



Home and Community-Based Services

1915(c) Waiver Assurances and Findings

Introduction

- States providing Home and Community-Based Services (HCBS) must make specific assurances to the Centers for Medicare and Medicaid Services (CMS).
- Much of what case managers and other local office staff do is required by these assurances.
- States must regularly submit evidence to CMS showing compliance.
 - CMS defines compliance as 86% or better
 - The HCBS Waiver Review Team conducts Quality Assurance (QA) reviews and reports out on compliance
 - Statewide findings are submitted to CMS

The 1915(c) Waiver Six Assurances

1. Administrative Authority – This is to assure the State Medicaid Agency is accountable to CMS.
 - For Oregon, the agency is Oregon Health Authority
2. Level of Care – This is to assure consumers are eligible for the HCBS they receive.
 - We use a standardized assessment tool for consumers to ensure that they meet Service Priority Level
3. Qualified Providers – This is to assure workers providing services are qualified based on what is approved in the Waiver.

Assurances (continued)

4. Service Plan – This is to assure consumers' needs are accurately addressed in their person-centered service plan.
5. Health and Welfare – This is to assure consumers are protected from abuse, neglect, and exploitation.
6. Financial Authority – This is to assure the state only pays for approved and delivered services.

Assurances (continued)

- Each of the assurances has performance measures to determine if the state has met the assurance.
 - An example Service Plan performance measure is:
 - Number and percent of waiver participants whose service plans include services and supports that address assessed needs
- The state determines how to meet the assurances.
 - How does the measure translate to how we do business
 - What data proves compliance
- To be in compliance, states must reach at least 86% accuracy for each performance measure and each assurance.

Findings

- CMS reporting is always a year and a half behind. For example, the report that was submitted in 2025 is for calendar year 2023.
- For 2023, Aging and People with Disabilities (APD) met the minimum threshold for the following assurances.
 - Administrative Authority
 - Qualified Providers
 - Health and Welfare
 - Financial Authority

Findings Below CMS Expectations

- For 2023, APD had findings below 86% for some of the performance measures under the following assurances.
- Level of Care
 - Redeterminations are to be completed at least annually
- Service plans must be:
 - Completed according to policies and procedures
 - Updated/revised every 12 months
- Service Plan must address:
 - Risks and Safety
 - Goals and preferences
 - Changing needs
 - Choice of setting (including institutional care) and providers are documented in the service plan
- Services are delivered in the type, scope, amount, duration, and frequency as authorized in the service plan

APDs' Corrective Action Plan

- Every District and Area Agency on Aging (AAA) must have a specific Corrective Action Plan, which may include:
 - The reassessment of participant needs
 - Service plan revisions
 - Assessment reviews
 - Training for staff
 - Review of rule
 - Analysis to determine specific root cause
 - Technical Assistance for case managers
- Statewide training
 - Offered when a deficiency is statewide
- Statewide remediation
 - Sending information on how to report abuse automatically when new to services and annually – Began in 2023 and led to compliance

Additional Information and In Closing

- Documentation and recordkeeping are essential under the 1915(c) Waiver.
 - Lack of documentation is the primary reason APD did not meet the requirements for the performance measures
- Improvement can take time and sometimes there are impacts to consider.
 - Examples: Case management turnover and all hours authorized being used
- We are committed to transparency.

Questions

Questions or requests for more information may be sent to:

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Thank you!