

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

●	The waiver is operated by the State Medicaid agency. Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (<i>select one</i>):	
	The Medical Assistance Unit (<i>name of unit</i>) (<i>do not complete Item A-2</i>);	
	Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit (<i>name of division/unit</i>). This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency. (<i>Complete item A-2-a</i>):	
	The waiver is operated by _____ a separate agency of the State that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. (<i>Complete item A-2-b</i>).	

2. **a. Medicaid Director Oversight of Performance When the Waiver is operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities.

<p>The CHC waiver is administered by the Pennsylvania Department of Human Services (DHS), Office of Long-Term Living (OLTL), an office within the Single State Medicaid Agency. OLTL exercises administrative discretion in the administration and is responsible for oversight of the waiver, as well as all policies, procedures and regulations. OLTL is responsible for the development of waiver related policies, rules, and regulations, which are issued electronically by OLTL through Bulletins and other communications.</p> <p>The Deputy Secretary of the Office of Long-Term Living reports directly to the Secretary of the Department of Human Services (DHS), the head of the Single State Medicaid agency. The Secretary of DHS and the Deputy Secretary of the Office of Long-Term Living meet weekly to discuss operations of the waiver and other long term living programs, and gain consent on Waiver policies, rules and guidelines.</p> <p>Descriptions of the functions of the operating divisions within the Department are available (through</p>

State:	
Effective Date	

links) on the following Department of Human Services website <http://www.dhs.pa.gov/learnaboutdhs/dhsorganization/index.htm>. The specific roles and responsibilities of these entities in the administration of the waiver are further delineated in waiver policies and procedures.

b. Medicaid Agency Oversight of Operating Agency Performance. When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

--

3. Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the waiver operating agency (if applicable) (*select one*):

●	<p>Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable). Specify the types of contracted entities and briefly describe the functions that they perform. <i>Complete Items A-5 and A-6.</i></p> <p>OLTL is entering into contracts with regional non-state managed care organizations to conduct operational, administrative, and case management functions for the waiver. CHC-MCOs are also responsible for the following functions: re referring individuals to the Independent Enrollment Entity for enrollment; certifying and training direct service providers participating in their provider networks; collecting the documentation and information necessary for completing the annual level of care redetermination and forwarding this information to the conflict-free entity; ensuring that assessments are completed within the required timeframes as set forth in policy; ensuring each participant's Person-Centered Service Plan (PCSP) reflects waiver services in the amount, scope, and duration necessary to meet the participant's needs; conducting prior authorization and utilization management of waiver services; and performing quality assurance and quality improvement activities.</p> <p><u>Outreach and Education:</u> The Commonwealth is procuring entities to inform and educate consumers and their families about Community HealthChoices (CHC) during the phase in over the next three years. The statement of work solicits vendors to detail a plan, and execute said plan to make contact with 100% of future CHC enrollees. The education and outreach plan will be phased with the rollout of CHC, beginning 6 months before the implementation date in each zone. July 1, 2016 is the projected go live date for this agreement in southwest PA.</p> <p>Existing community partners reach a large number of future enrollees through existing service networks. Prospective vendors will be required to step beyond the participants receiving daily services to ensure that under-served groups, typically referred to as “healthy duals” are aware of the upcoming opportunity to choose their CHC-MCO</p> <p>The contracted entities will develop grass roots education and outreach plans for each implementation phase of CHC. Grass roots education and outreach activities may include, but</p>
---	---

State:	
Effective Date	

will not be limited to, attendance at fairs and symposiums, town hall events, collaboration with local networks like libraries, pharmacies, and grocery stores to distribute flyers and palm cards and discuss program changes with prospective enrollees.

Enrollment:

OLTL also contracts with one non-governmental non-state entity to facilitate eligibility determinations (waiver related enrollment activities), excluding initial clinical eligibility determinations, for multiple home and community-based waivers managed by OLTL, including the CHC waiver. Specifically, the Independent Enrollment Entity (IEE) is responsible for the following activities:

- Educate individuals on their rights and responsibilities in long-term services and supports, opportunities for self-direction, appeal rights, and provider choices within the CHC-MCO network;
- Provide applicants with choice of receiving Nursing Facility institutional services; home and community-based waiver services; services through the Living Independence for the Elderly (LIFE) program for individuals aged 55 and over; or no services, and electronically document the applicant's choice;
- Respond to questions about CHC announcement and plan assignment/selection letters;
- Provide applicants with a choice of Managed Care Organizations and document the individual's choice on the OLTL Service Provider Choice Form;
- Assist the applicant to obtain a completed physician certification form (MA-51) from the individual's physician;
- Refer the applicant to the conflict-free entity for the Clinical Eligibility Determination;
- Assist the participant to complete the financial eligibility determination paperwork; and
- Facilitate the transfer of the new enrollee to their selected Managed Care Organization, including sending copies of all completed assessments and forms.

