

## Appendix C: Participant Services

- a. **Waiver Services Summary.** Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

<b>Statutory Services (check each that applies)</b>		
Service	Included	Alternate Service Title (if any)
Case Management	<input type="checkbox"/>	
Homemaker	<input type="checkbox"/>	
Home Health Aide	<input checked="" type="checkbox"/>	
Personal Care	<input checked="" type="checkbox"/>	Personal Assistance Services
Adult Day Health	<input checked="" type="checkbox"/>	Adult Daily Living Services
Habilitation	<input type="checkbox"/>	
Residential Habilitation	<input checked="" type="checkbox"/>	
Day Habilitation	<input checked="" type="checkbox"/>	Structured Day Habilitation
Expanded Habilitation Services as provided in 42 CFR §440.180(c):		
Prevocational Services	<input checked="" type="checkbox"/>	Employment Skills Development
Supported Employment	<input checked="" type="checkbox"/>	Job Coaching
Education	<input type="checkbox"/>	
Respite	<input checked="" type="checkbox"/>	
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	
Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	<input type="checkbox"/>	
<b>Other Services (select one)</b>		
<input type="radio"/>	Not applicable	
<input checked="" type="radio"/>	As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute ( <i>list each service by title</i> ):	
a.	Assistive Technology	
b.	Behavior Therapy	

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c.	Benefits Counseling
d.	Career Assessment
e.	Cognitive Rehabilitation Therapy
f.	Community Integration
g.	Community Transition Services
h.	Counseling
i.	Home Adaptations
j.	Home Delivered Meals
k.	Home Health - Nursing
l.	Job Finding
m.	Non-Medical Transportation
n.	Nutritional Counseling
o.	Participant-Directed Community Supports
p.	Participant-Directed Goods and Services
q.	Personal Emergency Response System (PERS)
r.	Pest Eradication
s.	TeleCare
t.	Vehicle Modifications

**Extended State Plan Services** (*select one*)

<input type="radio"/>	Not applicable
<input checked="" type="radio"/>	The following extended State plan services are provided ( <i>list each extended State plan service by service title</i> ):
a.	Home Health – Physical Therapy
b.	Home Health – Occupational Therapy
c.	Home Health – Speech and Language Therapy
d.	Specialized Medical Equipment and Supplies

**Supports for Participant Direction** (*check each that applies*)

<input type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services.
<input checked="" type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E.

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<input type="radio"/>	Not applicable	
Support	Included	Alternate Service Title (if any)
Information and Assistance in Support of Participant Direction	✓	Service Coordination
Financial Management Services	✓	
Other Supports for Participant Direction ( <i>list each support by service title</i> ):		
a.		
b.		
c.		

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**b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

<input type="radio"/>	<b>Not applicable</b> – Case management is not furnished as a distinct activity to waiver participants.
<input checked="" type="radio"/>	<b>Applicable</b> – Case management is furnished as a distinct activity to waiver participants. Check each that applies:
<input type="checkbox"/>	As a waiver service defined in Appendix C-3 ( <i>do not complete C-1-c</i> )
<input type="checkbox"/>	As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input checked="" type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>

**c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

The CHC-MCO will provide service coordination as an administrative function. The Service Coordination function must be provided by an appropriately qualified Service Coordination employed by or under contract with the CHC-MCO.

Service Coordinators are responsible for assisting Participants in obtaining the services that they need. Service Coordinators lead the Person-Centered Service Planning process and oversee the implementation of PCSPs. CHC-MCOs must annually submit and obtain Department approval of their Service Coordination staffing, Participant contact plan, caseloads, the required frequency of in-person contact with Participants, and how Service Coordinators share and receive real-time information about Participants and Participant encounters.

Service Coordination includes activities to identify, coordinate and assist participants to gain access to needed Covered Services and non-Covered Services such as medical, social, housing, educational and other services and supports. Service Coordination includes the primary functions of providing information to Participants and facilitating access, locating, coordinating and monitoring needed services and supports for waiver Participants. Service Coordinators are responsible to: inform Participants about available LTSS, required needs assessments, the Participant-centered service planning process, service alternatives, service delivery options (opportunities for Participant-direction), roles, rights, risks and responsibilities, inform Participants on fair hearing rights and assist with fair hearing requests when needed and upon request, and ensuring the health, welfare and safety of the Participant on on-going basis.

