

Unwinding: Trends and Processes for Unwinding 1915(c) Public Health Emergency (PHE) Flexibilities

2023 HCBS Conference

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Session Overview

- CMS resources to support states in unwinding PHE flexibilities, including considerations for home and community-based services (HCBS).
- Overview of unwinding the 1915(c) HCBS Appendix K waiver amendments.
- Overview of HCBS-related PHE flexibilities that can be made permanent in 1915(c) waivers and the CMS approval process.
- Other considerations for HCBS programs when unwinding from the PHE.
- Missouri's experience in making permanent changes to HCBS as part of unwinding.

CMS Resources to Support States in Unwinding PHE Flexibilities

Unwinding HCBS-Related Flexibilities Granted During the COVID-19 PHE

- For the purposes of this HCBS-specific presentation, the term “unwinding” refers to the assessment process that each state designs and implements to systematically:
 - Either return its HCBS programs, services and supports to their pre-pandemic operation; and/or
 - Adapt techniques and strategies learned from flexibilities approved for use during the pandemic to re-configure the delivery of services, and to adjust to the changing needs of participants and providers through permanent amendments to the authority and/or program.

Considerations for States in Planning for the Design of Post-Pandemic HCBS (1 of 3)

- CMS encouraged states to plan early for the design of post-PHE HCBS delivery. CMS recommended that states:
 - Analyze the status of each flexibility going forward.
 - Consider how to evaluate successful transition and re-integration of individuals receiving HCBS into their communities as restrictions imposed by the pandemic were relaxed or eliminated.
 - Support participants to re-connect with their communities in ways that reflect individualized choices and preferences while taking into account the dignity of risk.

Considerations for States in Planning for the Design of Post-Pandemic HCBS (2 of 3)

- Plan for unwinding the flexibilities approved for use during the pandemic.
- Consider what changes needed to occur as the flexibilities approved for use during the pandemic began to unwind.
- Consider if any new techniques or strategies adopted to support individuals while operating within the restrictions of the pandemic proved to be particularly beneficial and should be included in a new design of service delivery going forward. For example, a day program without walls in the community where services are delivered in community settings such as parks, libraries, shops, restaurants, etc.

Considerations for States in Planning for the Design of Post-Pandemic HCBS (3 of 3)

- Determine if a specific flexibility had a positive impact on the way HCBS were delivered and should be included in a waiver renewal/amendment or a state plan amendment (SPA) for review by CMS.
- Prepare to resume operational procedures without COVID-19 PHE flexibilities.
- Provide individuals with the training and support needed to re-integrate into their community after the PHE.
- Provide stakeholders with the training and support needed to adapt to the “new normal”.

Overview of HCBS-Related PHE Flexibilities to Unwind

HCBS-Related PHE Flexibilities

Authority / Provision*	Effective Date	Termination Date
1915(c) HCBS Waiver Application Appendix K Instructions and Technical Guidance	January 27, 2020 or any later date elected by state	For Appendix K waiver amendments in response to the COVID-19 PHE, the termination date will be no later than six months after the May 11, 2023 expiration of the PHE (unless flexibilities are extended in accordance with CMS State Medicaid Director (SMD) Letter issued August 2, 2023 (SMD# 23-004))

*Many states used the 1135 waiver to request HCBS-related PHE flexibilities. These flexibilities ended at the termination of the PHE.

**SMD# 23-004 stipulates that Appendix K flexibilities currently approved to end six months after the expiration of the PHE may be extended if the state takes action by November 11, 2023 to incorporate desired Appendix K provisions into underlying HCBS programs.

