

## Appendix B: Participant Access and Eligibility

### Appendix B-1: Specification of the Waiver Target Group(s)

- a. **Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to a group or subgroups of individuals. *In accordance with 42 CFR §441.301(b)(6), select one waiver target group, check each subgroup in the selected target group that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

SELECT ONE WAIVER TARGET GROUP	TARGET GROUP/SUBGROUP	MINIMUM AGE	MAXIMUM AGE	
			MAXIMUM AGE LIMIT: THROUGH AGE –	NO MAXIMUM AGE LIMIT
<input type="checkbox"/>	<b>Aged or Disabled, or Both - General</b>			
	<input type="checkbox"/> Aged (age 65 and older)			<input type="checkbox"/>
	<input type="checkbox"/> Disabled (Physical)			
	<input type="checkbox"/> Disabled (Other)			
<input type="checkbox"/>	<b>Aged or Disabled, or Both - Specific Recognized Subgroups</b>			
	<input type="checkbox"/> Brain Injury			<input type="checkbox"/>
	<input type="checkbox"/> HIV/AIDS			<input type="checkbox"/>
	<input type="checkbox"/> Medically Fragile			<input type="checkbox"/>
	<input type="checkbox"/> Technology Dependent			<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Intellectual Disability or Developmental Disability, or Both</b>			
	<input type="checkbox"/> Autism			<input type="checkbox"/>
	<input checked="" type="checkbox"/> Developmental Disability	0	21	<input type="checkbox"/>
	<input type="checkbox"/> Intellectual Disability			<input type="checkbox"/>
<input type="checkbox"/>	<b>Mental Illness (check each that applies)</b>			
	<input type="checkbox"/> Mental Illness			<input type="checkbox"/>
	<input type="checkbox"/> Serious Emotional Disturbance			

- b. **Additional Criteria.** The State further specifies its target group(s) as follows:

All waiver participants will meet the criteria for developmental disability in accordance with Annotated Code of Maryland, Health - General Article, Section 7-701 (e) which is comparable to the federal definition found at 45 CFR 1385.3.

In addition, all waiver participants will: 1) Need support afterschool, evenings, weekends, and/or during school breaks, including summer time; 2) Be assessed for their level of service need with consideration of available natural and community support to determine if waiver services will support their health and safety needs; and 3) Not be enrolled in another Medicaid 1915(c) waiver or PACE (a Medicaid capitated managed care program that includes long-term care).

Eligible participants who are ages 21 and under and still eligible to receive services through IDEA shall have a portion of their daily support and supervision needs covered by the schools. The waiver does not provide services during school hours.

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- c. **Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

<input type="radio"/>	Not applicable. There is no maximum age limit
<input checked="" type="radio"/>	<p>The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit. <i>Specify:</i></p> <p>Participants will be supported by their Coordinator of Community Services and school transition team with exploring and transitioning to competitive integrated employment, post secondary education, employment supports, and/or meaningful day services.</p> <p>If needed, participants will be referred to the DDA's home and community-based services waivers, which will include reserved capacity for participants transitioning out of the Family Supports Waiver.</p>

## Appendix B-2: Individual Cost Limit

- a. **Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual (*select one*). Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

<input type="radio"/>	<b>No Cost Limit.</b> The State does not apply an individual cost limit. <i>Do not complete Item B-2-b or Item B-2-c.</i>	
<input type="radio"/>	<b>Cost Limit in Excess of Institutional Costs.</b> The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. <i>Complete Items B-2-b and B-2-c.</i> The limit specified by the State is ( <i>select one</i> ):	
<input type="radio"/>	%	A level higher than 100% of the institutional average Specify the percentage:
<input type="radio"/>	Other ( <i>specify</i> ):	
<input type="radio"/>	<b>Institutional Cost Limit.</b> Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. <i>Complete Items B-2-b and B-2-c.</i>	
<input checked="" type="radio"/>	<b>Cost Limit Lower Than Institutional Costs.</b> The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver. <i>Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.</i>	

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<p>The limit is based on an analysis of the historical costs for the waiver services and supports for the participants enrolled in DDA's comprehensive waiver who live in their own or family home. The availability of other services and supports (e.g., family caregivers, natural supports, community supports, Medicaid State Plan services, public education) for the Family Supports Waiver targeted population and information on the utilization of these other services and supports contribute to the basis of this cost limit.</p> <p>The budget limit for this group will be \$12,000 plus the cost of targeted case management and Medicaid State Plan services.</p>			
The cost limit specified by the State is <i>(select one)</i> :			
<input checked="" type="radio"/>	<b>The following dollar amount:</b>	\$12,000	
	Specify dollar amount:		
The dollar amount <i>(select one)</i> :			
<input type="radio"/>	<b>Is adjusted each year that the waiver is in effect by applying the following formula:</b> Specify the formula:		
<input checked="" type="radio"/>	<b>May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.</b>		
<input type="radio"/>	<b>The following percentage that is less than 100% of the institutional average:</b>		
<input type="radio"/>	<b>Other:</b> Specify:		

- b. Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

Prior to applying to the Family Supports Waiver, applicants will be assessed for their level of service need with consideration of available natural and community support to determine if waiver services will support their health and safety needs. A person-centered plan will then be developed based on the individual's and family's life course goals with the support of natural, local, community, Medicaid State Plan, and waiver services and submitted with the waiver application.

If the plan exceeds the individual cost neutrality cap, the Coordinator of Community Services will explore ways with the individual and family to modify the services while maintaining the individual's health and safety. This may, for example, entail arranging for more informal supports and reducing personal supports, etc. only if the health and safety of the individual will not be compromised and the plan is acceptable to the individual and the family. The final plan would not be approved if it is determined that reducing services would have a detrimental impact on the individual's health and safety.

If the assessed needs cannot be supported by the waiver or the person-centered plan exceeds the cost limit for the waiver, the DDA will refer the person to another waiver with a higher cost limit if available. If another program option is not available at that time, the individual will retain their position on the DDA Waiting List until an opportunity is available.

