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Use of the §1915 (c) Federal Waiver Application: The Experience of Eight States

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Waiver Application: The
Experience of Eight states**

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UNIVERSITY OF
SOUTHERN MAINE

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BACKGROUND

States wishing to provide home and community based services (HCBS) to Medicaid participants under §1915 (c) of the Social Security Act are required to submit initial and renewal applications to the Centers for Medicare & Medicaid Services (CMS). The recent re-design of this waiver application is a major component of a broader CMS quality reform initiative aimed at strengthening federal and state oversight of waiver programs. In re-thinking the application process for HCBS waivers, CMS sought to:

- Make more explicit the design features of a waiver program that promote the ongoing monitoring and improvement of quality
- Clarify and make transparent federal statutes, regulations, and policies governing HCBS waivers and assure the consistency of state and federal interpretations
- Establish greater consistency across waiver programs with respect to terminology for describing services, providers and administrative functions
- More closely align state waiver programs to the statutory CMS waiver assurances
- Enhance accountability of state Medicaid agencies, administrative and operating agencies in waiver management and oversight
- Clarify state roles and relationships with sub-state entities and providers
- Improve the efficiency of the waiver application process, including review and approval by CMS central and regional offices
- Strengthen the design of state waiver programs, the services they provide, and the outcomes to participants

CMS actively engaged states and their national associations in a three-year process to re-design the content and process of applying for the HCBS waiver. Supported through the efforts of the National Quality Contractor¹, two products were developed: (1) *Application for a 1915 (c) Waiver* and (2) *Instructions, Technical Guide and Review Criteria*.

Following review and testing, *Waiver Application* (Version 3.3) was published in Word format in November 2005 and made available for states to use on an optional basis when submitting new or renewal waiver applications. Subsequently Version 3.4 was published in November 2006 and was the version in general circulation at the time of this report. A major advancement in the waiver application process was the development of a web-based version by Thomson Healthcare. Testing of the web-based version took place between April – August 2006. In November 2006, the web-based version was made available for use by states on an optional basis.

In addition to the application and its instructional guides, CMS revamped its protocol for reviewing HCBS waiver applications. To promote coordination and consistency in interpretation, concurrent review teams were created composed of representatives from CMS central office and the CMS regional office of the applicant state.

¹ Thomson Healthcare and its subcontractor, Human Services Research Institute.

Throughout the development and implementation of the revised waiver application process, CMS maintained close communications with state Medicaid agencies via periodic *Quality Letters*, as well as periodic meetings with a number of State associations (National Association of State Medicaid Directors, National Association of State Directors of Developmental Disabilities Services, National Association of State Units on Aging, National Association of State Head Injury Administrators, Cash and Counseling and other Federal and State representatives). Program and technical support through the National Quality Contractor was also provided, upon request, to states choosing to use the revised application. In addition, Thomson-Medstat responded to questions and issues related to completion of the web-based version of the application.

The Muskie School of Public Service, under the National Quality Contract, was requested to evaluate the effectiveness of the revised waiver application process from the perspective of states. This report summarizes the purpose, scope, approach and findings of the evaluation.

PURPOSE, SCOPE AND LIMITATIONS

The evaluation was designed to provide qualitative information on states' experience using the new HCBS waiver application for initial and renewal waiver applications. The evaluation examined four major issues:

Clarity/Consistency: Are the waiver application components (Application, Technical Guide, Review Criteria) clearly understood and do they promote consistent interpretation?

Relevancy/Adequacy: Do the application components address the range of waivers and options available to states and are they useful in clarifying the design of the state's waiver program?

Burden: Do the application components and processes promote efficiency of state effort?

Impact: Do the waiver application components strengthen the waiver program?

Initially, the evaluation was intended to focus solely on states' experience using the web-based format to better gauge the full impact of this technology on the level of effort required by states and associated benefits. Given the timing of the evaluation and interest among states using the Word version, it was decided that the evaluation would address the experience of states using both the Word and web-based versions. While the scale of the evaluation did not permit a comparison across web users and non-users, issues distinguishing their experiences were identified.

It is important to note that the evaluation addressed the perspectives of states, not CMS. Separately, CMS is conducting its own assessment of how well the revised waiver process enhances federal oversight of the waiver program, including consistency in interpretation and review findings.

Finally, the evaluation focused on a state's development of the waiver application, exclusive of events related to CMS review. This allowed the evaluation to be conducted

sooner and to potentially incorporate findings more readily into future revisions of the application.

APPROACH

The evaluation called for the participation of states who submitted either an initial or renewal waiver application using the revised application in its Word or web-based format. Described below are the major evaluation activities.

Recruitment of States

The evaluation proposed the recruitment of two groups of states: those submitting applications using the revised application for a renewal of an existing waiver, and those using the revised application for a new waiver program. A mix of waiver programs representing different regions, organizational structures, and target populations was also proposed. In the case of renewal states, an invitation to participate in the evaluation was sent to the state Medicaid director and state waiver contact person for the cohort of waiver programs scheduled for termination on June 30, 2007 (n = 19). This time frame was selected to have the evaluation coincide with the period during which states would likely be developing their applications and be in the best position to represent their experience. Eight states accepted the invitation, including one state whose waiver program had a termination date of April 30, 2007 (GA, LA, MO, NH, OK, PA, VA, WA).

Recruitment of states with new waiver programs proved more challenging. States are not required to notify CMS in advance of applying for a new waiver program; thus there was no registry of states to draw upon. Muskie staff developed an *Intent to Apply* form for CMS Regional Office staff to share with their state Medicaid Directors and waiver staff. The form requested any state planning to submit a new waiver between February – June 2007 to complete and return the form to the Muskie School. No forms were submitted despite repeated attempts.

In consultation with CMS, we reluctantly pursued the evaluation without including a state representing a new waiver application. This decision may have affected the findings with respect to the “burden” question but is not likely to have changed the nature of the experience and issues identified. A profile of the participating states is shown in Appendix A.

Advance Survey

A survey was developed and electronically shared with participating states in early March to capture the technical and programmatic issues that surfaced during the completion of the application.² States were requested to return surveys to the Muskie School by mid-April after the estimated April 1 date for submitting waiver applications to CMS. All eight surveys were returned and analyzed to assess the nature and extent of issues,

² Eight states were asked to voluntarily complete the Advance Survey.

including areas that could benefit from further probing in focus groups. The Advance Survey is shown in Appendix B.