Appendix K Flexibilities to Unwind

All states operating 1915(c) HCBS waiver programs requested flexibilities through multiple Appendix K waiver amendment submissions to CMS. The most frequently requested flexibilities were:

Options	Count of States	Number of HCBS Waivers N=279
Modify services	51 (100%)	244 (87%)
Modify provider qualifications	48 (94%)	225 (81%)
Modify payment rates	49 (96%)	246 (88%)
Other	45 (88%)	213 (76%)
Allow retainer payments	41 (80%)	163 (58%)
Modify person-centered planning	43 (84%)	190 (68%)
Allow virtual Level of Care determinations	36 (71%)	141 (51%)
Allow payment for HCBS in institutional settings	35 (69%)	136 (49%)
Changes to participant safeguards	33 (65%)	149 (53%)
Extend dates for Level of Care determinations	32 (63%)	124 (44%)
Allow payment to family caregivers	29 (57%)	110 (39%)
Modify access and/or eligibility to the waiver	24 (47%)	65 (23%)

Appendix K Flexibilities to Unwind: COVID Addendum

States also used the Appendix K COVID Addendum to request flexibilities, some of which duplicated initial state Appendix K waiver amendment requests:

Option	Count of States / D=43	Number of HCBS Waivers
Waive visitors settings criterion	42 (98%)	186
Allow extension for reassessments and reevaluations	41 (95%)	183
Allow virtual/remote evaluations, assessments, and person-centered service planning (PCSP)	41 (95%)	180
Add electronic method of signing off on required documents	41 (95%)	180
Add electronic service delivery	40 (93%)	197
Adjust prior approval/prior authorization elements approved in the waiver	37 (86%)	158
Adjust assessment requirements	35 (81%)	150
Allow spouses and parents of minor children to be paid providers	29 (67%)	96
Allow family member to be paid provider	25 (58%)	92
Modify providers of home-delivered meals	22 (51%)	76
Allow other practitioners to deliver service	21 (49%)	68
Case management and Conflict of Interest flexibilities	18 (42%)	59

CMS Guidance: 1915(c) Appendix K Waiver Amendment Flexibilities That Are Not Approvable in a Standard 1915(c) Waiver Application

- Provision of waiver services in institutional settings (excluding respite and services provided in accordance with section 3715 of the CARES Act*);
- Extension of timeframes for level of care waiver eligibility evaluations;
- Suspension of quality improvement system activities;
- Flexibility with the HCBS settings requirements at 42 CFR §441.301(c)(4)(vi)(D) stating that individuals are able to have visitors of their own choosing at any time;

**Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act)*

CMS Guidance: 1915(c) Appendix K Waiver Amendment Flexibilities That Are Not Approvable in a Standard 1915(c) Waiver Application (cont.)

- Authorization of case management entities to serve as the only willing and qualified provider under 42 CFR §441.301(c)(1)(vi) due to the PHE (i.e., waiving conflict of interest requirements due to the PHE personnel crisis);
- Extension of due dates for CMS-372 reports and quality evidentiary reports; and
- Changes approved via section 1135 waiver authority including, but not limited to, extensions of person-centered service plan (PCSP) reviews and updates, verbal signatures for PCSPs, and waiving settings requirements.

Planning for Flexibilities That Cannot or Will Not Be Extended or Made Permanent (1 of 2)

State considerations include:

- Does the state have sufficient personnel to resume level of care re-determinations, prior authorization and service authorization review requirements, service reduction notifications, incident management reporting and investigation timelines, quality assurance and reporting and other post-pandemic operational protocols?
- Have state and provider staff who joined the HCBS system during the pandemic received training on those operational policies, procedures and requirements that will now be in place?
- If the state needed to enroll new providers to ensure it can meet HCBS requirements to mitigate conflict of interest, has it done so?

Planning for Flexibilities That Cannot or Will Not Be Extended or Made Permanent (2 of 2)

- If previous service limits are restored, how will the state ensure a safe transition to previous levels of service? Forty-four states increased service limits during the PHE in a number of 1915(c) HCBS waivers.
- If allowance for payment of family caregivers is ended, are there alternative services or supports available if needed? Twenty-nine states allowed for this flexibility during the PHE in 110 1915(c) HCBS waivers.
- If changes were made to access and 1915(c) HCBS waiver eligibility requirements and/or groups of people who could remain in a 1915(c) HCBS waiver that will end, how will the state plan for the transition to other HCBS or State Plan supports? Twenty-four states made these types of changes during the PHE in 65 1915(c) HCBS waivers.