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- c. **Participant Safeguards.** When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant (*check each that applies*):

<input checked="" type="radio"/>	<b>The participant is referred to another waiver that can accommodate the individual's needs.</b>
<input checked="" type="radio"/>	<b>Additional services in excess of the individual cost limit may be authorized.</b> Specify the procedures for authorizing additional services, including the amount that may be authorized:  In the event of a person needing more services in excess of the cost limit, the person's Coordinator of Community Services may hold a team meeting. After reviewing all options, supports and other services available to the participant, the team may decide to request additional funds from the waiver to address the increased needs temporarily. The request cannot exceed \$15,000. If it is determined that a waiver participant has an extended need for an increased intensity of services, the individual may be re-assessed and referred to another waiver for which he/she may be eligible.
<input type="checkbox"/>	<b>Other safeguard(s)</b> ( <i>Specify</i> ):  

### Appendix B-3: Number of Individuals Served

- a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a	
Waiver Year	Unduplicated Number of Participants
Year 1	400
Year 2	450
Year 3	500

- b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: (*select one*):

<input checked="" type="radio"/>	<b>The State does not limit the number of participants that it serves at any point in time during a waiver year.</b>
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- ☐ **The State limits the number of participants that it serves at any point in time during a waiver year.**

- c. **Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State (*select one*):

<input type="radio"/>	<b>Not applicable. The state does not reserve capacity.</b>																
<input checked="" type="radio"/>	<p><b>The State reserves capacity for the following purpose(s).</b>  <b>Purpose(s) the State reserves capacity for:</b>  Emergency, Families with Multiple Children on Waiting List, Military Families, and Previous Waiver Participants with New Service Need.</p>																
	<b>Table B-3-c</b>																
	<p>Purpose: Emergency</p> <p>Purpose: The purpose of reserved capacity is to support individuals in immediate crisis or other situations that threatens the life and safety of the person.</p> <p>Describe how the amount of reserved capacity was determined: Initial estimate to be reassessed with waiver renewal.</p> <p>The capacity that the State reserves in each waiver year is specified in the following table:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Capacity Reserved</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>10</td> </tr> <tr> <td>2</td> <td>10</td> </tr> <tr> <td>3</td> <td>10</td> </tr> </tbody> </table> <p>Purpose: Families with Multiple Children on Waiting List</p> <p>Purpose: The purpose of reserved capacity is to support families seeking supports that have more than one child on the DDA Waiting List.</p> <p>Describe how the amount of reserved capacity was determined: Initial estimate to be reassessed with waiver renewal.</p> <p>The capacity that the State reserves in each waiver year is specified in the following table:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Capacity Reserved</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>10</td> </tr> <tr> <td>2</td> <td>10</td> </tr> <tr> <td>3</td> <td>10</td> </tr> </tbody> </table>	Year	Capacity Reserved	1	10	2	10	3	10	Year	Capacity Reserved	1	10	2	10	3	10
Year	Capacity Reserved																
1	10																
2	10																
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Year	Capacity Reserved																
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**Purpose: Military Families**

Purpose: Military Families category is based on legislation (Senate Bill 563) passed during the Fiscal Year 2015 session to support individuals' reentry into services after returning to the State. The U.S. Department of Defense has provided information and fact sheets related to eligibility requirements and lengthy waiting lists hindering military families from obtaining supports and services for members with special needs during critical transitions periods. There are national efforts to allow service members to retain their priority for receiving home and community-based services.

Describe how the amount of reserved capacity was determined: Initial estimate to be reassessed with waiver renewal.

The capacity that the State reserves in each waiver year is specified in the following table:

Year	Capacity Reserved
1	5
2	5
3	5

**Purpose: Previous Waiver Participants with New Service Need**

Purpose: Previously enrolled waiver participants for whom the waiver service needs were met will exit the waiver. If a new service need develops they may reapply to the waiver.

Describe how the amount of reserved capacity was determined: Initial estimate to be reassessed with waiver renewal.

The capacity that the State reserves in each waiver year is specified in the following table:

Year	Capacity Reserved
1	20
2	20
3	20

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- d. Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule (*select one*):

<input checked="" type="radio"/>	<b>The waiver is not subject to a phase-in or a phase-out schedule.</b>
<input type="radio"/>	<b>The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an <i>intra-year</i> limitation on the number of participants who are served in the waiver.</b>

- e. Allocation of Waiver Capacity.**

*Select one:*

<input checked="" type="radio"/>	<b>Waiver capacity is allocated/managed on a statewide basis.</b>
<input type="radio"/>	<b>Waiver capacity is allocated to local/regional non-state entities. Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:</b>

- f. Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

<p>Individuals are prioritized for entrance to the waiver based on the priority categories established in the Code of Maryland Regulations (COMAR) and reserved capacity.</p> <p>Individuals currently on the waiting list for DDA services are assessed and prioritized into three categories: crisis resolution, crisis prevention, and current request. When funding becomes available, individuals in the highest priority level of need (crisis resolution) receive services, followed by crisis prevention, and then current request. Determination of and criteria for each service priority is standardized across the State based on regulations. Individuals who are currently receiving services in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IIDs) who wish to and whose needs can be served in the community, do not need to be placed on the waiting list for services, but rather are assisted to transition from an ICF/IID service directly into community-based services.</p> <p>In addition, reserved capacity is established for discrete groups of individuals regardless of placement on the DDA Waiting List.</p>
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## Appendix B-4: Medicaid Eligibility Groups Served in the Waiver

- a. **1. State Classification.** The State is a (*select one*):

<input checked="" type="radio"/>	§1634 State
<input type="radio"/>	SSI Criteria State
<input type="radio"/>	209(b) State

- 2. Miller Trust State.**

Indicate whether the State is a Miller Trust State (*select one*).