Focus groups

Three focus groups were scheduled with participating states to better understand issues raised in the Advance Survey and to reflect more specifically on the overall experience of using the revised waiver components. Up to five representatives from each state were assigned to a focus group with one or two other states. Prior to the focus group, a protocol was developed using survey findings specific to each state within a focus group and shared with participants. Three 2-hour telephonic focus groups were held in May/early June 2007. With the consent of participants, focus groups were taped and transcribed. Appendix C identifies focus group participants.

Following the focus groups, Muskie staff analyzed findings and attempted to replicate some of the technical problems experienced by states using a mock web site application to better understand and convey their comments. The following sections describe our findings. Summary findings are oftentimes closed with quotes from evaluation participants. These are indicated in italics and help to convey the tone and spirit of the states' experiences.

FINDINGS

Our discussion of findings is organized into five major sections:

- Overall benefits
- Overall challenges
- Application content
- Technical issues
- Burden and impact

It is important to remind the reader that states used different versions of the application (1 used Word 3.3; 1 used Word 3.4; and 6 used the 3.4 web-based version). Also, some of the issues identified during the evaluation may have been subsequently addressed by CMS.

Overall Benefits

States identified four primary areas of benefit from the new waiver application process. They found that the waiver application:

- Facilitated communication and coordination within the State and with CMS
- Clarified the expectations of CMS regarding roles and responsibilities
- Improved the overall consistency and accuracy of the waiver application
- Improved and strengthened the organization and design of the waiver programs

The above benefits were seen in large part due to the Technical Guide accompanying the new waiver application. States were extremely complementary of the instructions and Technical Guide. They found these to be “invaluable”, “excellent”, “extremely,

extremely helpful”. One state commented that, “we use it practically everyday”. The availability and format of the instructions and Technical Guide helped to provide a common language, definitions and guide for the variety of agencies and level of staff involved in the application.

Facilitated communication and coordination within the state and with CMS

The development of the revised waiver application, given the breadth of issues addressed, requires the involvement and review of people from many state agencies including staff from the Medicaid agency, the operating agency, licensure, financial and administrative agencies, and in some cases sub-state entities such as local management entities or counties. States also took advantage of the application process as an opportunity to involve and inform various stakeholder groups. States used a variety of approaches to coordinate and communicate with all these entities. In most instances one person was assigned primary responsibility for coordinating the retrieval of information and working with other staff and agencies to develop, draft, review and sign off on various sections. States noted as many as 10 to 13 different people involved in some part of the waiver application process.

While the approach used to coordinate the retrieval and review of information varied considerably from state to state, states commented frequently that the waiver application process broadened the number of people involved in the process and resulted in a more thorough understanding of the waiver by more people, not just the staff involved in the administration of the waiver. The waiver application process in and of itself promoted and facilitated the inclusion and coordination of the many entities with responsibility for different parts of the waiver operation.

In response to the survey sent to each state in advance of the focus group, one state commented that, “The web application promoted our ability to coordinate and maintain consistency with the Waiver document. Limited access to the waiver was beneficial in producing a single version of the Waiver application.” Another state commented that, “Both the administering agency and the Medicaid agency would work at the same time in the document. The validation process was very helpful.”

In instances where new people were involved, the waiver application and the accompanying instructions and the Technical Guide were used as a teaching and learning resource.

What it (the Technical Guide) does for waiver managers like myself is give us a teaching tool. So it's very easy to explain to people what the expectation is.

I would say the effect is that more people are comfortable with the subject. Before, the waiver manager was supposed to know all this mysterious Federal stuff all by him or herself. So this broadened it.

It spreads more expertise around the states' task to manage the program. So, I think it could lead to improvements on the ground. It certainly makes it easier, just in terms of waiver management, to have more expertise out there.

The new waiver application also facilitated communication with CMS regional offices. Six of the eight states indicated that they had contacted their regional office during the waiver application process. All of those states indicated that the regional office was very helpful. Generally the regional offices clarified CMS expectations, reviewed drafts, and provided guidance as states drafted waiver application language.

... we did contact our regional office who came over and met with our financial people to give them some direction and guidance on how to do those financial sections.

The regional office provided extensive written feedback on our initial draft application that helped to reframe our questions, making them easier to answer.

Clarified expectations of CMS regarding roles and responsibilities

States commented that the waiver application was very helpful in clarifying roles and responsibilities especially between the Medicaid agencies and the operating agencies. It also helped to clarify the roles and responsibilities of the state and the sub-state entities. The application and the instructions helped at least one state identify policies that needed to be clarified and areas where the state needed to take more responsibility for oversight of administrative entities. Other states commented that the waiver application prompted a review, redesign or a clarification of program operations and design.

States also appreciated that the waiver application provided a way to consistently describe and compare waivers within a state as well as across states. This was considered helpful in discussions with stakeholders and with agencies within the state.

... it really helped everybody in the division to understand the expectations of CMS as to what the Medicaid agency's role is with regard to monitoring and demonstration of the assurances and it helped to shore up some things that we were doing like the development of a very comprehensive quality strategy for our waivers.

It certainly has helped us clarify for various stakeholders what the role of the Medicaid agency is in providing for the assurances. It pushed us to examine more closely the processes and procedures that we're using...

Improved the overall consistency and accuracy of the waiver application

The need to coordinate with other agencies and the common application format resulted in greater consistency and accuracy within the waiver application. States found that having more people involved in the process meant that there was more oversight, more validation of the information provided, and ultimately a higher quality product. As one state commented in their survey response, "Multiple levels of involvement assist in ensuring that the waiver application is complete and accurate. Consequently, error rate is reduced which aids in timely renewal of the waiver." Another state noted that "Communication, collaboration, and feedback from all entities involved ensured

consistency and accuracy within the waiver application. This process also ensured consistency and accuracy across all waiver programs.” Still another state commented, “Standardization is better, our more inclusive approach produced a better product, although not entirely comparable, at least documents from different states will be more easily compared.”

I would say that this is one of the areas that needs to be stressed. This template really has helped us in developing a waiver document that is very clear and that includes many of our policies that we weren't able to include in the previous template. I think it ensures that all of - well, most of the waiver requirements are all in the waiver document itself and not necessarily have to be published in separate policies.

Improved and strengthened the organization and design of the waiver programs

The perceived impact of the waiver application on the organization and design of the waiver programs varied. Generally, the waiver application was thought to improve the clarity and consistency in the way the waiver program was described. For some states, this meant changing, redesigning, and strengthening the operation of the program. In other states, the waiver application, per se, did not result in any major programmatic changes but helped to clarify organizational relationships and provided an opportunity to more carefully describe existing policies and procedures.