CMS Guidance: Ending Temporary 1915(c) Appendix K Waiver Amendment Flexibilities (1 of 3)

Approved 1915(c) Appendix K waiver amendments and flexibilities within them automatically end when they reach the end date indicated in section K-1-F of the template*, or earlier if a state requested a different end date for individual flexibilities:

- All temporary changes must conclude and states must resume compliance with the language in their current, approved 1915(c) waiver upon the end date of the Appendix K waiver amendment*.
- As of June 30, 2023, seven states initiated new end dates for select flexibilities and five states had Appendix K waiver amendments for all or some of those states' 1915(c) waivers which expired at the conclusion of the PHE.

*This end date could now be later than what is reflected in the approved Appendix K, given SMDL 23-004.

CMS Guidance: Ending Temporary 1915(c) Appendix K Waiver Amendment Flexibilities (2 of 3)

- Any extensions included in an approved 1915(c) Appendix K waiver amendment must be concluded by the end date of the approved Appendix K waiver amendment*, with the exception of level of care (LOC) recertification extensions.
 - For example, if a state allowed a 90-day extension for new providers to complete background checks, then only those providers enrolled at least 90 days prior to the end date of the Appendix K waiver amendment would be eligible for the full 90-day extension. A provider enrolled for 60 days prior to the end of the Appendix K waiver amendment would only be eligible for a 60-day extension.
 - CMS encourages states to get caught up on the LOC recertifications as soon as possible, even though the 12 months are available.

*This end date could now be later than what is reflected in the approved Appendix K, given SMDL 23-004.

CMS Guidance: Ending Temporary 1915(c) Appendix K Waiver Amendment Flexibilities (3 of 3)

- If the state finds there is no longer need for any of the flexibilities of the Appendix K waiver amendment, the state can end the entire Appendix K by amending the end date.
 - However, states need to ensure that ending an Appendix K waiver amendment flexibility prior to its approved expiration date does not impact adherence to maintenance of effort requirements in State Medicaid Director Letter 21-003 (implementation of section 9817 of the American Rescue Plan Act of 2021 (ARP) which includes a temporary 10 percentage point Federal Medical Assistance Percentage (FMAP) increase).

Overview of HCBS-Related PHE Flexibilities That Can Be Made Permanent in 1915(c) Waivers and the CMS Approval Process

CMS Guidance: 1915(c) Appendix K Flexibilities That May Be Approved in a Standard 1915(c) Application (1 of 4)

- Reminder: Public notice and prospective effective dates are required for 1915(c) waiver amendments with substantive changes.
- Use of telehealth or other electronic methods of service delivery for services such as:
 - Case management, personal care services that only require verbal cueing, in-home habilitation, individual supported employment, health coordination, peer support, counseling, training and support for family caregivers and other services that may be facilitated by telehealth while still facilitating community integration (Forty states requested one of these flexibilities);
 - Evaluations, assessments and service plan meetings (note: in these cases there is a need for the state to establish a process for electronic signatures). (Forty-one states requested this flexibility.)

CMS Guidance: 1915(c) Appendix K Flexibilities That May Be Approved in a Standard 1915(c) Application (2 of 4)

- States need to be mindful of the following in service definitions in which they are adding telehealth delivery:
 - How the remote service will be delivered in a way that respects privacy of the individual;
 - How individuals who need assistance with using the technology required for telehealth delivery of the service be supported;
 - How the remote service delivery will support community integration;
 - How remote service delivery will ensure the health and safety of an individual; and/or
 - How the telehealth will ensure the successful delivery of services for individuals who need hands-on/physical assistance.

CMS Guidance: 1915(c) Appendix K Flexibilities That May Be Approved in a Standard 1915(c) Application (3 of 4)

- Home-delivered meals, assistive technology, and other services the state feels will be beneficial to their waiver population going forward. (Twenty-eight states added a new service(s) during the PHE.)
 - Reminder that meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).
- New or modified non-facility-based community engagement services. Many facility-based day services suspended operations during the pandemic, accelerating opportunities for more individualized and integrated day supports that benefit community integration going forward.