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

- b. **Medicaid Eligibility Groups Served in the Waiver.** Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply:*

Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)	
<input type="checkbox"/>	Low income families with children as provided in §1931 of the Act
<input checked="" type="checkbox"/>	SSI recipients
<input type="checkbox"/>	Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121
<input checked="" type="checkbox"/>	Optional State supplement recipients
<input type="checkbox"/>	Optional categorically needy aged and/or disabled individuals who have income at: ( <i>select one</i> )
<input type="radio"/>	100% of the Federal poverty level (FPL)
<input type="radio"/>	% of FPL, which is lower than 100% of FPL Specify percentage:
<input type="checkbox"/>	Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII) of the Act)
<input checked="" type="checkbox"/>	Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)
<input type="checkbox"/>	Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)
<input type="checkbox"/>	Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)
<input type="checkbox"/>	Medically needy in 209(b) States (42 CFR §435.330)
<input type="checkbox"/>	Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)
<input checked="" type="checkbox"/>	Other specified groups (include only the statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver) <i>specify</i> :
	Children for whom adoption assistance or foster care maintenance payments are made under title IV-E (§42 CFR 435.145)

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<p>Medically needy individuals under 21 years (42 CFR §435.308)</p> <p>Individuals ineligible for AFDC/TCA due to requirements that do not apply under title XIX (42CFR§435.113)</p> <p>Individuals who meet the income and resource requirements of the cash assistance programs (42CFR§435.210)</p> <p>Optional coverage of the Medically Needy (42 CFR §435.301 Subpart D)</p> <p>Pregnant and postpartum women at or below 250% of FPL included in the State Plan (1902(a)(10)(A)(ii)(IX) and 1902(l) of the Social Security Act)</p> <p>Newborn Children (42 CFR §435.117)</p> <p>Children at least 1 year old under 6 years of age with family incomes at or below 133% FPL (1902(a)(10)(A)(i)(VI) and 1902 (l)(l)(C))</p> <p>Children older than 6 years and younger than 19 years of age with family incomes at or below 100% FPL (1902(a)(10)(A)(i)(VII) and 1902 (l)(l)(D))</p> <p>Parents and Caretaker Relatives group (42 CFR §435.110)</p> <p>Pregnant and Postpartum Women (42 CFR §435.116)</p> <p>Infants and children under the age of 10 (42 CFR §435.118)</p>			
<p><b><i>Special home and community-based waiver group under 42 CFR §435.217) Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed</i></b></p>			
<input type="radio"/>	<p><b>No.</b> The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. Appendix B-5 is not submitted.</p>		
<input checked="" type="radio"/>	<p><b>Yes.</b> The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. <i>Select one and complete Appendix B-5.</i></p>		
<input type="radio"/>	<p>All individuals in the special home and community-based waiver group under 42 CFR §435.217</p>		
<input checked="" type="radio"/>	<p>Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217 (<i>check each that applies</i>):</p>		
<input checked="" type="checkbox"/>	<p>A special income level equal to (select one):</p>		
<input checked="" type="radio"/>	<p>300% of the SSI Federal Benefit Rate (FBR)</p>		
<input type="radio"/>	%	<p>A percentage of FBR, which is lower than 300% (42 CFR §435.236)</p> <p>Specify percentage:</p>	
<input type="radio"/>	\$	<p>A dollar amount which is lower than 300%</p> <p>Specify percentage:</p>	
<input type="checkbox"/>	<p>Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)</p>		

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<input checked="" type="checkbox"/>	Medically needy without spend down in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)
<input type="checkbox"/>	Medically needy without spend down in 209(b) States (42 CFR §435.330)
<input type="checkbox"/>	Aged and disabled individuals who have income at: <i>(select one)</i>
<input type="radio"/>	100% of FPL
<input type="radio"/>	% of FPL, which is lower than 100%
<input type="checkbox"/>	Other specified groups (include only the statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver) <i>specify:</i>

## Appendix B-5: Post-Eligibility Treatment of Income

*In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.*

- a. Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217.

*Note: For the five-year period beginning January 1, 2014, the following instructions are mandatory. The following box should be checked for all waivers that furnish waiver services to the 42 CFR §435.217 group effective at any point during this time period.*

<input type="checkbox"/>	Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the State uses <i>spousal</i> post-eligibility rules under §1924 of the Act. <i>Complete Items B-5-e (if the selection for B-4-a-i is SSI State or §1634) or B-5-f (if the selection for B-4-a-i is 209b State) and Item B-5-g unless the state indicates that it also uses spousal post-eligibility rules for the time periods before January 1, 2014 or after December 31, 2018.</i>
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*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018 (select one).*

<input type="radio"/>	Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the State elects to <i>(select one)</i> :
<input type="radio"/>	Use <i>spousal</i> post-eligibility rules under §1924 of the Act. <i>Complete Items B-5-b-2 (SSI State and §1634) or B-5-c-2 (209b State) and Item B-5-d.</i>
<input type="radio"/>	Use <i>regular</i> post-eligibility rules under 42 CFR §435.726 (SSI State and §1634) ( <i>Complete Item B-5-b-1</i> ) or under §435.735 (209b State) ( <i>Complete Item B-5-c-1</i> ). <i>Do not complete Item B-5-d.</i>
<input checked="" type="radio"/>	Spousal impoverishment rules under §1924 of the Act are not used to determine eligibility of individuals with a community spouse for the special home and community-based waiver group. The State uses regular post-eligibility rules for individuals with a community spouse. <i>Complete</i>

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*Item B-5-c-1 (SSI State and §1634) or Item B-5-d-1 (209b State). Do not complete Item B-5-d.*

**NOTE:** Items B-5-b-1 and B-5-c-1 are for use by states that do not use spousal eligibility rules or use spousal impoverishment eligibility rules but elect to use regular post-eligibility rules. However, for the five-year period beginning on January 1, 2014, post-eligibility treatment-of-income rules may not be determined in accordance with B-5-b-1 and B-5-c-1, because use of spousal eligibility and post-eligibility rules are mandatory during this time period.