Initial and Annual Level of Care Determinations:

OLTL is entering into a sole-source contract with a non-governmental, non-state, conflict-free entity to conduct the initial and annual level of care determinations and redeterminations, hereafter referred to as Clinical Eligibility Determinations/Re-determinations. The selected entity will have subcontracts with local organizations to perform the initial Clinical Eligibility Determinations and annual Redeterminations, and will be responsible for monitoring these local organizations to ensure that initial Clinical Eligibility Determinations are completed 15 days after the participant referral from the Independent Enrollment Entity. The selected entity will also be responsible for validating the results of the documentation collected by the CHC-MCO and officially making the annual level of care redetermination. Lastly, the selected entity will be responsible for ensuring that evaluations and assessments are completed within the required timeframes as set forth in policy.

Home Modification Broker:

OLTL is contracting with regional home modifications brokers to provide for innovation and increase the efficiency and effectiveness of the home adaptations service. In March 2016 the Department issued a Request for Proposal (RFP) seeking grantees to provide waiver participants with approved home adaptation services in a manner that is both fiscally and programmatically efficient for the Commonwealth, as well as timely and adequate for the participants. DHS is awarding one agreement for each of the following regions, with no more than three awards being given to one Grantee: Southeast, Southwest, Lehigh/Capital, Northeast, and Northwest. Home modification brokers will begin serving participants in OLTL's Aging, COMMCARE, Independence, and OBRA waivers in the fall of 2016. Beginning January 1, 2017, the home modification brokers will begin serving participants enrolled in CHC-MCO.

State:	
Effective Date	

The responsibilities of the home modifications brokers include:

- Provide and oversee the home adaptation service. Develop cost effective and quality solutions and specifications for home adaptation projects.
- Issue requests for bids and assist the participant and the Service Coordinator with selection of a qualified home adaptation provider.
- Negotiate bids, specifications and terms of home adaptation services with the selected providers. Enter into agreements with selected home modification providers.
- Provide oversight of the home modification provider during the process, including the quality and timeliness of work.
- Resolve conflicts between the participants and home modification providers and guide participants through the conflict resolution process if a conflict arises.
- Inspect completed home adaptations. Evaluate them with participant and the SC to determine quality of adaptation and whether the adaptation meets the needs of the participant.

Participant Direction:

Finally, OLTL contracts with one Fiscal Employer/Agent (F/EA) to perform certain functions for the successful operation of participant direction. The CHC-MCOs must establish relationships and cooperate with the Commonwealth-procured FMS entity so that necessary FMS services can be provided to participants choosing to self-direct their services. The administrative functions delegated to the F/EA by OLTL include:

- Execute Medicaid provider agreements with qualified vendors and support workers;
- Assist in implementing the state's quality management strategy related to FMS; and
- Provide written financial reports to the participant, the Service Coordinator and OLTL on a monthly and quarterly basis and as requested by the participant, Service Coordinator and OLTL.

In addition to these delegated activities, the F/EA also serves to:

- Enroll participants in Financial Management Service (FMS) and apply for and receive approval from the IRS to act as an agent on behalf of the participant;
- Provide orientation and skills training to participants on required documentation for all directly hired support workers, including the completion of federal and state forms; the completion of timesheets; good hiring and firing practices; establishing work schedules; developing job descriptions; training and supervision of workers; effective management of workplace injuries; and workers compensation;
- Establish, maintain and process records for all participants and support workers with confidentiality, accuracy and appropriate safeguards;
- Conduct criminal background checks and, when applicable, child abuse clearances, on potential employees;
- Assist participants in verifying support workers citizenship or alien status;
- Distribute, collect and process support worker timesheets as verified and approved by the participant;
- Prepare and issue support workers' payroll checks, as approved in the participant's Individual Support Plan;
- Maintain funds for individual service budgets separately and with full accounting;
- Withhold, file and deposit federal, state and local income taxes in accordance with federal IRS and state Department of Revenue rules and regulations;
- Broker workers' compensation for all support workers through an appropriate agency;
- Process all judgments, garnishments, tax levies or any related holds on workers' pay as may be required by federal, state or local laws;