The extent to which the waiver application resulted in programmatic or organizational changes depended in part on the nature of the waiver application. In those instances where there were no substantive changes to an existing waiver, states did not identify major areas of program redesign. In instances where an existing waiver was being modified as part of the waiver renewal, it was more likely that the state had to rethink or redesign aspects of its waiver program based on the requirements of the revised waiver application. States with participant direction features, in particular, found that the new application forced them to look more closely at those policies and procedures and in some instances make revisions or clarifications to policies.

The one area requiring redesign in most states was Appendix H, the Quality Management Strategy section. Even states who felt they had strong quality management processes found the application beneficial in helping them to better organize and describe their processes. In other instances, states identified gaps or weaknesses in their quality management systems that they sought to address as part of the waiver renewal process.

I think that it could help us strengthen our waiver program in - that it helps the Medicaid agency get a better understanding of what our operating agency was doing and I think it helps the operating agency see what the Medicaid agency - what their role was in the process and that we weren't just a conduit for the funds.

We are taking more responsibility over developing statewide requirements, statewide expectations, statewide policies. We're looking at both our own

performance as well as the performance of our local administrative entities, the local entities we're looking at through what we're calling an administrative entity oversight process. And we've - as part of the waiver renewal, we developed a much more comprehensive process to evaluate entity performance.

I think it's a good tool to use to review your waiver program, absolutely. It promotes more checks and balances. It shows you where your weaknesses are and your strengths are. I think it pointed out where there were areas we needed to make some improvement.

I think it strengthened us organizationally to support a waiver.

It didn't involve us changing our practice so much as explaining it better especially in the area of risk assessment and mitigation related to the individual.

Challenges

Most challenges mentioned by states related to the technical challenges of the application. These included the technical issues related to formatting, saving, printing, tracking changes, and entering information into the web-based application. Later in the report the technical issues are described in greater detail. Other general technical challenges involved managing multiple simultaneous users of the web-based application. States used a variety of approaches to address this issue. States had many comments on ways to improve the ability to revise, edit and highlight changes in the web-based application to improve their ability to coordinate and communicate across agencies. These are included in the technical discussion. Major areas addressed under challenges include:

- Newness of the waiver application and review criteria
- Time required coordinating with all entities
- Training new people
- Use of CMS language versus state-specific language

Newness of waiver application and web-based version

The completion of the new waiver application and its input into the system were both new processes for states. Two states did not use the web-based application but used the Word version instead. One of these states indicated that the web version was not available when they completed their application; the other state said they had so many technical difficulties doing it online they gave up and used the Word version.

One state completed the Word version of the application as part of a previous waiver application and determined that it would be easier to use the same version for the second application. Another state noted that they were trying to simultaneously complete three waiver applications and were overwhelmed with the sheer challenge of getting up to speed. States generally agreed that there is a learning curve associated with both the completion of the application and the use of the application. States with prior experience

in using the revised application found that each application became easier and that it was worth the extra effort.

Time required coordinating with all entities

States commented on the amount of time it required to gather information, validate the information, revise policies, coordinate with all the various internal and external stakeholders and entities, and get final approval. States cautioned others to start early and leave enough time to conduct all these activities. One state commented that “There is a significant amount of information to be absorbed when preparing the waiver and you must allow enough time to understand and address each section.”

Training new people

While states commented that the waiver application, instructions and Technical Guide were helpful learning tools, they also commented that it was often a challenge to train or involve new employees or others not previously involved in the waiver. In one instance, CMS was helpful in providing technical assistance to the state staff particularly on the calculation of cost neutrality. States proposed identifying staff or training gaps early in the process to avoid delays in the completion of the application. Although these were identified as challenges, many states saw orientation as inevitable and also beneficial in providing structure to orienting new staff.

Use of CMS language versus state specific language

The waiver application provides a common language and common way to describe waiver services, providers, and program operations. By their nature, however, HCBS waiver programs vary considerably from state to state, including the language used to describe services, programs and providers. At least one state commented on the difficulty of aligning state terminology with federal terminology. When states use the more standard federal definitions or terms, stakeholders in a state may not be familiar with the use of those terms. Translating between the federal terminology and the state terminology was noted as a challenge.

Application Content

This section highlights specific areas in the revised waiver components that may have been problematic. Issues are discussed with respect to clarity/consistency, relevancy/adequacy, level of effort, and type of effort.

Clarity/Consistency

States were asked in the Advance Survey to identify items in the application that may have been confusing or unclear. The following table provides specific areas in the application where states indicated that issues were unclear and/or confusing.

Waiver Section	State Comments
Appendix A Waiver Administration and Operation	<p>One state suggested that questions 6 and 7 be reversed. Question 6 asks for a description of the methods that are used to assess the performance of contracted and/or local/regional/non-state entities and how frequently such performance is assessed. Question 7 provides a list of the entities and the functions that they perform. The state thought that it was more logical to first list the entities and their functions and then ask questions about the method of assessing the performance of those entities.</p>
Appendix B Participant Access and Eligibility	<p>Two states had difficulty with the definition of physical disability and other disability. One state had difficulty with specifying a maximum age limit since there was no such limit in that state.</p> <p>One state commented that explanations of the four choices for individual cost limits (B-2 a) were not specific and the definitions of post eligibility treatment of income (B-5) were not clear.</p>
Appendix C Participant Services	<p>Three states commented on this section. One state found the explanations of provider qualifications (license, certificate, other) unclear (C-3). Another had problems with questions that grouped together services by relatives and/or legal guardians. In this state, the policies for relatives and legal guardians are different. By grouping relatives and legal guardians together in the application, the state was not able to differentiate the separate policies.</p> <p>Another state indicated that they used the CMS guidance a lot in this section since many questions had not been asked in prior waiver applications.</p> <p>A third state thought that service type (C-1) was not clear.</p>
Appendix D Participant-centered Planning and Service Delivery	<p>No comments</p>
Appendix E Participant Direction of Services	<p>One state commented that the terms and definitions related to financial management services were not clear and it was difficult to determine what was allowable.</p>
Appendix G Participant Safeguards	<p>For one state, the section related to restraints and restrictive interventions was not clear.</p>
Appendix H Quality Management Strategy	<p>A number of sections mentioned that Appendix H was challenging to complete. This was in part due to the newness of the section. A number of states had to develop and/or describe their quality management strategy for the first time and were challenged both conceptually but also in terms of application format (see section on Technical Issues).</p>

Waiver Section	State Comments
Appendix I Financial Accountability	See section on Technical Issues for discussion.
Appendix J Cost Neutrality	Two states commented on Section J. One state commented that the instructions for J-2-a and J-2-c were not clear. For another state this was a challenge because of new staff lack of familiarity with requirements.