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**b-1. Regular Post-Eligibility Treatment of Income: SSI State.** The State uses the post-eligibility rules at 42 CFR §435.726. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

<b>i. Allowance for the needs of the waiver participant (select one):</b>			
<input checked="" type="radio"/>	The following standard included under the State plan (Select one):		
<input type="radio"/>	SSI standard		
<input type="radio"/>	Optional State supplement standard		
<input type="radio"/>	Medically needy income standard		
<input checked="" type="radio"/>	The special income level for institutionalized persons (select one):		
<input checked="" type="radio"/>	300% of the SSI Federal Benefit Rate (FBR)		
<input type="radio"/>	%	A percentage of the FBR, which is less than 300% Specify the percentage:	
<input type="radio"/>	\$	A dollar amount which is less than 300%. Specify dollar amount:	
<input type="radio"/>	%	A percentage of the Federal poverty level Specify percentage:	
<input type="radio"/>	Other standard included under the State Plan Specify:		
<input type="radio"/>	The following dollar amount Specify dollar amount:		
	\$	If this amount changes, this item will be revised.	
<input checked="" type="radio"/>	The following formula is used to determine the needs allowance: Specify:		
	The monthly maintenance needs allowance is 300% of the current Social Security Federal Benefit Rate.		
<input type="radio"/>	Other Specify:		
<b>ii. Allowance for the spouse only (select one):</b>			
<input checked="" type="radio"/>	Not Applicable		
Specify the amount of the allowance (select one):			

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<input type="radio"/>	<b>SSI standard</b>	
<input type="radio"/>	<b>Optional State supplement standard</b>	
<input type="radio"/>	<b>Medically needy income standard</b>	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> Specify:	
	<input type="text"/>	
	<input type="text"/>	
<b>iii. Allowance for the family (select one):</b>		
<input checked="" type="radio"/>	<b>Not Applicable (see instructions)</b>	
<input type="radio"/>	<b>AFDC need standard</b>	
<input type="radio"/>	<b>Medically needy income standard</b>	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> Specify:	
	<input type="text"/>	
<input type="radio"/>	<b>Other</b> Specify:	
	<input type="text"/>	
	<input type="text"/>	
<b>iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:</b>		
a. Health insurance premiums, deductibles and co-insurance charges b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses. Select one:		
<input type="radio"/>	<b>Not applicable (see instructions) Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.</b>	
<input type="radio"/>	<b>The State does not establish reasonable limits.</b>	
<input checked="" type="radio"/>	<b>The State establishes the following reasonable limits</b> Specify:	
	For medical and remedial services, the State deducts the fee Medicaid pays for the same item or service. For items or services for which Medicaid has not established a fee schedule, the actual charge is deducted.	

State:	<input type="text"/>
Effective Date	<input type="text"/>

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**c-1. Regular Post-Eligibility Treatment of Income: 209(B) State.** The State uses more restrictive eligibility requirements than SSI and uses the post-eligibility rules at 42 CFR §435.735. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following amounts and expenses from the waiver participant's income:

<b>i. Allowance for the needs of the waiver participant</b> (select one):			
<input type="radio"/>	The following standard included under the State plan (select one)		
<input type="radio"/>	<input type="radio"/>	The following standard under 42 CFR §435.121 Specify:	
	<input type="radio"/>	Optional State supplement standard	
	<input type="radio"/>	Medically needy income standard	
	<input type="radio"/>	The special income level for institutionalized persons (select one):	
	<input type="radio"/>	300% of the SSI Federal Benefit Rate (FBR)	
	<input type="radio"/>	%	A percentage of the FBR, which is less than 300% Specify percentage:
	<input type="radio"/>	\$	A dollar amount which is less than 300% of the FBR Specify dollar amount:
<input type="radio"/>	%	A percentage of the Federal poverty level Specify percentage:	
<input type="radio"/>	Other standard included under the State Plan (specify):		
<input type="radio"/>	The following dollar amount:	\$	Specify dollar amount: If this amount changes, this item will be revised.
<input type="radio"/>	The following formula is used to determine the needs allowance Specify:		
<input type="radio"/>	Other (specify)		
<b>ii. Allowance for the spouse only</b> (select one):			
<input type="radio"/>	Not Applicable (see instructions)		
<input type="radio"/>	The following standard under 42 CFR §435.121 Specify:		
<input type="radio"/>	Optional State supplement standard		

State:	
Effective Date	

<input type="radio"/>	Medically needy income standard		
<input type="radio"/>	The following dollar amount: Specify dollar amount:	\$	If this amount changes, this item will be revised.
<input type="radio"/>	The amount is determined using the following formula: <i>Specify:</i>		
<b>iii. Allowance for the family</b> <i>(select one)</i>			
<input type="radio"/>	Not applicable <i>(see instructions)</i>		
<input type="radio"/>	AFDC need standard		
<input type="radio"/>	Medically needy income standard		
<input type="radio"/>	The following dollar amount: Specify dollar amount:	\$	The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
<input type="radio"/>	The amount is determined using the following formula: <i>Specify:</i>		
<input type="radio"/>	Other (specify):		
<b>iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 CFR §435.735:</b>			
a. Health insurance premiums, deductibles and co-insurance charges			
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.			
<i>Select one:</i>			
<input type="radio"/>	Not applicable <i>(see instructions)</i> Note: If the State protects the maximum amount for the waiver participant, not applicable must be checked.		
<input type="radio"/>	The State does not establish reasonable limits.		
<input type="radio"/>	The State establishes the following reasonable limits <i>(specify)</i> :		

**NOTE: Items B-5-b-2 and B-5-c-2 are for use by states that use spousal impoverishment eligibility rules and elect to apply the spousal post eligibility rules.**

State:	
Effective Date	

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

- b-2. Regular Post-Eligibility Treatment of Income: SSI State.** The State uses the post-eligibility rules at 42 CFR §435.726 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