State:	
Effective Date	

	<ul style="list-style-type: none"> • Prepare and disburse IRS Forms W-2's and/or 1099's, wage and tax statements and related documentation annually; and • Establish an accessible customer service system for the participant and the Service Coordinator. <p><u>External Quality Review Organization:</u> The Department of Human Services is also contracting with an External Quality Review Organization (EQRO). The EQRO will evaluate the care provided to participants by managed care plans in the areas of quality, access and timeliness. The EQRO will provide reports that will help OLTL assess plan results in required quality improvement and performance measurement activities and help both CHC and the plans understand where resources should be focused to further improve the quality of care.</p> <p>The EQRO will provide services consistent with federal law and policy, including EQR Protocols published by CMS. The EQRO will conduct a series of external quality review activities involving MCOs providing long-term services and supports, physical health services, and behavioral health as well as Medicare providers, and assist the state in ensuring coordination of care. The EQRO will also conduct annual report on the analysis and evaluation of aggregated information on quality, timeliness, and access to LTSS and other services provided by MCOs in CHC. The EQRO will validate performance measures, performance improvement projects, and conduct desk audits to determine CHC-MCO compliance with federal and state CHC-MCO quality standards. Part of the EQRO's requirements is to conduct on-site audits if desk audits or other activities indicate a need for more information or validation on performance measures. The EQRO will produce technical report to OLTL on mandatory activities, and will be required to submit ad hoc reports on a weekly, monthly quarterly and annual basis. The annual report is designed to comply with federal requirements; the interim reports will respond to state requirements for early implementation performance. Administration and oversight of these contracts falls within the purview of OLTL and the Department of Human Services. The assessment methods used to monitor performance of contracted entities are described below in A-1-6 below.</p>
○	No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

4. Role of Local/Regional Non-State Entities. Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*check each that applies*):

□	Local/Regional non-state public agencies conduct waiver operational and administrative functions at the local or regional level. There is an interagency agreement or memorandum of understanding between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state agency that sets forth the responsibilities and performance requirements of the local/regional agency. The interagency agreement or memorandum of understanding is available through the Medicaid agency or the operating agency (if applicable). <i>Specify the nature of these agencies and complete items A-5 and A-6:</i>
✓	Local/Regional non-governmental non-state entities conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The contract(s) under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency

State:	
Effective Date	

(if applicable). *Specify the nature of these entities and complete items A-5 and A-6:*

OLTL retains the authority over the administration of the CHC Waiver, including the development of Waiver related policies, rules, and regulations, which are distributed by OLTL through Bulletins and other communications issued electronically. OLTL only delegates specific functions in order to ensure strong quality oversight of the Waiver program. OLTL also retains authority for all administrative decisions and supervision of non-governmental non-state agencies that conduct Waiver operational and administrative functions.

Managed Care Organizations:

OLTL is entering into contracts with regional non-governmental non-state managed care organizations to conduct operational, administrative, and case management functions for the waiver. The CHC-MCO responsibilities are further outlined above in Appendix A-3 as well as in the Community HealthChoices Agreement between the Department and the CHC-MCOs.

Education and Outreach:

The Commonwealth is procuring entities to inform and educate consumers and their families about Community HealthChoices (CHC) during the phase in over the next three years. The statement of work solicits vendors to detail a plan, and execute said plan to make contact with 100% of future CHC enrollees. The contracted entities will develop education and outreach plans for each implementation phase of CHC, which must be reviewed and approved by OLTL.

Enrollment:

OLTL has state level oversight authority over the enrollment function. Through a competitive procurement process, OLTL has a contract with one statewide Independent Enrollment Entity (IEE). The IEE facilitates eligibility determinations for multiple home and community-based waivers managed by OLTL. The IEE does not provide any ongoing direct services to the participant. The IEEs responsibilities are outlined above in Appendix A-3.