CMS Guidance: 1915(c) Appendix K Flexibilities That May Be Approved in a Standard 1915(c) Application (4 of 4)

- Rate increases for waiver services and recruitment and bonus payments for direct support professionals to enhance the provider pool. (Forty-nine states made modifications to rates during the PHE.)
- Retainer payments at the permissible level of the lesser of 30 consecutive days or the total number of bed-hold days approved in the state plan. (Forty-one states added this flexibility during the PHE.)
- Continuing allowance of payment for family caregivers to render services. (Twenty-nine states added this flexibility during the PHE.)
- Adding or continuing new options for self-directed services and/or budget authority. (Nine states made such changes during the PHE.)

Examples of Appendix K Flexibilities Made Permanent in Base Waivers

- Some states have already begun the work of amending 1915(c) waivers to continue changes made during the PHE. Some examples of changes include:
 - Adding services;
 - Rate increases;
 - Adding the TEFRA*/Katie Beckett optional eligibility group; and
 - Allowing payment for family caregivers to render services.

**Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)*

Examples of Changes States Have Included in Appendix K Waiver Amendments with the Intent to Add to Base Waivers

Some states included language in their Appendix K waiver amendment submissions indicating an intent to add particular flexibilities to base 1915(c) waivers. Some examples of changes include:

- Adding waiver services;
- Rate increases using ARP funds;
- Adding adult dental services; and/or
- Rate increases to account for minimum wage increase.

CMS Guidance: 1915(c) Appendix K Changes States Would Like to Continue

- Changes made through a 1915(c) Appendix K that states would like to continue beyond its expiration date must be submitted as a regular amendment to the state's 1915(c) waiver application via the waiver management system (WMS).
- These waiver amendments must adhere to all statutory requirements, regulatory requirements, and policies and procedures detailed in the 1915(c) waiver application and accompanying instructions, technical guide, and review criteria.
- CMS encourages states to submit 1915(c) waiver amendments as soon as possible.

1915(c) Amendments with Substantive Changes

- Substantive changes to 1915(c) waivers may only be approved with a prospective effective date.
- States will need to follow the existing requirements for public notice and input, including notice to tribal governments.
- States should consider the time needed to conduct adequate public notice and input and to submit the amendment in a timeframe that allows for the prospective approval prior to the end of the approved Appendix K waiver amendment.
- According to SMD 23-004 released on August 2, 2023, states need to submit any waiver actions to extend Appendix K flexibilities by November 11, 2023.

Other Considerations for HCBS Programs when Unwinding from the PHE

Additional Unwinding Considerations

- While the COVID-19 PHE presented multiple challenges, it also presented opportunities to strengthen and expand HCBS and rebalance state systems for long-term services and supports. As states implement ARP Section 9817 state spending plans, states can consider how complimentary changes may be made in 1915(c) waiver and 1115 demonstration programs.
- States can prepare for how ARP Section 9817 initiatives can be sustained upon the exhaustion of funding no later than March 31, 2025.
- As the pandemic illustrated the importance of timely discharge planning and transition from hospitals and nursing facilities, states may consider adding new HCBS services and/or expand HCB service capacity to enhance timely transition from LTC settings to HCBS.
- As states unwind and/or make temporary or permanent changes to HCBS programs, it is critical that states ensure the changes are in compliance with the HCBS settings regulations and the assurance of participant health and welfare.

Maintenance of Effort (MOE)

- Currently, there are two major statutory provisions that impose MOE requirements on state Medicaid programs.
 - Families First Coronavirus Relief Act (FFCRA), as amended by the Consolidated Appropriations Act, 2023, and
 - American Rescue Plan Act of 2021 (ARP).
- These two statutes have different requirements and states should be aware of both sets of expectations as states are unwinding and making adjustments to 1915(c) waivers.
- CMS reminds states that the expiration of a flexibility approved during the COVID-19 PHE does not result in a MOE violation.