<b>i. Allowance for the needs of the waiver participant (select one):</b>			
<input type="radio"/>	The following standard included under the State plan (Select one):		
<input type="radio"/>	SSI standard		
<input type="radio"/>	Optional State supplement standard		
<input type="radio"/>	Medically needy income standard		
<input type="radio"/>	The special income level for institutionalized persons (select one):		
<input type="radio"/>	300% of the SSI Federal Benefit Rate (FBR)		
<input type="radio"/>	%	A percentage of the FBR, which is less than 300% Specify the percentage:	
<input type="radio"/>	\$	A dollar amount which is less than 300%. Specify dollar amount:	
<input type="radio"/>	%	A percentage of the Federal poverty level Specify percentage:	
<input type="radio"/>	Other standard included under the State Plan Specify:		
<input type="radio"/>	The following dollar amount Specify dollar amount:		
	\$	If this amount changes, this item will be revised.	
<input type="radio"/>	The following formula is used to determine the needs allowance: Specify:		
<input type="radio"/>	Other Specify:		
<b>ii. Allowance for the spouse only (select one):</b>			
<input checked="" type="radio"/>	Not Applicable		
<input type="radio"/>	The State provides an allowance for a spouse who does not meet the definition of a community spouse in §1924 of the Act. Describe the circumstances under which this allowance is provided: Specify:		
Specify the amount of the allowance (select one):			
<input type="radio"/>	SSI standard		

State:	
Effective Date	

<input type="radio"/>	<b>Optional State supplement standard</b>	
<input type="radio"/>	<b>Medically needy income standard</b>	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> <i>Specify:</i>	
	<input type="text"/>	
<b>iii. Allowance for the family (select one):</b>		
<input type="radio"/>	<b>Not Applicable (see instructions)</b>	
<input type="radio"/>	<b>AFDC need standard</b>	
<input checked="" type="radio"/>	<b>Medically needy income standard</b>	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> <i>Specify:</i>	
	<input type="text"/>	
<input type="radio"/>	<b>Other</b> <i>Specify:</i>	
	<input type="text"/>	
<b>iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:</b>		
a. Health insurance premiums, deductibles and co-insurance charges		
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.		
Select one:		
<input type="radio"/>	<b>Not applicable (see instructions)</b> Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.	
<input type="radio"/>	<b>The State does not establish reasonable limits.</b>	
<input checked="" type="radio"/>	<b>The State establishes the following reasonable limits</b> <i>Specify:</i>	
	For medical and remedial services, the State deducts the fee Medicaid pays for the same item or service. For items or services for which Medicaid has not established a fee schedule, the actual charge is deducted.	

State:	<input type="text"/>
Effective Date	<input type="text"/>



*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

- c-2. Regular Post-Eligibility Treatment of Income: 209(B) State.** The State uses more restrictive eligibility requirements than SSI and uses the post-eligibility rules at 42 CFR §435.735 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following amounts and expenses from the waiver participant's income:

<b>i. Allowance for the needs of the waiver participant (select one):</b>			
<input type="radio"/>	The following standard included under the State plan (Select one):		
<input type="radio"/>	The following standard under 42 CFR §435.121: Specify:		
<input type="radio"/>	Optional State supplement standard		
<input type="radio"/>	Medically needy income standard		
<input type="radio"/>	The special income level for institutionalized persons (select one):		
<input type="radio"/>	300% of the SSI Federal Benefit Rate (FBR)		
<input type="radio"/>	%	A percentage of the FBR, which is less than 300% Specify the percentage:	
<input type="radio"/>	\$	A dollar amount which is less than 300%. Specify dollar amount:	
<input type="radio"/>	%	A percentage of the Federal poverty level Specify percentage:	
<input type="radio"/>	Other standard included under the State Plan Specify:		
<input type="radio"/>	The following dollar amount Specify dollar amount:		
	\$	If this amount changes, this item will be revised.	
<input type="radio"/>	The following formula is used to determine the needs allowance: Specify:		
<input type="radio"/>	Other Specify:		
<b>ii. Allowance for the spouse only (select one):</b>			
<input type="radio"/>	Not Applicable		
<input type="radio"/>	The State provides an allowance for a spouse who does not meet the definition of a community spouse in §1924 of the Act. Describe the circumstances under which this allowance is provided:		

State:	
Effective Date	

	Specify:	
<b>Specify the amount of the allowance (select one):</b>		
<input type="radio"/>	<b>The following standard under 42 CFR §435.121:</b> Specify:	
<input type="radio"/>	<b>Optional State supplement standard</b>	
<input type="radio"/>	<b>Medically needy income standard</b>	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> Specify:	
<b>iii. Allowance for the family (select one):</b>		
<input type="radio"/>	<b>Not Applicable (see instructions)</b>	
<input type="radio"/>	<b>AFDC need standard</b>	
<input type="radio"/>	<b>Medically needy income standard</b>	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> Specify:	
<input type="radio"/>	<b>Other</b> Specify:	
<b>iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:</b>		
a. Health insurance premiums, deductibles and co-insurance charges		
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.		
Select one:		
<input type="radio"/>	<b>Not applicable (see instructions)</b> Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.	

State:	
Effective Date	

<input type="radio"/>	<b>The State does not establish reasonable limits.</b>
<input type="radio"/>	<b>The State establishes the following reasonable limits</b> <i>Specify:</i>

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

<b>i. <u>Allowance for the personal needs of the waiver participant</u></b> <i>(select one):</i>		
<input type="radio"/>	<b>SSI Standard</b>	
<input type="radio"/>	<b>Optional State supplement standard</b>	
<input type="radio"/>	<b>Medically needy income standard</b>	
<input type="radio"/>	<b>The special income level for institutionalized persons</b>	
<input type="radio"/>	%	Specify percentage:
<input type="radio"/>	<b>The following dollar amount:</b>	\$      If this amount changes, this item will be revised
<input checked="" type="radio"/>	<b>The following formula is used to determine the needs allowance:</b> <i>Specify formula:</i>	
	The monthly maintenance needs allowance is 300% of the current Social Security Federal Benefit Rate.	
<input type="radio"/>	<b>Other</b> <i>Specify:</i>	
<b>ii. If the allowance for the personal needs of a waiver participant with a community spouse is different from the amount used for the individual's maintenance allowance under 42 CFR §435.726 or 42 CFR §435.735, explain why this amount is reasonable to meet the individual's maintenance needs in the community.</b> Select one:		
<input checked="" type="radio"/>	<b>Allowance is the same</b>	
<input type="radio"/>	<b>Allowance is different.</b> <i>Explanation of difference:</i>	
<b>iii. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 CFR §435.726:</b>		

