

Frequently Asked Questions (FAQs)

1915(c) Waiver Processing

CMS has been meeting with state associations and states since October 2017 in order to identify and address issues that may contribute to delays in the processing of 1915(c) Home and Community-Based Services (HCBS) Waiver amendments and renewals. These FAQs are intended to answer the questions most often heard. We would also encourage you to submit any additional questions and/or comments to CMS at HCBSProcessing@cms.hhs.gov mailbox. We have classified the questions into three categories: Waiver Management System (WMS)/Application Issues, Policy Issues, and Waiver Review Process Issues.

Waiver Management System (WMS) /Application Issues:

The WMS is currently the portal through which all 1915(c) waiver amendments and renewals are submitted and resubmitted as agreed-upon changes are made. The WMS, accessed at: <https://wms-mmdl.cms.gov/WMS/faces/portal.jsp> includes several links on the home page including User Training for waiver applications and annual CMS 372 reports, a download for the application and supporting materials including the 1915(c) Waiver Technical Guide and Review Criteria, and other FAQs document pertaining to the WMS portal.

1. **Question:** In using the WMS document entry, I have to cut and paste from a word document, then add it to the WMS. Why can't I edit directly into the WMS?

Response: If you create a new amendment or renewal from the base waiver, you are able to make edits directly into the new amendment or renewal. Likewise, if an amendment or renewal is under review and you need to make changes discussed with CMS, the Regional Office will open the working document so that you can make the changes. Approved or denied waivers may not be edited.

2. **Question:** I have been timed out of the WMS in the middle of working on a section. How can this be prevented?

Response: The WMS saves all changes when you move to another page or go to the home screen or exit. However, after a half-hour of not moving pages, the system will log you out and any information on that page will be lost. We recommend that you frequently push the <save> button at the top of a page when you will be making edits.

3. **Question:** Sometimes I find that I need more room than is available in a text box. I also cannot paste charts into the WMS.

Response: The Main Module of the application has a Section B "Optional" at the end. This is a large text box that can be used for overflow from other text boxes if needed. Any item should include a reference to the section it is from, and the original text box should indicate it is continued at the Section B of the Main Module. Please note that the WMS does not accept chart formatting.

4. **Question:** I find the application is sometimes difficult to follow, and that there is duplicate information requested.

Response: The 1915(c) application has been added to and amended over time due to regulatory changes, with the result that similar information may be requested in more than one place. In instances where a response is, in fact, identical to another by circumstances of that waiver, the state may reference the earliest description in any subsequent section.

A new system called MACPro is already in use for some Medicaid State Plan Amendments, and will eventually be used for all 1915(c) waivers as well. We expect that the formatting and download/upload issues users may experience with the WMS will no longer be present in the new system and the CMS Division of Long Term Services and Supports is working with the developers of MACPro to this end.

1915(c) Waiver Policy Issues Contributing to Processing Delays

1. **Question:** There have been multiple trainings via webinars, but people still struggle with setting reimbursement rates and other issues. How else can we get assistance?

Answer: As noted above, all webinars can be accessed after the fact at: <https://www.medicaid.gov/medicaid/hcbs/training/index.html>. In addition, there are resources at <https://www.medicaid.gov/medicaid/hcbs/guidance/index.html> and the 1915(c) Technical Guide is available at: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf>. States may also request to discuss any questions with CMS by contacting their Regional Office representatives or through email to hcbsrateta@navigant.com. CMS is always willing to engage in technical assistance, and additionally often has contracts with knowledgeable subject experts who are available to assist states in HCBS issues.

2. **Question:** Our state finds it challenging to coordinate across our 1915(b), 1915(c) and 1915(i) programs serving similar populations.

Response: CMS frequently has calls with states where the subject matter experts in multiple areas address concerns that the state may have in overlapping programs. We recommend that a state request a call with the appropriate subject matter experts when any systemic issues arise.

1915(c) Waiver Review Process Issues

1. **Question:** When we submit an amendment, we find that we sometimes get questions on issues other than items being amended. Shouldn't an amendment review only look at the area being amended?

Response: In general, a waiver amendment review will only include the area(s) being amended. This includes areas of the waiver impacted by the amendment such as the financial changes made as the result of service changes. When CMS sees a problematic area of the waiver that is

not being amended, the regular course of action is to identify the problem to the state with a caution that it will need to be addressed by the time of the next renewal. However, sometimes immediate action may be needed if the waiver issue is related to a health and welfare issue and/or if the waiver is out of compliance with statute and regulations, even if it is not under review.

2. **Question:** Many states prefer to receive all questions at once, but sometimes it is easier to work on them in sections. How do we let CMS know what we prefer?

Response: Because we now have calls on each renewal and amendment at the 15th day, CMS will ask that the state lay out in that call how they would prefer to get and respond to questions. A full review of a waiver submitted might not be completed by CMS by the 15th day, but it is a good opportunity for the state to outline its goals for the renewal/amendment and to let CMS know where there may be particular urgency to an issue. It can also be a good opportunity to request technical assistance or describe other related activities the state is attempting.

3. **Question:** Could CMS specify which questions are required to be answered for a waiver approval, and which are state options or simply CMS recommendations?

Response: The CMS Technical Guide is used as the basis for questions sent to the states, and is itself based on statute, regulation and longstanding policy. Sometimes questions are based on the need for CMS to understand the intent of what the state is proposing to determine its compliance with the 1915(c) framework. However, with the up front 15 day call to clarify intent, questions sent to the state should be based on requirements. If a question comes to the state without identifying its source or need, the state should ask CMS for clarification.

4. **Question:** We feel that review criteria can differ from one waiver to another. We request that there be more consistency across the board.

Response: We agree that this is a reasonable expectation and have made every effort to standardize the waiver review process through use of the waiver review criteria (found in the Technical Guide). We ask that states inform CMS through the mailbox of possible instances of inconsistency, so that we can address and rectify the situation going forward. In instances where there have been regulatory changes between one waiver version and the next, there will be different review criteria.

5. **Question:** We think that people other than the State Medicaid Agency should be on calls with CMS, such as operating agencies and the financial divisions.

Response: CMS welcomes the inclusion of other state entity representatives on phone calls to discuss the waiver action. However, the State Medicaid Agency needs to attend the calls, given the partnership between CMS and the Medicaid agency in administering the Medicaid program.

6. **Question:** Can a state submit more than one amendment at a time?

Response: States can submit more than one amendment at a time, but CMS recommends that a state think about which items might have a retrospective approval date (amendments without substantial changes) and group those in a different amendment from one with items of a substantive nature that would require a prospective approval date. Substantive amendments

include: those with rate methodology changes, removal of service(s), eligibility changes, or other changes that may result in individuals losing services or being required to change providers. By separating amendments in this way, the retrospective amendments can be quickly approved (and don't require public notice periods).