

**Application for**

**Section 1915(b) (4) Waiver**

**Fee-for-Service**

**Selective Contracting Program**

June, 2012

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# Application for Section 1915(b) (4) Waiver Fee-for-Service (FFS) Selective Contracting Program

## Facesheet

The **State** of \_\_\_\_\_ requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is \_\_\_\_\_.  
(List each program name if the waiver authorizes more than one program.).

**Type of request.** This is:

- an initial request for new waiver. All sections are filled.  
 a request to amend an existing waiver, which modifies Section/Part \_\_\_\_\_  
 a renewal request

Section A is:

- replaced in full  
 carried over with no changes  
 changes noted in **BOLD**.

Section B is:

- replaced in full  
 changes noted in **BOLD**.

**Effective Dates:** This waiver/renewal/amendment is requested for a period of dd years beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**State Contact:** The State contact person for this waiver is \_\_\_\_\_ and can be reached by telephone at (\_\_\_\_) \_\_\_\_\_, or fax at (\_\_\_\_) \_\_\_\_\_, or e-mail at \_\_\_\_\_.  
(List for each program)

## **Section A – Waiver Program Description**

### **Part I: Program Overview**

#### **Tribal Consultation:**

Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

#### **Program Description:**

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

#### **Waiver Services:**

Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

## A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

**1915(b) (4) - FFS Selective Contracting program**

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

a.  **Section 1902(a) (1) - Statewideness**

b.  **Section 1902(a) (10) (B) - Comparability of Services**

c.  **Section 1902(a) (23) - Freedom of Choice**

d.  **Other Sections of 1902 – (please specify)**

## B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

the same as stipulated in the State Plan and HCBS Waiver

is different than stipulated in the State Plan (please describe)

2. **Procurement.** The State will select the contractor in the following manner:

**Competitive** procurement

**Open** cooperative procurement

**Sole source** procurement

**Other** (please describe)

## C. Restriction of Freedom of Choice

1. **Provider Limitations.**

Beneficiaries will be limited to a single provider in their service area.

Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

2. **State Standards.**

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents (if additional space is needed, please supplement your answer with a Word attachment).

**D. Populations Affected by Waiver**

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations.** The following populations are included in the waiver:

- Section 1931 Children and Related Populations
- Section 1931 Adults and Related Populations
- Blind/Disabled Adults and Related Populations
- Blind/Disabled Children and Related Populations
- Aged and Related Populations
- Foster Care Children
- Title XXI CHIP Children

2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

- Dual Eligibles
- Poverty Level Pregnant Women
- Individuals with other insurance
- Individuals residing in a nursing facility or ICF/MR
- Individuals enrolled in a managed care program
- Individuals participating in a HCBS Waiver program
- American Indians/Alaskan Natives

- Special Needs Children (State Defined). Please provide this definition.
- Individuals receiving retroactive eligibility
- Other (Please define):

## **Part II: Access, Provider Capacity and Utilization Standards**

### **A. Timely Access Standards**

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.*, what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment)?

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2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).

## **B. Provider Capacity Standards**

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program (if additional space is needed, please supplement your answer with a Word attachment).

## **B. Utilization Standards**

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above (if additional space is needed, please supplement your answer with a Word attachment)?

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).

### **Part III: Quality**

#### **A. Quality Standards and Contract Monitoring**

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).
  - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
    - i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.
    - ii. Take(s) corrective action if there is a failure to comply.

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).
  - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
    - i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.
    - ii. Take(s) corrective action if there is a failure to comply.

## **B. Coordination and Continuity of Care Standards**

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

## **Part IV: Program Operations**

### **A. Beneficiary Information**

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

### **B. Individuals with Special Needs.**

\_\_\_\_ The State has special processes in place for persons with special needs (Please provide detail).

## Section B – Waiver Cost-Effectiveness & Efficiency

**Efficient and economic provision of covered care and services:**

1. Provide a description of the State’s efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment).

2. Project the waiver expenditures for the upcoming waiver period.

1915(b)(4) application – Section B (Cost Effectiveness)	WY1	WY2	WY3	WY4	WY5
Total people receiving Home-Enabling Supports	600	600	600	600	600
Per person maximum	5,000	5,000	5,000	5,000	5,000
Total Cost	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000