Relevancy/Adequacy

The Advance Survey asked whether the application format provided sufficient opportunity to describe the design of the state’s waiver program and whether the application provided an adequate description of all aspects of their waiver programs. One state commented that the text boxes in certain sections were not sufficient, including the oversight section in Appendix A, the incident management sections, and the sections on restraints. A number of states also commented on the difficulty of completing Appendix H given the restriction on the use of tables. Other states felt that the fields provided ample space to answer the questions.

Additional comments during focus group discussions related to the overall waiver and more specifically to Appendix H, the Quality Management Strategy:

I would think overall that the new application in general, whether you use the Word version or the web-based version, is much more thorough and does allow for a better overall description of the waiver to the point it allows CMS to more closely scrutinize...

It does provide a more thorough explanation of the waiver. It certainly links in with the statutory assurances a whole lot better than the old application, so that as CMS moves to the more quality-focused, it’s easier to track.

It’s very thorough. To cover all of those assurances, you’ve got to be very thorough. And ten pages really isn’t that many.

Level of Effort

States were asked to rank order the three sections that required the greatest level of effort to complete. Appendices H and J were the sections most frequently ranked by the states as one of the three hardest sections to complete. Six states said that Appendix H was one of the three hardest appendices to complete and six states said that Appendix J was one of the hardest. Other appendices that states thought to be among the hardest included Appendix B (two states), Appendix C (three states), Appendix D (one state), Appendix E (two states), Appendix F (one state) and Appendix G (one state). Comments related to the level of effort for each section are as described below.

Appendix C: Participant Services

Three states commented on the level of effort to complete Appendix C.

Well, we found that it was just cumbersome. And honestly, I don't know how you would make it less cumbersome just because there are so many components that need to be included. There's just a lot of information that needs to be provided in that area and it gets a little confusing.

It was just that it required so much more and we had to really rethink and know what we were doing and making sure that the information and the criteria that we included were within the limits for what we could do. But, the good thing was the core service definitions. By having access to those, I think that helped us to really rethink and redesign or rewrite the definitions of services that we had.

Appendix E: Participant Direction

Two states struggled with Appendix E, Participant Direction. Both states had participant direction policies and practices in place, but found documenting and describing their policies within the context of the new waiver application difficult. For one state, it required re-examining how the policies were applied statewide, ensuring that services were available statewide, how information on participant direction was made available, and statewide policies related to voluntary and involuntary terminations. For the other state, it required absorbing a lot of information and understanding the terminology used in the waiver application and applying it to the state's existing participant direction policies.

Previous to using this application, we had a policy that was separate from the waiver on Participant Direction. But while doing Appendix E, we had to answer lots and lots and lots of questions that we had not answered before related to Participant Direction. So, for us, this section was probably one of the hardest to complete because we had to have lots of discussions and make lots of decisions about how we wanted to move Participant Direction forward. We worked with CMS a lot on this particular Appendix, in particular staff from the Central Office, and also we used the Technical Guide.

I have to agree that this had to be for me the most challenging section. There just appeared to be so much information that we were trying to absorb. Even though we had Participant Direction in an existing waiver, ... just trying to get my arms wrapped around budget authority ...and, ... decision making authority. There was just so much ...Appendix E almost became overwhelming for me because there was just so much. I would read the budget authority, the employer authority and try to decide which one, and then trying to go back and looking at the fiscal manager and trying to figure out which area to put it under.... You know, I mean, it was just a lot of information.

Appendix H: Quality Management Strategy

Appendix H was noted by most as a challenging section to complete. States had a range of reasons for why it was difficult. For many states, the newness of developing an overall quality management strategy was demanding and required an extra level of effort. Some states commented that because of Appendix H they had to rethink and redesign their quality management strategies in general and examine how well their current quality management activities fit within the general guidelines of the waiver application. Other states noted that they often used a table or matrix (in a Word format) to describe their quality management strategy. Since the web-based application did not allow for tables, some states had to rewrite their strategies in a narrative format for the application finding it cumbersome (and repetitive) to describe their discovery methods, review processes and data collection methods for each of the assurances.

Well, I think first and foremost, it's new. And then secondly, it's totally free form. ... it's not like there's any kind of format to follow, although we know that CMS has some suggested formats out there and that sort of thing. But it's just a matter of designing one when you had never had one designed before and you have to put it all together.

It's definitely promoting a major revamp across the waivers here on how we're going to be looking at quality management issues.

The other thing that we had to rethink really is the quality management. As part of our negotiations with CMS, they strongly recommended that we step back from our current approach that we were using. And based on the new guidance that they had given, focus on the assurances rather than using their quality framework and rather than setting lots of other additional priorities for ourselves.

Appendix J: Cost Neutrality

As noted earlier, states commented that Appendix J was particularly difficult when there were new staff involved who had not previously calculated cost neutrality. One state also commented that the directions for Section J were not clear.

Type of Effort

The type of effort that states devoted to the completion of the waiver application included gathering information, redesigning/developing waiver policies, coordinating across agencies and documenting responses. Although we asked each state to provide an estimate of the percent of time they spent in each of these activities in each section, no clear patterns emerged.

For example, we asked each state to estimate the percent of time for each Appendix that was spent in each of the activities listed above. Looking at Appendix H, three states indicated that 40-60% of their time was spent redesigning their quality management

strategy. For three other states, most of their time (50-60%) was spent in gathering information, documenting responses, or coordinating across agencies.

It was generally not possible to draw any inferences or other conclusions from this section that could be instructive to the evaluation.