MOE Considerations and Section 9817 of the ARP Requirements

- CMS expects states to demonstrate compliance with section 9817 of the ARP, beginning April 1, 2021, and until the state funds equivalent to the amount of federal funds attributable to the increased FMAP are fully expended, no later than March 31, 2025. To demonstrate compliance with the requirement not to supplant existing state funds expended for Medicaid HCBS, states must:
 - Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
 - Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
 - Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Note: The expiration of Appendix K flexibilities is not a MOE violation.



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supports and services
THAT FOSTER self-determination.

Unwinding: Trends and Processes for Unwinding 1915(c) PHE Flexibilities

Missouri
Angie Brenner, Deputy Division Director



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THAT FOSTER self-determination.

Walk Back in Time

PHE Flexibilities

Temporary

-  Provider Qualifications
-  Settings
-  Remote Reviews
-  Reporting

Additional Services

-  Hospital Supports
-  Home Delivered Meals
-  Virtual Delivery (Telehealth) for Employment Services, ABA, OT/PT/ST
-  Health Assessment and Coordination

Telehealth Service

- 👤 Missouri procured telehealth service for individuals with Intellectual/Developmental Disabilities (I/DD) under the Governor of the State of Missouri's Emergency Executive Order 20-12
 - 👤 Keep I/DD population safe from exposure to viruses
 - 👤 Offered immediate 24-hour virtual access to emergency physicians, specifically trained in the care of people with I/DD
 - 👤 Resource for individuals, family or providers with a medically related concern
 - 👤 Paid for with Missouri's CARES Act Funds
- 👤 Contracted with StationMD
- 👤 Implementation began April 13, 2020