State:	
Effective Date	

a. Health insurance premiums, deductibles and co-insurance charges	
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.	
<i>Select one:</i>	
<input type="radio"/>	<b>Not applicable (see instructions)</b> <i>Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.</i>
<input type="radio"/>	<b>The State does not establish reasonable limits.</b>
<input checked="" type="radio"/>	<b>The State uses the same reasonable limits as are used for regular (non-spousal) post-eligibility.</b>

**NOTE: Items B-5-e, B-5-f and B-5-g only apply for the five-year period beginning January 1, 2014. If the waiver is effective during the five-year period beginning January 1, 2014, and if the state indicated in B-5-a that it uses spousal post-eligibility rules under §1924 of the Act before January 1, 2014 or after December 31, 2018, then Items B-5-e, B-5-f and/or B-5-g are not necessary. The state's entries in B-5-b-2, B-5-c-2, and B-5-d, respectively, will apply.**

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

- e. **Regular Post-Eligibility Treatment of Income: SSI State and §1634 state – 2014 through 2018.** The State uses the post-eligibility rules at 42 CFR §435.726 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

<b>i. Allowance for the needs of the waiver participant (select one):</b>		
<input type="radio"/>	The following standard included under the State plan (Select one):	
<input type="radio"/>	SSI standard	
<input type="radio"/>	Optional State supplement standard	
<input type="radio"/>	Medically needy income standard	
<input type="radio"/>	The special income level for institutionalized persons (select one):	
<input type="radio"/>	300% of the SSI Federal Benefit Rate (FBR)	
<input type="radio"/>	%	A percentage of the FBR, which is less than 300% Specify the percentage:
<input type="radio"/>	\$	A dollar amount which is less than 300%. Specify dollar amount:
<input type="radio"/>	%	A percentage of the Federal poverty level Specify percentage:
<input type="radio"/>	Other standard included under the State Plan Specify:	

State:	
Effective Date	

<input type="radio"/>	<b>The following dollar amount</b> Specify dollar amount:	\$	If this amount changes, this item will be revised.
<input type="radio"/>	<b>The following formula is used to determine the needs allowance:</b> Specify:		
<input type="radio"/>	<b>Other</b> Specify:		
<b>ii. Allowance for the spouse only</b> ( <i>select one</i> ):			
<input type="radio"/>	<b>Not Applicable</b>		
<input type="radio"/>	<b>The State provides an allowance for a spouse who does not meet the definition of a community spouse in §1924 of the Act. Describe the circumstances under which this allowance is provided:</b> Specify:		
<b>Specify the amount of the allowance</b> ( <i>select one</i> ):			
<input type="radio"/>	<b>SSI standard</b>		
<input type="radio"/>	<b>Optional State supplement standard</b>		
<input type="radio"/>	<b>Medically needy income standard</b>		
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$	If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> Specify:		
<b>iii. Allowance for the family</b> ( <i>select one</i> ):			
<input type="radio"/>	<b>Not Applicable</b> ( <i>see instructions</i> )		
<input type="radio"/>	<b>AFDC need standard</b>		
<input type="radio"/>	<b>Medically needy income standard</b>		
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$	The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> Specify:		
<input type="radio"/>	<b>Other</b> Specify:		

State:	
Effective Date	

<b>iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:</b>	
a. Health insurance premiums, deductibles and co-insurance charges b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses. Select one:	
<input type="radio"/>	<b>Not applicable (see instructions)</b> <i>Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.</i>
<input type="radio"/>	<b>The State does not establish reasonable limits.</b>
<input type="radio"/>	<b>The State establishes the following reasonable limits</b> Specify:

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

- f. Regular Post-Eligibility: 209(b) State – 2014 through 2018.** The State uses more restrictive eligibility requirements than SSI and uses the post-eligibility rules at 42 CFR §435.735 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following amounts and expenses from the waiver participant's income:

<b>i. Allowance for the needs of the waiver participant (select one):</b>			
<input type="radio"/>	The following standard included under the State plan (Select one):		
<input type="radio"/>	<b>The following standard under 42 CFR §435.121:</b> Specify:		
<input type="radio"/>	<b>Optional State supplement standard</b>		
<input type="radio"/>	<b>Medically needy income standard</b>		
<input type="radio"/>	<b>The special income level for institutionalized persons</b> (select one):		
	<input type="radio"/>	<b>300% of the SSI Federal Benefit Rate (FBR)</b>	
	<input type="radio"/>	%	<b>A percentage of the FBR, which is less than 300%</b> Specify the percentage:
	<input type="radio"/>	\$	<b>A dollar amount which is less than 300%.</b> Specify dollar amount:
	<input type="radio"/>	%	<b>A percentage of the Federal poverty level</b> Specify percentage:
	<input type="radio"/>	<b>Other standard included under the State Plan</b> Specify:	

State:	
Effective Date	

<input type="radio"/>	<b>The following dollar amount</b> Specify dollar amount:	\$ <input type="text"/> If this amount changes, this item will be revised.
<input type="radio"/>	<b>The following formula is used to determine the needs allowance:</b> Specify: <input type="text"/>	
<input type="radio"/>	<b>Other</b> Specify: <input type="text"/>	
<b>ii. Allowance for the spouse only (select one):</b>		
<input type="radio"/>	Not Applicable	
<input type="radio"/>	<b>The State provides an allowance for a spouse who does not meet the definition of a community spouse in §1924 of the Act. Describe the circumstances under which this allowance is provided:</b> Specify: <input type="text"/>	
<b>Specify the amount of the allowance (select one):</b>		
<input type="radio"/>	<b>The following standard under 42 CFR §435.121:</b> Specify: <input type="text"/>	
<input type="radio"/>	Optional State supplement standard	
<input type="radio"/>	Medically needy income standard	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b> Specify: <input type="text"/>	
<b>iii. Allowance for the family (select one):</b>		
<input type="radio"/>	Not Applicable (see instructions)	
<input type="radio"/>	AFDC need standard	
<input type="radio"/>	Medically needy income standard	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	\$ <input type="text"/> The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
<input type="radio"/>	<b>The amount is determined using the following formula:</b>	