Technical Issues

States were very receptive to the new application but expressed considerable frustration in using it for the first time. Some of these challenges were overcome with gaining familiarity while others relate to the functionality of the system. Footnotes have been added to further explain technical issues. Major areas include:

- Editing and sharing the Application for review
- Instructions and tips for using the web-based version
- Loss of MS Word and MS Office functionality
- Problems with online functions
- Problems in specific appendices
- Compliments on the software
- Other

Editing and Sharing the Application for Review

A key overall advantage noted about the new application was that it encouraged broad participation among internal staff, often across agencies, and external stakeholders, in order to complete the application. The web-based functionality aided this effort in some instances, and hindered it in others. States took varied approaches to editing and making the application available for review, a process which was partly determined around some of the difficulties of sharing and editing the application in addition to other organizational considerations. The extent to which the web-based version can allow flexibility of review of the draft document in multiple formats, while ensuring control of access and editing by the person with oversight responsibility, will enhance participation in the development of the application.

Most states used a combined approach to sharing and editing the draft application. Some kept a parallel MS Word version, or did the entire application in Word, and made one individual responsible for inputting the final document into the web-based application. Others drafted the application online, in some instances holding group working sessions in which the application was projected on the wall, and in others, the person with primary oversight of the document shared sections in hard copy or electronically in PDF format, or by cutting and pasting into MS Word.

Online Access: Initially, at least one state hoped that the ability to have multiple people access the same draft application online from multiple locations would help their cross-agency work on the application, but found that managing the process was difficult. Specifically, the lack of a track changes function allowing reviewers to see which staff had made what changes, and the fact that there was no user notification if another person was logged in and editing the document with the result that only the changes made by the

last person to log out were captured – an inadvertent discovery on the part of one state that resulted in the loss of some edits – caused most states to strictly limit the number of people who could make edits directly to the application. In most cases, only one person made edits, or handed the application off to another to edit in limited instances, such as to complete the financial section.

One focus group participant expressed a desire to be able to set up read-only access to the web-based application for a stakeholder who could only access it on a screen, but whom she did not feel comfortable allowing editing rights.

Some states felt having the capability to allow multiple staff to view the in-progress application online improved coordination and consistency within the document, particularly in the final editing stages. One state expressed concern that the draft application not be available to others until it had been submitted. Another wished for a “real time” access to the web-based application for parties at multiple locations, to allow people in different offices to make edits over the phone, and view the changes without one party having to log out and log back to view the updated application.³ Following submission of the application, states experienced or anticipated greater ease in communicating with CMS and making subsequent edits to the application online during the review period.

Electronic Copies of the Application: Some states wanted to share drafts of the application or of specific sections internally and with external stakeholders, including some for public comment. Most opted to share MS Word versions of the text in specific sections, or printed hard copies of the application. Some saved the application as a PDF file, although the PDF file has some of the same limitations as the printed hard copies (see below), and some states lacked the software to create PDF files, or were not aware that this was an option. No one in the focus groups mentioned saving the application in html format, although one person spoke of saving the online application to a hard drive to for editing.⁴

Printing: Some states needing to share the application resorted to printing, and in some cases, faxing hard copies. The web-based application allows the user to print the entire application, or one appendix at a time. One state indicated that it would have been helpful

³ One state discovered that it was possible for the same user to log on from different locations simultaneously, and that changes from both computers could be viewed and saved. The state reviewing changes online over a conference call might have been able to use this as a work-around by asking the state op/sys manager to set-up a temporary group username and password so that both parties could view the changes being made without logging in and out. When attempted in the test version of the web-based application, it seemed that if both sites had unsaved changes, the last changes saved were retained, so states would either have to alternate very carefully, or designate one party as the editor and the others as viewers-only. Changes made at one site could be viewed at the other by clicking “save” or “reload.”

⁴ In the test version, it was possible to save the application or individual appendices as html files, which were not editable when opened in a browser, but could be opened in MS Word to edit or track changes. Any edits would have to be cut and pasted back into the online version to be retained. When opened in MS Word, the text boxes in the html version do not expand, although the scroll bar is available. This may be what one focus group member meant when she said that when they tried saving a copy of the application without benefit of Adobe Writer the text boxes were very small and “impossible to read.”

to be able to print a single page at a time, to replace pages in hard copies when limited changes had been made. The major complaints had to do with the formatting and readability of the printed document. When the entire application was printed, CMS questions and State responses ran together, as did the provider and service sections in Appendix C, and appendices did not start on a new page, making them difficult to locate. Other states experienced difficulties that may have been the result of problems with their browsers or browser settings, printer drivers or other incompatibilities.⁵ In general, it would be helpful if the printed application could be made more reader friendly, and for the user to have more control over the printed format.

MS Word and MS Office functionality missing in Web

A frequent frustration with the web-based application was the lack of MS Word formatting and editing functions in the text response fields. For states that drafted their applications in MS Word or were migrating existing applications to the web-based version by pasting in the text, all formatting, including tabs, bold text, highlighting, italics, underlining, and bullets (which paste as characters) was lost. In the text fields, the only means of emphasizing or separating text are spaces, extra lines, hyphens or capital letters. The lack of editing functions such as spell check, reviewing/track changes and find/replace also caused problems for states that worked directly in the web-based application. For example, in one state the name of a state office changed, which required staff to go through the entire application manually to replace the name.

A further complaint was the inability to paste or otherwise attach MS Word tables, particularly in Appendix H, or to integrate documents in other common Microsoft Office software such as Excel (Appendix J) or Visio (Appendix I).⁶ For some states this appeared to be a change in the way CMS had encouraged information to be presented in the past, and required a time-consuming effort to convert tables to text, resulting in some cases in text that exceeded the character limits of the fields and was overall harder to understand. One state asked about attaching tables to the web-based application, and received the clarification that attachments were generally not allowed. However, at least one regional office seemed unaware of the formatting restrictions in the web-based version and, in their requests for additional information, asked for text to be highlighted or presented in tables.⁷

⁵ One state found that the response text printed very lightly, making it difficult to read. Another replaced their office printer part way through the process and discovered that when the application was printed, all of the checked-circles printed as black dots. Before they could circulate the document, they had to compare the entire printed version with the online document and note which selections had been made. Any tips on printer drivers or browser compatibility that could be accumulated and made available to troubleshoot these difficulties would be helpful. For example, when the evaluators printed a partially completed test version of the introductory section of the application in Internet Explorer, all of the text boxes seemed to adjust in size to reveal all of the text in the printed version, whereas the same section printed from Mozilla adjusted the size of some text boxes, but cut off text in others.

⁶ Another state noted that they would convert parts of their application back into tables or spreadsheets to use as tools internally to track their progress in certain areas.