Service Coordination includes functions necessary to facilitate community transition for participants who received Medicaid-funded institutional services (i.e. Nursing Facilities) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Service Coordination activities for participants leaving institutions must be coordinated with, and must not duplicate, institutional discharge planning. This service may be provided up to 180 days in advance of anticipated movement to the community. Essential functions necessary for completion of a successful transition include at a minimum:

- Acting as a liaison between the facility where the participant will be transitioning from and the Independent Enrollment Entity for waiver services
- Performing a comprehensive assessment for the appropriateness of a transition from an institution to the community which gathers information about the need for health services,

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social supports, housing, transportation, financial resources and other needs.

- Providing information to the individual about community resources and assisting the individual, family, Nursing Facility staff and others to ensure timely and coordinated access to Medicaid services, behavioral health services, financial counseling and other services to meet needs.
- Assisting in finding and securing housing, including the completion of housing applications and securing required documentation ( e.g., social security card, birth certificate, prior rental history), working with private landlords, housing authorities, Regional Housing Coordinators or other housing entities.
- Assessing the need for any home modifications that may need to be complete prior to the individual transitioning to the community; this includes acting as a liaison between the home modification broker, contractor, and physical and occupational therapists
- Assist or act behalf of the individual in obtaining needed documentation or resources with Social Security, social services, community agencies.
- Assist or coordinate training in budget management, being a good tenant.
- Coordinating the individuals move to the community and educating the individual on how to retain housing.

Service Coordinators are also responsible to collect additional necessary information, including, at a minimum, Participant preferences, strengths and goals to inform the development of the Participant-centered service plan; conduct reevaluation of clinical eligibility annually or more frequently as needed in accordance with Department requirements; assist the Participant and his/her person-centered service planning team in identifying and choosing willing and qualified providers, and coordinate efforts and prompt the Participant to ensure the completion of activities necessary to maintain waiver eligibility; explore coverage of services to address Participant identified needs through other sources, including services provided under the State Plan, Medicare and/or private insurance or other community resources; and actively coordinate with other individuals and/or entities essential in the physical and/or behavioral care delivery for the Participant, including other care coordinators, to ensure seamless coordination between physical, behavioral and support services.

CHC-MCOs must develop, submit for DHS approval, and implement a plan to monitor the performance of service coordinators.

Every Participant who has a PCSP or care plan developed must have a Service Coordinator assigned to implement and coordinate the services called for in the PCSP or care plan.

Service Coordinators and Service Coordinator supervisors must meet the following qualifications:

- Service Coordinators must have an RN or Bachelor’s degree in social work, psychology or other related fields, and at least three years of experience in a social service or health care related setting except that Service Coordinators hired prior to the CHC zone effective date will be subject to qualifications and standards proposed by the CHC-MCOs and approved by the department.
- Service Coordinator Supervisors must have an RN or a PA licensed social worker or PA licensed mental health professional with at least three years of relevant experience except that 1) Service Coordinator supervisors hired prior to the effective date with a Master’s degree, but not a license, must obtain a license within their first year under the new CHC contract in their zone and 2) Service Coordinator supervisors hired prior to the CHC zone effective date will be subject to qualifications and standards proposed by the CHC-MCOs and approved by the department

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## Appendix C-2: General Service Specifications

- a. Criminal History and/or Background Investigations.** Specify the State’s policies concerning the conduct of a criminal history and/or background investigations of individuals who provide waiver services-(*select one*):

- **Yes.** Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Criminal history checks are required for all support service workers and must be conducted in accordance with 55 PA Code, Section 52.19 (relating to criminal history checks). Individuals choosing to self-direct their services have the right to employ a worker regardless of the outcome of the background check. Support service workers who are employed by waiver participants must have criminal history clearances completed prior to hire, facilitated through the FEA as described below, so that participants can make an informed decision on whether to employ a worker who has a criminal record.

Criminal history clearances are obtained from the Pennsylvania State Police which access the Pennsylvania Crime Information Center (PCIC) and the National Crime Information Center (NCIC) for this information. The results are typically available within 1-2 business days. A Federal Bureau of Investigation (FBI) federal criminal history record is required for applicants who have resided in Pennsylvania for less than two years.

A provider must hire a person for employment on a provisional basis under the provisions of §52.20 (relating to provisional hiring) pending receipt of a criminal history check.

The home care/personal assistance agency is responsible for securing criminal history background checks for their employees. The agency must have a system in place to document that the criminal history background check was conducted, as well as the results of the background check.