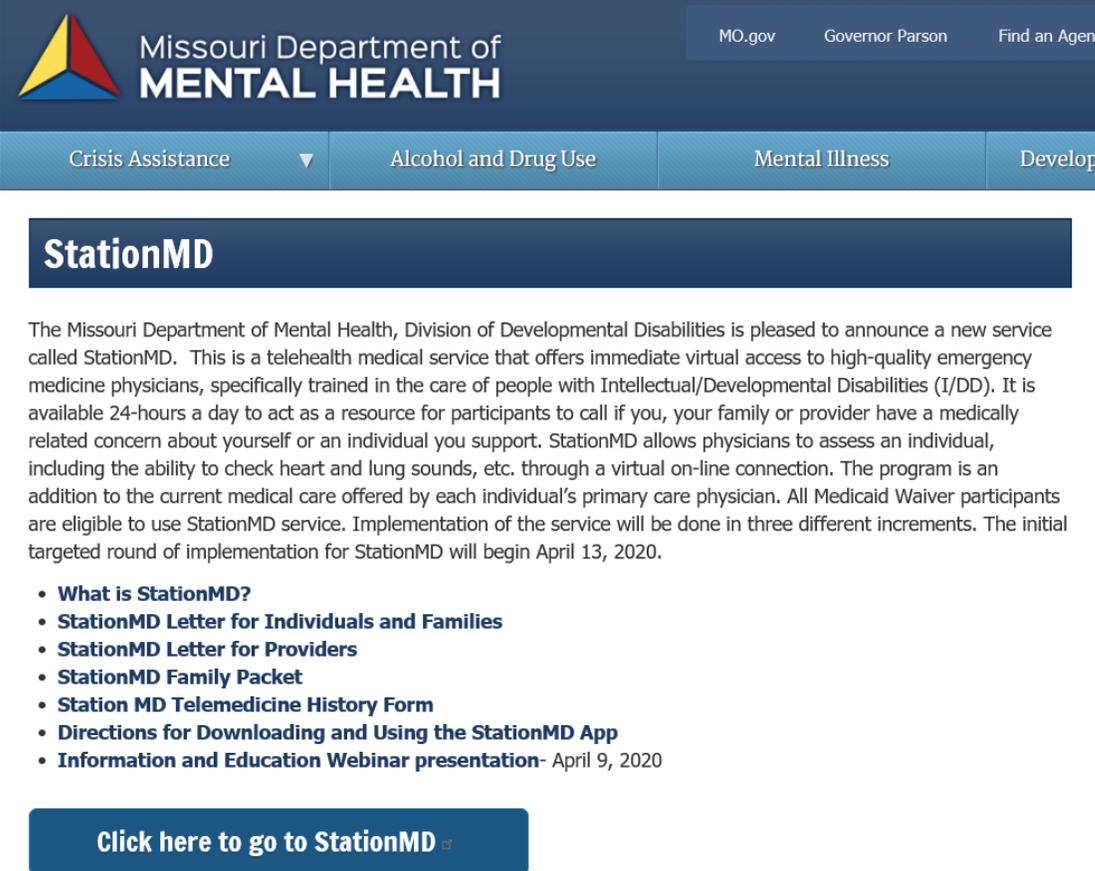
Telehealth Eligibility

- 👤 All 1915(c) HCBS Medicaid Waivers for individuals with Intellectual and Developmental Disabilities
 - 👤 Approximately 15,000 individuals over 4 waivers.
 - 👤 Pre-registered to use StationMD immediately.
 - 👤 The only expense to the individual/family or agency was for the electronic communication device(s) such as a phone, tablet, or computer.



[Division StationMD Telehealth Service](#)

-  [Flyer](#)
-  [Information letter](#)
-  [Family Packet](#)
-  [Telemedicine Hx Form](#)
-  [Directions for App](#)
-  [Slides](#)

