



# Waiver Assurances

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# What are Waiver Assurances?

- Every state that implements Home and Community Based Services (HCBS) waivers must address how they intend to meet specific Centers for Medicare and Medicaid Services (CMS) requirements.



## Sub-Assurances

- The process in which the state verifies that providers initially and continually meet specific CMS requirements.

# Administrative Authority/Level of Care

## HCBS Waiver Assurances and Sub-Assurances

### Administrative Authority

**Assurance:** The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

### Level of Care (LOC)

**Assurance:** The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/re-evaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, Nursing Facility (NF), or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).


### Sub-Assurances:

- An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
- The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant LOC.

# Qualified Providers

**Assurance:** The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

## **Sub-Assurances:**

- The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services. 
- The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
- The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

# Service Plan

**Assurance**: The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for the waiver participants.

## **Sub-Assurances**:

- Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
- Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
- Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.
- Participants are afforded choice between/among waiver services and providers.



# Health and Welfare

**Assurance**: The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

## **Sub-Assurances**:

- The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.
- The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.
- The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
- The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

# Financial Accountability

**Assurance**: The State demonstrates that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

## **Sub-Assurances**:

- The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.
- The State provides evidence that rates remain consistent with the approved rate methodology throughout the five-year waiver cycle.