State:	
Effective Date	

	<i>Specify:</i>
<input type="radio"/>	<b>Other</b> <i>Specify:</i>
<b>iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:</b>	
a. Health insurance premiums, deductibles and co-insurance charges b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses. Select one:	
<input type="radio"/>	<b>Not applicable</b> ( <i>see instructions</i> ) <i>Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.</i>
<input type="radio"/>	<b>The State does not establish reasonable limits.</b>
<input type="radio"/>	<b>The State establishes the following reasonable limits</b> <i>Specify:</i>

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules – 2014 through 2018**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

<b>i. Allowance for the personal needs of the waiver participant</b>			
<i>(select one):</i>			
<input type="radio"/>	<b>SSI Standard</b>		
<input type="radio"/>	<b>Optional State supplement standard</b>		
<input type="radio"/>	<b>Medically needy income standard</b>		
<input type="radio"/>	<b>The special income level for institutionalized persons</b>		
<input type="radio"/>	%	Specify percentage:	
<input type="radio"/>	<b>The following dollar amount:</b>	\$	If this amount changes, this item will be revised
<input type="radio"/>	<b>The following formula is used to determine the needs allowance:</b> <i>Specify formula:</i>		
<input type="radio"/>	<b>Other</b> <i>Specify:</i>		

State:	
Effective Date	



ii.	<p><b>If the allowance for the personal needs of a waiver participant with a community spouse is different from the amount used for the individual's maintenance allowance under 42 CFR §435.726 or 42 CFR §435.735, explain why this amount is reasonable to meet the individual's maintenance needs in the community.</b></p> <p>Select one:</p> <p><input type="radio"/> Allowance is the same</p> <p><input type="radio"/> Allowance is different. <i>Explanation of difference:</i></p>
iii.	<p><b>Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 CFR §435.726:</b></p> <p>a. Health insurance premiums, deductibles and co-insurance charges</p> <p>b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.</p> <p>Select one:</p> <p><input type="radio"/> <b>Not applicable (see instructions)</b> <i>Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.</i></p> <p><input type="radio"/> <b>The State does not establish reasonable limits.</b></p> <p><input type="radio"/> <b>The State uses the same reasonable limits as are used for regular (non-spousal) post-eligibility.</b></p>

## Appendix B-6: Evaluation / Reevaluation of Level of Care

As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

- a. Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for waiver services:

i.	<p><b>Minimum number of services.</b></p> <p>The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is:</p> <p style="text-align: center;">1</p>
ii.	<p><b>Frequency of services.</b> The State requires (select one):</p> <p><input type="radio"/> <b>The provision of waiver services at least monthly</b></p>

State:	
Effective Date	

<input checked="" type="radio"/>	<b>Monthly monitoring of the individual when services are furnished on a less than monthly basis</b> If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency: Every six months
----------------------------------	--

- b. Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (*select one*):

<input type="radio"/>	<b>Directly by the Medicaid agency</b>
<input type="radio"/>	<b>By the operating agency specified in Appendix A</b>
<input type="radio"/>	<b>By an entity under contract with the Medicaid agency.</b> <i>Specify the entity:</i>
<input checked="" type="radio"/>	<b>Other</b> <i>Specify:</i> Level of Care (LOC) evaluations and re-evaluations are performed by Coordinators of Community Services with review and approval by the DDA.

- c. Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

Individuals performing initial evaluations of individuals' level of care are professionals who have knowledge of: 1) child growth and development, 2) developmental disabilities including disability specific knowledge, 3) health and safety, 4) culture and diversity, and 5) observation and assessment. Individuals performing LOC meet the established provider qualifications for targeted case management (TCM) under the Medicaid State Plan. Individuals receive in-service training on assessment and evaluation, level of care determination, and waiver eligibility. Coordinators of Community Services gather information, including medical, psychological, and education assessments as part of the level of care determination process and must be able to critically review assessments in order to make a recommendation to DDA regarding level of care. Final decisions regarding level of care are made by the DDA.
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- d. Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

All waiver participants will meet the definition of "developmental disability" found in Maryland Annotated Code, Health-General Article, Section 7-101(e), which is comparable to the federal definition found at 45 CFR 1385.3. In accordance with COMAR 10.09.26.11, in order to be eligible for the Waiver, individuals meeting the Section 7-101 (e) definition of "developmental disability" must also meet the level of care criteria for an ICF/IID.  The following five criteria must be met:  Criteria 1- The severe chronic disability is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments.  Criteria 2- The severe chronic disability is manifested before the individual attains the age of 22.
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Criteria 3- The severe chronic disability is likely to continue indefinitely.

Criteria 4- The severe chronic disability results in an inability to live independently without external support or continuing and regular assistance.

Criteria 5 – The severe chronic disability reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are individually planned and coordinated for the individual.

The DDA uses a critical needs list recommendation form based on the criteria stated above to make a recommendation on eligibility for all individuals who apply for services. The critical needs list recommendation form, as well as the supporting documentation (i.e. professional assessments, standardized tools, etc.), is reviewed by the DDA Regional Office staff. These forms and supporting documentation are available to CMS upon request.

