ii	No edits
I-3-g-iii	No edits
I-4-a	No edits
I-4-b	No edits

I-4-c	No edits
I-5-a	No edits
I-5-b	Edited the text to include assisted living as a waiver service. Also edited the text to remove a reference to respite service provided in individual homes.
I-6	No edits
I-7-a	No edits
I-7-b	No edits
APPENDIX J	
J-1	Included updated figures for Factor D (auto-filled from J-2-d), D', G, and G' for Years 2-5.
J-2-a	No edits
J-2-b	Updated the narrative to describe the derivation of the revised average length of stay calculations.
J-2-c-i	Updated the description of the derivation of Factor D.
J-2-c-ii	Updated the description of the derivation of Factor D'.
J-2-c-iii	Updated the description of the derivation of Factor G.
J-2-c-iv	Updated the description of the derivation of Factor G'.
J-2-Components	Added components for adult day services, day habilitation, respite, assisted living, cognitive service, and personal emergency response systems.
J-2-d-i-Yr.1	No edits
J-2-d-i-Yr.2	Updated the cost estimates for Year 2
J-2-d-i-Yr.3	Updated the cost estimates for Year 3
J-2-d-i-Yr.4	Updated the cost estimates for Year 4
J-2-d-i-Yr.5	Updated the cost estimates for Year 5