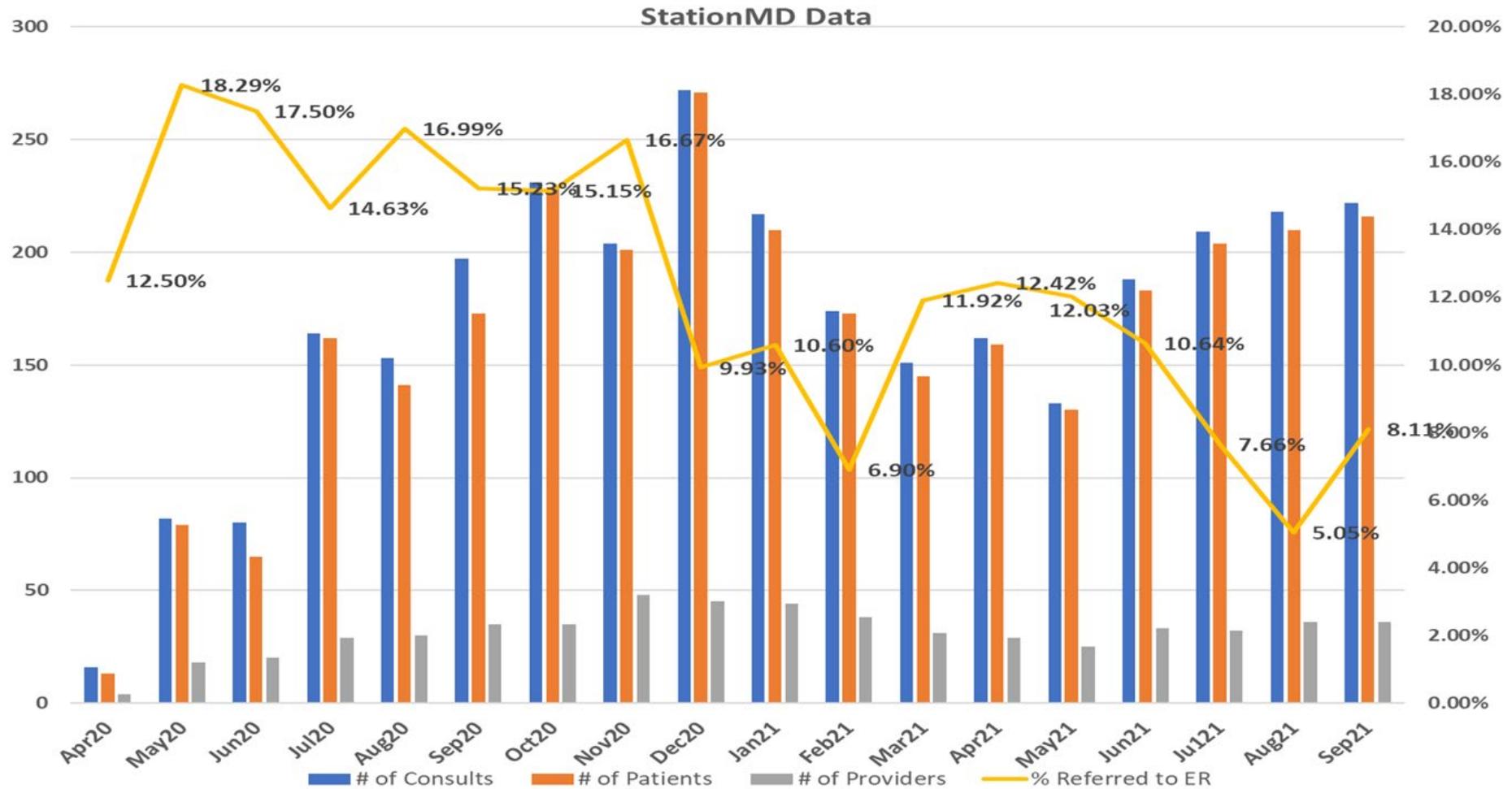


The Missouri Department of Mental Health, Division of Developmental Disabilities is pleased to announce a new service called StationMD. This is a telehealth medical service that offers immediate virtual access to high-quality emergency medicine physicians, specifically trained in the care of people with Intellectual/Developmental Disabilities (I/DD). It is available 24-hours a day to act as a resource for participants to call if you, your family or provider have a medically related concern about yourself or an individual you support. StationMD allows physicians to assess an individual, including the ability to check heart and lung sounds, etc. through a virtual on-line connection. The program is an addition to the current medical care offered by each individual's primary care physician. All Medicaid Waiver participants are eligible to use StationMD service. Implementation of the service will be done in three different increments. The initial targeted round of implementation for StationMD will begin April 13, 2020.

- **What is StationMD?**
- **StationMD Letter for Individuals and Families**
- **StationMD Letter for Providers**
- **StationMD Family Packet**
- **Station MD Telemedicine History Form**
- **Directions for Downloading and Using the StationMD App**
- **Information and Education Webinar presentation- April 9, 2020**

[Click here to go to StationMD](#)

Trends



Potential Waiver Service

👤 Division and Stakeholders felt the impact

👤 Avoidable ER Visits

- 🏠 Decreased exposure
- 🏠 Increased education
- 🏠 Decrease pressure on workforce shortages

👤 Better care coordination

- 🏠 Coordination with ER staff when necessary

👤 Savings to the system overall

👤 Medicare/Medicaid/State

👤 ER Visit (hundreds of dollars) vs Telehealth (\$24/month)

Waiver Service Considerations

- 👤 Benefits/purpose as a waiver service and not medical service
 - 👤 Treatment vs Assessment
- 👤 Eligibility
- 👤 Choice of Service
- 👤 Provider Qualification
- 👤 Unit of Service (per call or monthly unit)





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supports and services
THAT FOSTER self-determination.

Landscape Today

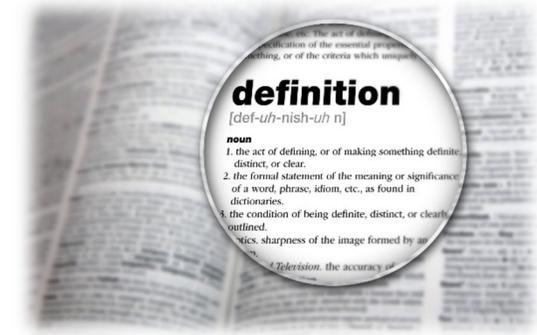
Health Assessment and Coordination (HAC) Waiver Service

👤 Approvals

- 👤 Appendix K effective 07/01/2021
- 👤 1915(c) Waivers effective 10/01/2022

👤 Key Components

- 👤 Consultative in nature to provide disability-specific advice on when best to seek additional or in-person medical treatment
- 👤 Supportive service that can occur while the person is in their home to help assess the need for medical attention
- 👤 Serves as an I/DD conduit to, rather than a duplication of, medical services covered under the state plan
- 👤 Build capacity of families and DSPs to better understand best approaches for supporting individual depending on their symptom presentation



Health Assessment and Coordination (HAC) Waiver Service (cont.)