Under participant-direction, the Fiscal Employer/Agent (F/EA) is responsible for securing criminal history background checks for prospective support service workers prior to hiring workers. The cost of conducting criminal history background checks is included in the monthly per member per month rate paid to the F/EA. In addition, the F/EA must have a system in place to 1) document that the criminal history background check was conducted, and 2) notify individuals of the results of the background check, and 3) document the individual’s decision to employ a support service worker with a criminal record and their acceptance of responsibility for their decision. OLTL monitoring teams, as part of their oversight of the F/EA contract, will do an on-site contract compliance visit yearly of the F/EA. Staff will check to determine that criminal background checks are completed timely and that participants are notified of results. Corrective action will be implemented if it is found that the F/EA is not meeting established contract standards.

The CHC-MCO will review provider personnel records as part of their regular monitoring to ensure that criminal history checks are conducted and documented as referenced in the Quality Improvement section in this Appendix. In addition to regularly scheduled monitoring, OLTL may review records as necessary during incident report investigations or other circumstances as warranted.

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No. Criminal history and/or background investigations are not required.

b. **Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

**Yes.** The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Clearances are required for all direct care workers providing services in homes where children reside. A child is defined as an individual under 18 years of age.

Employees who are either “responsible for the welfare of” or have “direct contact with” a child must obtain the following three certifications:

- Report of criminal history from the Pennsylvania State Police (PSP);
- Fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI); and
- Child Abuse History Certification from the Department of Human Services (Child Abuse).

Requests for criminal history reports can be processed through the Pennsylvania State Police web-based computer application called “Pennsylvania Access To Criminal History” (PATCH), at <https://epatch.state.pa.us>, or by submitting the “Request For Criminal Record Check” form SP4-164 (updated 7/2015) to the following address: Pennsylvania State Police, Central Repository – 164, 1800 Elmerton Avenue, Harrisburg, PA 17110-9758, (717) 425-5546.

The Department of Human Services is utilizing Cogent Systems to process fingerprint-based FBI record checks. The fingerprint based background check is a multiple step process. The Cogent Systems Web site [https://www.pa.cogentid.com/index\\_dpwNew.htm](https://www.pa.cogentid.com/index_dpwNew.htm) allows individuals to apply online, as well as provide detailed information regarding the application process.

Child Abuse History Certifications are obtained online at <http://www.compass.state.pa.us/CWIS>, or through the DHS ChildLine and Abuse Registry, P.O. Box 8170, Harrisburg, Pennsylvania 17105-8170, (717) 783-6211 or toll free at (877) 371-5422. Written results are required within 30 work days from the date the employee/provider initiates services to the participant. Support service workers who are employed by waiver participants must have child abuse clearances completed prior to hire so that participants can make an informed decision on whether to employ a worker who has been named as a perpetrator of founded or indicated child abuse. Beginning July 1, 2015, certifications must be obtained every 60 months. Any employee with current certification issued prior to July 1, 2015, must renew their certifications within 60 months from the date of their oldest certification or if their current certification is older than 60 months.

If an employee is arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service, or is named as a perpetrator in a founded or indicated report, the employee must provide the administrator or their designee with written notice not later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the statewide database. An employee who willfully fails to disclose information as required above commits a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.

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	<p>The home care/personal assistance agency is responsible for securing these clearances for their employees. The agency must have a system in place to document that the clearances were conducted. In the interim of securing the written results of the clearances, the provider of service will obtain written certification from the employee which confirms that the employee has not, within five (5) years immediately preceding the date of enrollment into the waiver program been named on a central child abuse registry as being a perpetrator of founded or indicated child abuse.</p> <p>The F/EA is responsible for securing clearances for prospective support service workers. The cost of conducting clearances is included in the monthly per member per month rate paid to the F/EA. In addition, the F/EA must have a system in place to document that the clearances were conducted. OLTL monitoring teams will, as part of their oversight of the F/EA contract, do an on-site contract compliance visit yearly of the F/EA. Staff will check to determine that child abuse clearances are completed timely. Corrective action will be implemented if it is found that the F/EA is not meeting established contract standards.</p> <p>The CHC-MCO will review provider personnel records as part of their regular monitoring to ensure that child abuse clearances are conducted and documented as referenced in the Quality Improvement section in this Appendix. In addition to regularly scheduled monitoring, OLTL may review records as necessary during incident report investigations or other circumstances as warranted.</p>
<input type="radio"/>	<b>No.</b> The State does not conduct abuse registry screening.