Level of Care Determinations/Redeterminations:

Through a sole-source contract, OLTL is delegating both the initial and annual level of care determinations and redeterminations, hereafter referred as Clinical Eligibility Determinations/Redeterminations to a non-governmental, non-state agency. The selected entity will have subcontracts with local organizations to perform the initial Clinical Eligibility Determinations and annual Redeterminations, and will be responsible for meeting the requirements as outlined in the contract and ensuring all OLTL policies and procedures are followed. The conflict-free entity's responsibilities are outlined above in Appendix A-3.

Home Modifications Broker:

OLTL is contracting with regional home modifications brokers to provide for innovation and increase the efficiency and effectiveness of the home adaptations service. DHS is awarding one agreement for each of the following regions, with no more than three awards being given to one Grantee: Southeast, Southwest, Lehigh/Capital, Northeast, and Northwest. The home modifications broker's responsibilities are outlined above in Appendix A-3.

Participant-Direction:

OLTL also contracts with one Fiscal Employer/Agent (F/EA) to perform certain delegated functions for the successful operation of participant direction. The F/EA was also selected through a competitive procurement process. The F/EAs responsibilities are outlined above in Appendix A-3.

External Quality Review Organization:

The Department of Human Services is also contracting with an External Quality Review

State:	
Effective Date	

	Organization (EQRO). The EQRO will evaluate the care provided to participants by managed care plans in the areas of quality, access and timeliness. The EQRO will provide reports that will help OLTL assess plan results in required quality improvement and performance measurement activities and help both CHC and the plans understand where resources should be focused to further improve the quality of care. The EQRO’s responsibilities are outlined above in Appendix A-3.
<input type="checkbox"/>	Not applicable – Local/regional non-state agencies do not perform waiver operational and administrative functions.

5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities. Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The Bureau of Provider and Contract Management, a bureau within the Office of Long-Term Living of the Department of Human Services, is responsible for assessing the performance of each CHC-MCO.

6. Assessment Methods and Frequency. Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

Managed Care Organizations:
 Pennsylvania’s contracts with the managed care organizations will require these plans to submit monthly, quarterly and annual reports on various areas of program operations through which the commonwealth monitors program operations and assesses the performance of the plans. The following is a list of reports that will be required:

- Administrative Subcontractors and Affiliates Report – this report will detail all CHC-MCO subcontracts and will help DHS identify if they were properly initiated and maintained
- Service Coordination File Review Report – this report will detail the contents of participant files and detail whether proper documentation, timeliness of entries, remediation of problems, etc. is maintained.
- Service Coordination Monitoring and valuation Report - this report will detail the timeliness of participant contacts and the results of those contacts as well as any remediation of issues.
- Community Outreach Report – this report will detail the CHC-MCO’s contact with various participant referral sources and the results of those contacts
- Critical Incident Report – this report will outline the number and causes of critical incidents within defined timeframes
- Critical Incident Summary Report - this report will contain an aggregate of the MCOs critical incidents for a given period of time
- Cultural Competency Plan - this plan will be reviewed by OLTL staff to determine if the CHC-MCO has internal education and policies regarding cultural diversity, limited English proficiency/interpreter services, disability awareness
- Participant Complaint, Grievance and Appeal Report
- Nursing Home Transition Report – This report will outline the number of participant transitions from nursing facilities to the community, the success of those transitions, issues and the remediation of issues surrounding non-successful transitions.
- Performance Measure Report – These reports will be based on performance measures outlined

State:	
Effective Date	

in the final CHC-MCO contracts

- Provider Complaint Report – Will allow OLTL to view the types of complaints received by CHC-MCO’s and the remediation of the complaints
- Provider Network File – This file will be kept to show agreements between providers and the CHC-MCO as well as trainings meetings etc.
- Utilization Report – This report will show service utilization based on participant’s person-centered service plans and needs assessments
- Provider Termination Report – This report will show those providers terminated by a CHC-MCO and the reasons why.
- New Provider Report – This report will show all new entries into an MCO’s network and details about that provider
- Ad Hoc or additional reports as requested by the commonwealth

In addition, in order for the Commonwealth to assess compliance with contract requirements, an annual contract compliance monitoring will be conducted. This monitoring will review each contract requirement through desk reviews and on-site monitoring’s as well as face to face visits with selected plan participants to determine satisfaction with program services and plans of care. Deficiencies will be noted and plans will be required to develop an acceptable Corrective Action Plan within specified time frames. Each plan will be given copies of their respective monitoring reports. Deficiencies involving health and/or safety issues will be expected to be corrected immediately.

