Citations

1. Federal Register, vol. 76. No. 73, Friday April 15, 2011, pages 21311-21317. (Proposed CMS regulations regarding characteristics of home and community-based settings.)

2. CMS Letter to State of Missouri, dated 8/2/10, (denying HCBS waiver as services are “living on grounds of an institution which provides inpatient institutional treatment, a setting which is segregated from and with restricted access to the larger community).

3. 42 CFR 441.301 (HCBS requirements that services must only be delivered to recipients who are not inpatients of a hospital, NF, or ICF/MR)

4. Guidance from CMS, received via email 2/21/2012 from Katie Holt (regarding bundled rates.)

5. Understanding Medicaid Home and Community Based Services: A Primer, 2010 Version. US Department of Health and Human Services. (Page 132-134 discuss requirements for all personal care services only in “homelike requirements”

6. Guidance from CMS, received via email 2/14/2012 from Nancy Grano. (discusses current process for approval of HCBS waivers for home and community based settings, referencing CMS HCBS Waiver Technical Guide

7. US Department of Health and Human Services, Home and Community Based Guide 3.5 version (page 117 references home and community character)

8. 42 CFR, Section 438, regarding Non-Risk Contracts under Managed Care

9. 42 CFR, Section 440.181, Home and Community-based services for individuals age 65 or older (speaks to residing in a “community-based setting)

10. 42 CFR, Section 440.180, Home or Community-based services (speaks to additional habilitative services not allowed in the state plan.

11. 42 CFR, Section 440.167 Personal Care Services (provides definition of personal care services for those not residing in an institution).

12. 42 CFR, Section 440.130, Diagnostic, screening, preventive, and rehabilitative services (defines rehabilitative services allowed under state plan.

13. 42 CFR, Section 431.51 Free Choice of Providers (speaks to requirements under state plan to allow recipients to receive free choice of all willing qualified providers), except for those recipients enrolled in managed care, such as PCCM.

15. CMS letter to former DHHS Commissioner Harvey, dated December 22, 2010, requesting additional information regarding SPA 10-014, Behavioral Health and Substance Abuse Services.


17. CMS letter to former DHHS Commissioner Harvey, dated December 22, 2010, requesting additional information regarding SPA 10-016, Personal Care Services.


19. CMS Response to Formal RAI, SPA 10-015, regarding Rehabilitative Services

20. CMS Response to Formal RAI, SPA 10-013, regarding PNMI Services

21. CMS Response to Formal RAI, SPA 10-016, regarding Personal Care Services

22. CMS IMD Letter, to Commissioner Mayhew, dated August 9, 2011

23. CMS Medicaid Manual, Section 4390, Defining Institutions for Mental Disease


25. Olmstead Decision

26. CMS email from Katie Holt, dated 3/5/12, providing requirements for HCBS settings.

27. CMS email from Steve Mills, dated, Detailing Provider Contracting Options for Bundled Rates