👤 Key Components cont'd

- 🕒 Available 24 hours a day, 7 days a week
- 👤 Includes immediate evaluations, video-assisted examinations, treatment plans and discussion and coordination with individuals and/or caregivers by professionals with extensive specialized expertise supporting individuals with I/DD.
- 👤 Overall the goal is to provide a right-on-time health assessment to determine the best clinical course of action, often avoiding unnecessary emergency room visits.
 - 🏠 If a hospital visit is clinically necessary, this service allows the HAC provider to communicate with the emergency department directly, ensuring advance preparation for the ED and decreasing the chances of admission.

Service Monitoring

- 👤 Services are reviewed on a quarterly basis
- 👤 Support Coordinators speak with family, individual, and service provider to assess service delivery
- 👤 StationMD provides monthly utilization and education effort reports to central office
- 👤 StationMD is also ready to help with questions:
 - 📞 908-663-2929 extension 830
 - 📧 Mo-dmh@stationmd.com

Moving Forward

👤 Continued Education

- 👤 Individuals
- 👤 Families
- 👤 Providers

👤 Care Coordination Success Stories

- 👤 Share, Share, Share

👤 Cost Savings Analysis

- 👤 Emergency room avoidance
- 👤 Physicians
- 👤 Transportation
- 👤 Workforce



Additional Resources

👤 Approved Appendix K released on October 6, 2021

📄 <https://dmh.mo.gov/sites/dmh/files/media/pdf/2021/10/blasthacamendment.pdf>

👤 Approved 1915(c) Waiver Amendment on October 1, 2022

📄 <https://dmh.mo.gov/sites/dmh/files/media/pdf/2022/09/blastwaiveramendments091522.pdf>

👤 StationMD DMH-DD webpage

📄 <https://dmh.mo.gov/dev-disabilities/stationMD>

Summary

- States have the option to make certain HCBS-related PHE flexibilities permanent in their 1915(c) waivers.
- CMS is available to answer questions and provide technical assistance to assist states in the unwinding process.
- If states choose to end HCBS-related PHE flexibilities prior to the expiration date in a CMS-approved 1915(c) Appendix K waiver amendment, states will need to ensure there are no MOE violations.
- States need to be mindful of the HCBS settings regulations as they request permanent changes to HCBS programs.

Resources (1 of 3)

To Submit Questions on Unwinding:

- CMSUnwindingSupport@cms.hhs.gov

To Request Technical Assistance:

- HCBSettingsTA@neweditions.net

Guidance and Resources for Unwinding and Returning to Regular Operations after COVID-19:

- <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>

Resources (2 of 3)

Post-Pandemic Re-Integration and Assessment of Community Interactions (June 2021 HCBS Training)

- <https://www.medicare.gov/medicaid/home-community-based-services/downloads/post-pandemic-reintegration-assessment-of-community-interaction.pdf>

Preparing to Unwind from the Pandemic: Expanding Self-Direction (February 2022 HCBS Training)

- <https://www.medicare.gov/medicaid/home-community-based-services/downloads/hcbs-ta-expanding-self-direction.pdf>

After the Public Health Emergency: Changes to Home and Community-Based Services and Delivery Methods (May 2022 HCBS Training)

- <https://www.medicare.gov/medicaid/home-community-based-services/downloads/after-phe-may-2022.pdf>

Resources (3 of 3)

Unwinding HCBS Public Health Emergency Flexibilities (February 2023 HCBS Training)

- <https://www.medicaid.gov/home-community-based-services/downloads/unwind-hcbs-phe-flexbles-feb2023.pdf>

American Rescue Plan Act of 2021 State Medicaid Director Letters

- <https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>
- <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22002.pdf>

State Medicaid Director Letter #23-004 Extension of 1915(c) Home and Community-Based Services Waiver Appendix K Expiration Dates

- <https://www.medicaid.gov/sites/default/files/2023-08/smd23004.pdf>

Questions