Instructions Specific to Application: There were no specific instructions given in the Technical Guide for navigating the application, other than the online prompts. Additional instruction requested included whether rounding is permitted in Appendix J, whether or not the CMS Regional Office would automatically be notified when the state submitted the application and whether and how the Secretary could delegate to someone else to submit the application.

Problems with Online Functions

Saving Edits: One state experienced lost edits when they clicked “save” only to receive an error message that returned them to the main menu, with their changes lost. A number of users also found that the connection to the application timed out with no warning, and no guidelines as to how long the connection should last, which caused some states to lose information even if they had been saving routinely. Several users suggested that a pop-up warning that the connection was about to time-out or instructions on how long to expect the connection to last would be useful.

Changing selections and deleting items: Several states had difficulty changing or de-selecting previous choices in the application. One state accidentally clicked “new” or “add” in Appendix B. The screen would not allow her to remove or de-select the item, but the next day the selection was gone. Another state experienced the reverse, and was able to delete text from a box, at the request of CMS, but upon clicking the “save” function, the text returned. In another instance, staff attempted to delete text, but it remained visible. Days later they looked, and it was gone.

Some states lost text from text boxes that they would liked to have saved when they de-selected an associated check box. Once alerted that this would happen, when making subsequent changes they copied and pasted the text to a text file first, but an initial warning instruction or pop-up alert might have been helpful. .

Phantom Application Versions: One state accidentally clicked “new” instead of “renewal” waiver, and went on to enter an extensive amount of information. When they realized the error, they tried to change the selection, and called Thomson Healthcare only to find that it could not be changed, and that they had to start a new application, leaving the initial draft active online. Another state has multiple versions of the application incorrectly selected as new instead of renewal, which states agreed was an easy error to make, that cannot be deleted. They renamed them “test” to avoid confusion. Several states indicated they would like to request that these phantom applications be deleted, or at least removed from view, once it has been made clear that they contain errors and will not be submitted. In addition, it would be helpful if states could change the new or renewal designation if they have selected in error.

Navigating Screens: When a check box is selected or the “save” option clicked, the screen disappears or flickers momentarily and returns the user to the top of the web page, forcing the person entering to wait and then scroll back to their position on the page.

Character Limits: The character limits on some text boxes were considered too low by some states.⁸ There was some uncertainty about whether the additional text could be submitted as attachments, but CMS clarified that attachments are generally not allowed. One state cut information from Appendix H because they were over the character limit, and in general found that their need for space did not seem to match the expectations implied by the application.⁹

Pre-population Feature: Most states found this feature very helpful. One had difficulty with Appendix J-1 column 2 of the Composite Overview, which pre-populates only if B-3-a has been filled in. The user received a nonspecific error message, but that did not help her address the problem, although she did find in the printed instructions, that the information came from B-3-a.

Repeated Information/Cross Referencing Suggestion: Some felt that the application asked repetitive questions, and required filling in a lot of duplicate information, without the ability to reference previous or corresponding sections, which would have saved re-typing or pasting, and made consistency easier to achieve. Specific sections mentioned were the sections on provider type and provider qualifications. One state did not repeat enough information, and was asked by CMS during the review period to copy and paste from some sections to others. A suggestion was made for Appendix C that once a provider type has been added and defined, and added to a service, the same provider type and definition could be used for other services, perhaps by adding each provider type to a drop-down list that would be available to select from for other services.

Change Report: CMS is able to generate a “change report” detailing changes made by the state in response to requests for changes or clarifications from CMS following submission. One state only made the few requested changes, but the change report indicated changes to almost every area of the document. CMS has been alerted to this issue, so it may have been addressed prior to this report.

⁸ Specifically mentioned were Appendix A-2 Oversight, limit 12,000; Appendix A-6 Administrative Authority, Assessment Methods and Frequency, limit 6,000. The state could have used 20,000+ characters, but was limited to 12,000. They wanted to emphasize their authority as the Medicaid agency to assess the operational entities, but did not have enough space; Appendix G-1-a Critical Event or Incident Reporting, limit 18,000; Appendix G-2-b-i Safeguards Concerning the Use of Restrictive Interventions, limit 20,000; Appendix C-2-c-I. The state needed to explain in words rather than in numbers, policies governing the number of people who can live in certain settings. The field was limited to 200 characters, but when they entered 200 characters and tried to print the application, not all 200 of the characters showed. Only the first line was visible. This could have been a browser issue.

⁹ In the test version, the word counter in the application was less generous than the word count function in MS Word, and the count in the upper right corner of the text field did not always match the count given in the error message when too many characters were entered.

Technical Problems in Specific Appendices

Appendix Section	Technical Issue
Main Module, Attachment #1 Transition Plan	It was not clear to one participant whether this is a required field or not. ¹⁰
Main Module, 1-c	The meaning of “original waiver effective date” is unclear for renewal applicants. One state assumed it was the effective date of the waiver the first time it was submitted. CMS clarified that it should be the effective date of this renewal. Other states left this box blank and the application was still validated and submitted.
Appendix B-6	In the past, the state has not had to specify the frequency of waiver services that must be provided for a person to be eligible. They needed more room to clarify policies, but not enough space was available, so they attached the clarification in a separate document.
Appendix C	Maneuvering back and forth between the sections was difficult.
Appendix I-2-c and I-4-b	If the applicant checks I-2-c “Certified Public Expenditures (CPE) of Non-State Public Agencies,” the web-based version forces the applicant to check “Other non-State Level Source(s) of Funds,” under I-4-b, even though the option “Appropriation of Local Revenues” would have been more accurate. The state does not do CPEs for services, but as part of administration, which is a different match, so the distinction is important.
Appendix J	The MS Word version 3.3 allowed an additional field in Appendix J which is not available in the web-based version, and meant that the state had to spend time recalculating that section in a manner different from previous years.

Compliments on the Software

While the focus of this section has been on problems associated with the web-based version, there were also many compliments for this major advancement.

- Many appreciated the validation function
- The pre-population feature was helpful
- Participants appreciated the ability to go directly to a specific Appendix
- The online prompts to skip certain areas based on previous response were helpful
- The calculator in Appendix J was appreciated
- Some found the web-based version much easier to work with than the MS Word version
- Technical assistance from Thomson Healthcare was readily available and helpful

¹⁰ In the test version, the online instructions available by clicking the “Help” link clarify this under “Attachment #1 Transition Plan” on page 2 and under Appendix B-3-d “Scheduled Phase-In or Phase-Out” on page 3.