**c. Services in Facilities Subject to §1616(e) of the Social Security Act. Select one:**

<input type="radio"/>	<b>No.</b> Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
<input checked="" type="radio"/>	<b>Yes.</b> Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i – c.iii.</i>

**i. Types of Facilities Subject to §1616(e).** Complete the following table for *each type* of facility subject to §1616(e) of the Act:

Type of Facility	Waiver Service(s) Provided in a Facility	Facility Capacity Limit
Personal Care Home	Residential Habilitation	8
Assisted Living Residence	Personal Assistance Services, Residential Habilitation, Non-Medical Transportation, Home Health Aide, Nursing, Physical Therapy, Occupational Therapy, Speech and Language Therapy, Specialized Medical Equipment and Supplies, Assistive Technology, Vehicle Modifications, Adult Daily Living Services, Structured Day Habilitation, Benefits Counseling, Career Assessment, Employment Skills Development, Job Coaching, Job Finding, Behavior	N/A

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	Therapy, Cognitive Rehabilitation Therapy, Counseling, and Nutritional Consultation,	

- ii. **Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Required information is contained in response to C-5

- iii. **Scope of Facility Standards.** By type of facility listed in Item C-2-c-i, specify whether the State’s standards address the following (*check each that applies*):

Standard	Facility Type	Facility Type	Facility Type	Facility Type
	Personal Care Home	Assisted Living Residence		
Admission policies	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Physical environment	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Safety	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Staff : resident ratios	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Staff training and qualifications	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Staff supervision	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Resident rights	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Medication administration	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Use of restrictive interventions	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Incident reporting	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>
Provision of or arrangement for necessary health services	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

- d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person, typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible

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individual would ordinarily perform or be responsible to perform on behalf of a waiver participant.  
*Select one:*

<input checked="" type="radio"/>	<b>No.</b> The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
<input type="radio"/>	<b>Yes.</b> The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i>

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

<input type="radio"/>	The State does not make payment to relatives/legal guardians for furnishing waiver services.
<input checked="" type="radio"/>	<p>The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services. Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p> <p>Family members can provide Respite, Personal Assistance Services and Participant-Directed Community Supports; however, the following exclusions apply:</p> <ul style="list-style-type: none"> <li>• The CHC Waiver will not pay for services furnished by the participant’s spouse.</li> <li>• The CHC Waiver will not pay for services furnished by a legal guardian.</li> <li>• The CHC Waiver will not pay for services furnished by a Representative Payee.</li> <li>• The CHC Waiver will not pay for services furnished by a Power of Attorney (POA).</li> </ul> <p>Aside from the exceptions noted above, there are no restrictions on the types of family members who may provide Respite, Personal Assistance Services and Participant-Directed Community Supports.</p> <p>Family members who provide Respite, Personal Assistance Services and Participant-Directed Community Supports must meet the same provider qualification standards as Support Service workers who provide Respite, Personal Assistance Services and Participant-Directed Community Supports to non-relatives. Individual service plans for individuals who receive more than 40 hours per week of Respite, Personal Assistance Services and Participant-Directed Community Supports services from one individual (family member or non-family member) will be reviewed and approved by the CHC-MCO. The CHC-MCOs will monitor the provision of services in accordance with OLTL established protocols.</p>

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	<p>Like all providers, family members who provide Respite, Personal Assistance Services and Participant-Directed Community Supports must submit signed time sheets of service delivery hours to the F/EA. The F/EA will review authorized billable units through the CHC-MCO's billing system. Reimbursement for services will be made through the CHC-MCOs.</p> <p>The F/EA will not pay for services that are not documented as necessary on the person-centered service plan or have not been authorized by the CHC-MCO.</p>
○	<p>Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-3. Specify any limitations on the types of relatives/legal guardians who may furnish services. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p>
○	<p>Other policy. <i>Specify:</i></p>

**f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

As a condition of participation in the CHC waiver, potential providers must meet the requirements set forth in 55PA Code, Chapter 52, as well as other applicable regulatory provisions. OLTL maintains responsibility for ensuring providers meet the approved provider qualifications, including certification and licensure, as referenced in the Quality Improvement section below. In addition, OLTL is responsible for enrolling qualified providers as a Medicaid waiver provider.

OLTL will forward a list of all enrolled providers to the CHC-MCOs on a monthly basis. The CHC-MCO will choose the providers they will contract with as part of their provider network from this list of providers. CHC-MCOs are required to contract with a sufficient number of providers to demonstrate network adequacy.

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## Appendix C-4: Additional Limits on Amount of Waiver Services

**Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

*When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; and, (f) how participants are notified of the amount of the limit.*

<input type="checkbox"/>	<b>Limit(s) on Set(s) of Services.</b> There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	<b>Prospective Individual Budget Amount.</b> There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	<b>Budget Limits by Level of Support.</b> Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	<b>Other Type of Limit.</b> The State employs another type of limit. <i>Describe the limit and furnish the information specified above.</i>
<input checked="" type="checkbox"/>	<b>Not applicable.</b> The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

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