- e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

<input checked="" type="radio"/>	<b>The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.</b>
<input type="radio"/>	<b>A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.</b> Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

- f. **Process for Level of Care Evaluation/Reevaluation.** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

Coordinators of Community Services conduct initial and annual level of care reviews. As part of the initial eligibility determination, a critical needs list recommendation form is completed and forwarded to the Developmental Disabilities Administration (DDA) Regional Office. The DDA Regional Office staff review the critical needs form recommendation along with supporting documentation and make a final determination on eligibility. Assessments reviewed include but are not limited to psychological, neuropsychological, and medical evaluations, special education evaluations, behavioral rating scales, autism rating scales, evaluations conducted by speech-language, physical, and occupational therapists, and social histories. Under Maryland's system, individuals who meet the Annotated Code of Maryland, Health-General Article, Section 7-101 (e) "developmental disability" criteria, and the federal level of care criteria, are deemed to meet the Waiver's Level of Care (LOC) requirement. Individuals who have a disability but do not meet the Waiver LOC criteria are termed, "“Supports Only”" and are not eligible for the waiver. However, they have a right to a Medicaid Fair Hearing if they believe the eligibility determination, including LOC, is incorrect.

The individual's LOC eligibility is reviewed annually for changes in status by the Coordinator of Community Services. Changes in an individual's status results in a revised critical needs form recommendation being submitted to the DDA Regional Office for review. If an individual no longer meets LOC or other eligibility requirements, the individual is disenrolled from the waiver.

- g. **Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule (*select one*):

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<input type="radio"/>	<b>Every three months</b>
<input type="radio"/>	<b>Every six months</b>
<input checked="" type="radio"/>	<b>Every twelve months</b>
<input type="radio"/>	<b>Other schedule</b> <i>Specify the other schedule:</i>

- h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations (*select one*):

<input checked="" type="radio"/>	<b>The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.</b>
<input type="radio"/>	<b>The qualifications are different.</b> <i>Specify the qualifications:</i>

- i. Procedures to Ensure Timely Reevaluations.** Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care (*specify*):

The DDA ensures that all enrolled waiver participants obtain an annual re-evaluation of their LOC by maintaining a database. At least quarterly, reports are prepared for each coordination agency to notify them of the need to obtain re-evaluations for participants. The Coordinator of Community Services reviews all supporting documentation and the person-centered plan and completes a recertification of need form to confirm LOC is current and returns a signed copy for monitoring purposes. Copies are kept on file with both the DDA and the Coordination of Community Services agency.
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- j. Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

Records of evaluations and re-evaluations of LOC are maintained by Developmental Disabilities Administration Offices and Coordination of Community Services agencies. The DDA is converting paper files to electronic files.
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## Quality Improvement: Level of Care

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

- a. Methods for Discovery: Level of Care Assurance/Sub-assurances**

*The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.*

- i. Sub-assurances:**

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**a. Sub-assurance:** An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.

**i. Performance Measures**

**For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure:</b>	LOC – a - Number and percent of new enrollees who have an initial level of care determination prior to receipt of waiver services. D. Total number of new waiver enrollees.		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): DDA			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	X 100% Review
	X Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	X Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**b Sub-assurance:** The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.

**i. Performance Measures**

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***For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.***

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure:</b>	LOC – b - Number and percent of LOC initial determinations completed according to State policies and procedures.		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): DDA			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	X Operating Agency	<input type="checkbox"/> Monthly	X Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	X Quarterly	X Representative Sample; Confidence Interval =95
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

- ii If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

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**b. Methods for Remediation/Fixing Individual Problems**

- i Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

DDA's Coordination of Community Services staff provides technical assistance and support on an ongoing basis to Coordination of Community Services and will address provide specific remediation items. Based on the items, a variety of remediation strategies may be used including conference call, letter, in person meeting, and training. Remediation efforts will be documented in the provider file.

**ii Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis: (check each that applies)</b>
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

**c. Timelines**

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.*

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b>

*Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*

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## Appendix B-7: Freedom of Choice

**Freedom of Choice.** *As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

- i. *informed of any feasible alternatives under the waiver; and*
- ii. *given the choice of either institutional or home and community-based services.*

- a. Procedures.** Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Waiver applicants and participants are afforded Freedom of Choice in: 1) the selection of institutional or community-based care; 2) the selection of traditional services or self-directed services; and 3) the ability to choose any licensed DDA service provider or qualified provider for self-directed services.

After an individual is determined to require an ICF/IID level of care, but prior to determining need for specific services or entering services, the individual or his or her legal representative are informed of any feasible alternatives under the waiver and given the choice of either institutional or home and community-based services. The form that is employed to document freedom of choice is known as the "Freedom of Choice" and is presented and explained to the individual/family by the Coordinator of Community Services. This form is available to CMS upon request. The application packet is not considered complete and the applicant will not be enrolled in the waiver until the Freedom of Choice form is signed by the individual or legal representative, a witness, and the Coordinator of Community Services.

At the time of application for DDA services, individuals and/or their representatives are advised of the types of services offered. These services include self-directed and traditional service options. Individuals and/or their representatives are presented with or given information on how to access, via the internet, a comprehensive listing of DDA services and licensed providers. If internet access is not available to the individual and/or their representatives, a resource manual is provided.

- b. Maintenance of Forms.** Per 45 CFR § 92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

Copies of the form are kept at the Coordination of Community Service agencies and the Developmental Disabilities Administration.

## Appendix B-8: Access to Services by Limited English Proficient Persons

**Access to Services by Limited English Proficient Persons.** Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the 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):

The State provides meaningful access to individuals with Limited English Proficiency (LEP) who are applying for or receiving Medicaid services. Methods include providing interpreters at no cost to individuals, and making available language translations of various forms and documents. Additionally, interpreter resources are available

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for individuals who contact DDA for information, requests for assistance or complaints. All agency staff receive training in cultural competence as it relates to health care information and interpreting services.

The Department's website contains useful information on Medicaid waivers and other programs and resources. The website will translate this information into a number of languages that are predominant in the community. The State also provides translation services at fair hearings if necessary. If an LEP appellant attends a hearing without first requesting services of an interpreter, the Administrative Law Judge will not proceed unless there is an assurance from the appellant that they are able to sufficiently understand the proceedings. If not, the hearing will be postponed until an interpreter has been secured.

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