Other

One state expressed concern that the small proportion of check boxes and drop-down answers might limit the ability to aggregate the responses for comparisons across states that might be useful to CMS and to individual states as well, but recognized that states have very different waiver programs that might not lend themselves to many more drop-down options.

One state that used the Word version of the application found it cumbersome to have multiple people working on it, and suggested that in the future, CMS should wait for the web-based version to be ready before rolling out a new application.

Note: CMS is working on many of the technical issues identified in this section in the next release of the web-based application, including improvements to the change report and capacity increases. In addition, CMS is planning to institute regularly scheduled trainings for users.

BURDEN AND IMPACT

One of CMS' objectives in revising the waiver application and process was to make the waiver application efficient for states and CMS. It was also hoped that revisions would strengthen the design and potentially the outcomes of waiver programs (although assessing the latter was not part of the evaluation).

Time was set aside during each focus group for states to reflect on the overall level of effort required to complete their waiver applications and the subsequent benefits they perceived. Without exception, states indicated that the revised application took substantially longer to complete than in the past. The majority of time was spent in three areas:

- Documenting existing policies or practices. States indicated that the level of specificity within the waiver often required them to review and document features of the waiver program that had not been made explicit in the past. This was seen as a useful exercise, contributing to a broader understanding of waiver requirements among internal and external stakeholders.
- Designing/re-designing policies or practices. Sometimes, a state had no policy or had a policy that was inconsistent with or did not fully address the requirements of the waiver application or Technical Guide. In these cases, states worked to develop or re-design their program to be in conformance. Common areas for design/redesign included; provider qualifications, restraints, risk management, and quality management.
- Trouble-shooting technical problems with the application. Earlier sections highlight technical areas that were particularly troublesome and time-consuming for states.

Despite the additional time required to complete the application, there was universal agreement that time spent was worthwhile and likely to decrease in the future as everyone

becomes more familiar with the content and structure of the application. States were philosophical about the glitches they experienced in using the application, seeing them as an expected outcome of a venture of this magnitude. Everyone saw this initial submittal as a learning experience for both states and CMS.

States were quick to point out the positive impact of the new application process which they saw as outweighing the additional burden. For many, completing a waiver application led to an improved articulation of the waiver program, thus reducing ambiguity and inconsistency that may have existed in the past. By carefully documenting the features of waiver design and operations, staff were better positioned to do their work and understand how that work contributes to broader program operations. Similarly, the specificity of CMS expectations was seen as strengthening the importance of the state's oversight role in the minds of legislators and external stakeholders.

States were not prepared to say that the application process itself would improve participant outcomes but did feel that it led to improved program operations. Many described the development process as an important time to reflect on what they were doing, why they were doing it and how operations could be improved. Noting that weaknesses and gaps were more readily identified in the new waiver application, states used the waiver application as an opportunity to refine their policies and systems.

In several instances, staff noted that the application process prompted them to reconsider how they staff and organize their programs. This was especially true in the area of quality management and the roles and responsibilities of sub-state entities. Over time, states saw these activities as impacting participant outcomes and satisfaction with the program.

Although it was significant upfront - I've gone in and made some changes based on our negotiations with CMS. And I really think down the line that the burden is going to be worth it because amendments and renewals are going to be so much easier and less time-consuming.

I think it would lead ... to a stronger waiver program.

Yes, I agree. I think it causes you to look very closely at your processes and are you doing the things that really you should be doing, are you wasting your time on certain areas and not spending enough - I think it's a good tool to use to review your waiver program, absolutely.

I think it's a good tool to use to review your waiver program, absolutely.

It shows you where your weaknesses are and your strengths are, I think, I mean, and so to me, it pointed out where there were areas we needed to make some improvement.

... after you've done it once ... I do think states will figure out after they've done it one time, it's painful the first time, it's difficult, it's a lot of work. But I think after you've done it one time, it's very much less painful.

It's just difficult when it's brand new and you're not expecting all of the level of detail that CMS wants. I think it's painful. But I think in the end, the benefits far outweigh it

CONCLUSIONS AND RECOMMENDATIONS

Without exception, states see the waiver application reforms as a major advancement. The challenges they encountered in using the application were frustrating but not insurmountable and likely to decrease as everyone becomes increasingly familiar with the application's content and structure. The application process was used as an opportunity to bring together a broader group of internal and external stakeholders who, as a result, have a better understanding of the requirements and operations of the waiver program. Many characterized the application and Technical Guide as "learning tools" that will serve as important references beyond the application process.

Issues focus primarily on the functionality of the web-based version and, to a lesser extent, on aspects of the application that were not always clear. On the latter, there was no overwhelming agreement on elements of the application that should be revised. Greater consensus was found among the states on features of the web-based application that, if changed, could ease its use.

Other than to raise the issues, we are not in a position to make specific recommendations for changing the application components. However, based on feedback from the states, several general recommendations are proposed:

1. A process for routinely collecting, addressing and sharing technical issues in the web-based version should be developed. While the evaluation surfaced many issues, it was not always clear whether and how the issue may have already been addressed. States also proposed that more upfront guidance be available to facilitate their use of the web-based version, including compatible software configurations that should be used in tandem with the web version.
2. The Technical Guide was a major success. States expressed appreciation for the time and effort it took to compile all related statutes, regulations and policies that can now serve as an important reference tool for state program managers and waiver providers. States highly encouraged CMS to frequently update the Guide so that this central repository can be maintained and used reliably by states in understanding federal waiver policy.
3. Early adopters of the web-based version believed that their experience can be translated into practical advice to states that have yet to use the Word or web-based versions. Specifically they recommended that:
 - States leave plenty of time to become acquainted with the application requirements
 - Thoroughly read the Technical Guide
 - Develop an internal team that gets to know the application backwards and forwards

- Bring stakeholders into the process; it is important that they understand CMS expectations
 - Use the application as a way of assessing the current waiver, even if a renewal is down the road. States acknowledged that the process surfaced weaknesses and gaps that need to be addressed
4. States encouraged CMS to retain the basic structure of the new application even if changes are made. States have invested significant time in converting their waiver documentation to comply with the application and have brought stakeholders into the process. A major change of direction would set them back.