The evaluation of contracted MCO performance improvement plans (PIPS) will also be evaluated annually by Pennsylvania’s External Quality Review Organization (EQRO). The EQRO will assess each plans progress on completing the PIP’s and this evaluation will be based on CMS PIP evaluation standards. The evaluation process will assess each plans performance in developing and performing PIPS to improve program outcomes.

Level of Care Determinations/Redeterminations:

OLTL is contracting with a conflict free entity to conduct the Clinical Eligibility Determinations/Redeterminations of participants. A contract manager, who will be an employee of OLTL, will be assigned to this contract and will require quarterly reports on timeliness of the determinations and the agency’s adherence to the contract requirements. A yearly report on all program requirements will also be required and reviewed for compliance.

Independent Enrollment Entity:

OLTL contracts with a statewide Independent Enrollment Entity to facilitate the waiver enrollment process. The entity will be managed in the OLTL Bureau of Participant Operations and assessed with bi-weekly face-to-face or conference call meetings. Performance management as part of the contract will include the following performance measures and data collection:

- Data for all open applications, detailed weekly
- Open applications by time period, weekly summary
- Number of applications at each status in the eligibility process, weekly summary
- All Unduplicated Applications in process during identified time period, detailed monthly
- Timeliness for detailed activities between major milestones, detailed monthly
- Reasons for delayed in-home visit, monthly summary
- Application timeliness, detailed monthly and quarterly
- Problem identification report, as required
- Performance measurement reports measuring timeliness and target criteria contractor must meet or exceed, monthly

State:	
Effective Date	

Outreach and Education:

OLTL is procuring entities to inform and educate consumers and their families about Community HealthChoices (CHC) during the phase in over the next three years. The outreach and education entities will be managed in the OLTL Bureau of Participant Operations. The statement of work details the performance criteria for the contracted entities and include strategies used by the entities to reach the prospective CHC population, numbers of events, face-to-face encounters and other methods employed to address this population. Monitoring activities will include bi-weekly phone conferences with each entity to discuss progress and provide feedback, and monthly data collection to assess performance.

Home Modification Regional Brokers:

The Department of Human Services is procuring regional home modification brokers. This contract will be managed in the OLTL Bureau of Participant Operations, to provide oversight of contractors' responsibilities including –

- Ensuring regional brokers have appropriate, qualified networks of providers to meet the timeliness standards of the contract
- Ensuring regional brokers work with waiver participants, the Service Coordinator or MCO, and the home modification provider for the provision of the requested modification
- Ensure job specifications, solicitation of bids, participant review and choice, contractor engagement, monitoring and participant satisfaction are completed according the timeliness standards as proposed by OLTL

Monitoring activities will include bi-weekly phone conferences with each entity to review progress, provide feedback, and monthly data collection to assess performance.

Fiscal/Employer Agent (F/EA):

The Department of Human Services has held a contract with an entity to provide Fiscal/Employer Agent Services to participants utilizing the participant directed model of personal assistance services since January 1, 2013. This contract is managed by staff in the Office of Long Term Living, Bureau of Contract and Provider Management. Contract Management staff will oversee and ensure that the contracted F/EA meets all requirements and tasks as outlined in their contract and agreement with the Department.

The contracted F/EA will be required to submit monthly, quarterly and yearly reports which reflect progress in meeting all contractual obligations. OLTL staff dedicated to this contract will review this information and intercede when necessary with corrective actions to ensure compliance. In addition, regular meetings will be held at least quarterly between the contracted entity and the department to discuss any issues and for the department to provide any necessary technical assistance it feels is needed.

7. Distribution of Waiver Operational and Administrative Functions. In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct an administrative function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

State:	
Effective Date	

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
Participant waiver enrollment	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>
Waiver enrollment managed against approved limits	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver expenditures managed against approved levels	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of care evaluation	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>
Review of Participant service plans	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>
Prior authorization of waiver services	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>
Utilization management	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>
Qualified provider enrollment	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>
Execution of Medicaid provider agreements	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>
Establishment of a statewide rate methodology	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules, policies, procedures and information development governing the waiver program	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance and quality improvement activities	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>

State:	
Effective Date	