APPENDIX A

Profile of Participating States

Region	State	Target Pop	Administrative Agency	Operating Agency	Waiver Type	Format
I	NH	Adults/Disabled	Bureau of Elderly and Adult Services	NH Dept Health and Human Services Division of Community Based Care Services	Renewal	Word
III	PA	MR/DD	PA Dept of Public Welfare Office of Developmental Disabilities	Same	Renewal	Web-based
	VA	Adults/Disabled	VA Dept of Medical Assistance	Same	Renewal	Web-based
IV	GA	MR/DD	GA Dept of Community Health	Same	Renewal	Word
VI	LA	Adult Day Health	DHH/Bureau of Health Services Financing	DHH/Office of Aging and Adult Services	Renewal	Web-based
VI	OK	In Home Supports for Children	OK Health Care Authority	OK Dept of Human Services	Renewal	Web-based
VII	MO	AIDS/HIV	Dept of Social Services Division of Medical Services	Dept of Health and Senior Services	Renewal	Web-based
X	WA	Adults/Disabled	State Medicaid Agency	Aging and Disability Services Administration	Renewal	Web-based

APPENDIX B

Advance Survey: Waiver Application Evaluation

Waiver program: State: Waiver #: Population:
Type of waiver application: new renewal

Instructions:

- Please save document to your computer. Do not attempt to fill out from within your email program.
- Filling in the form may cause subsequent text and tables to break incorrectly across pages. Please be sure to answer all 8 questions. You may add spaces/carriage returns in the end of a field to force split tables onto the next page.
- If you would like to disable the form fields, go to "View ⇒ Toolbars" and uncheck "Forms." This will allow you to fill in the form as a word document, but you will have to type in x's where check boxes are provided.

Contact person:

Phone:

Email:

State:

Position:

1. Planning and Organization

- a. Who took overall responsibility for the completion of the waiver application?
- b. i. What internal staff were involved in the completion? What were their positions and responsibilities?
- c. ii. What external entities (e.g. consultants and TA providers) were involved in the completion? What were their responsibilities? What internal process was set up to sign off on content, resolve issues and inconsistencies?
- d. How did this planning process differ from processes used in prior waiver applications?
- e. What challenges can you identify related to the current waiver development process?
- f. What benefits can you identify related to the current waiver development process?

2. Information Gathering

- a. To what extent was information generally available or easily accessible to complete the application?
 not at all available/accessible
 somewhat available/accessible
 adequately available/accessible

- almost all available/accessible
- all easily available/accessible

b. Please identify and describe the areas where information had to be collected or policies and/or procedures had to be developed, clarified or updated to respond to a question.

	Check all that apply	Section	Areas where information had to be collected or policies and/or procedures had to be developed, clarified or updated to respond to a question
i.	<input type="checkbox"/>	Administrative/ Introductory	
ii.	<input type="checkbox"/>	Appendix A	
iii.	<input type="checkbox"/>	Appendix B	
iv.	<input type="checkbox"/>	Appendix C	
v.	<input type="checkbox"/>	Appendix D	
vi.	<input type="checkbox"/>	Appendix E	
vii.	<input type="checkbox"/>	Appendix F	
viii.	<input type="checkbox"/>	Appendix G	
ix.	<input type="checkbox"/>	Appendix H	
x.	<input type="checkbox"/>	Appendix I	
xi.	<input type="checkbox"/>	Appendix J	

3. Clarity

a. Please identify items in the following sections that were confusing or unclear; explain.

	Check all that apply	Section	Please explain which items were unclear and what was unclear about them.
i.	<input type="checkbox"/>	Administrative/ Introductory Section	
ii.	<input type="checkbox"/>	Appendix A	
iii.	<input type="checkbox"/>	Appendix B	
iv.	<input type="checkbox"/>	Appendix C	
v.	<input type="checkbox"/>	Appendix D	
vi.	<input type="checkbox"/>	Appendix E	
vii.	<input type="checkbox"/>	Appendix F	
viii.	<input type="checkbox"/>	Appendix G	
ix.	<input type="checkbox"/>	Appendix H	
x.	<input type="checkbox"/>	Appendix I	
xi.	<input type="checkbox"/>	Appendix J	

b. i. How helpful were the instructions and review criteria in clarifying CMS expectations?
 very helpful somewhat helpful not helpful

ii. Please provide examples of areas that were not helpful.

c. i. Did you contact CMS during your completion of the waiver application?
 yes no

ii. What were your questions?

d. i. How helpful was CMS in responding to your questions?
 very helpful somewhat helpful not helpful

ii. Please provide examples of responses that were not helpful.

iii. Please provide examples of responses that were helpful.

4. Relevancy

- a. Did the application and format provide you with sufficient opportunity to describe the design of your waiver? Describe areas that were problematic.
- b. Were there aspects of your waiver program that could not be easily incorporated into the format of the application? Describe.
- c. Were there mandatory sections of the application that seemed inapplicable to your waiver design? Explain.

5. Level of Effort

- a. Please list the three waiver sections that required the greatest level of effort to complete (in ranked order, with "1" = greatest level of effort.)
 - 1)
 - 2)
 - 3)
- b. How did the web-based version affect the level of effort required to complete the application?

- c. Within each section, what percent of overall level of effort was devoted to each of the following aspects of waiver application (drop-down by section)

Aspect⇒ Section ↓	Gathering Information	Redesigning/ developing waiver structure/ policy	Coordinating across staff/ agencies	Documenting our responses	Other (please fill in)	Total must equal 100% <i>[right click in front of field, select "Update field" to calculate]</i>
Admin /Intro	%	%	%	%	%	0%
A	%	%	%	%	%	0%
B	%	%	%	%	%	0%
C	%	%	%	%	%	0%
D	%	%	%	%	%	0%
E	%	%	%	%	%	0%
F	%	%	%	%	%	0%
G	%	%	%	%	%	0%
H	%	%	%	%	%	0%
I	%	%	%	%	%	0%
J	%	%	%	%	%	0%

6. Overall Impact

- a. Do you feel the waiver application process strengthened the design of your waiver program?
- b. If yes, which areas in particular were strengthened?

7. Ease of Use of web-based version

- a. How easy was it to use and enter the required information on the web-based version?
 very easy moderately easy difficult
- b. What aspects of the web-based version did you especially like?
- c. What areas were challenging?

8. Please add anything else you would like to tell us about the web-based waiver application.

9. Once all advance surveys are received from participating states, you will be invited to participate in a telephonic focus group to further describe your experience with the application. Please identify up to four individuals in addition to yourself from your state who were instrumental in the preparation of the application and who would be willing to join this focus group. Please provide the name, title and email address for each person.

Please return to:
Hilary Skillings, USM Muskie School of Public Service
hskillin@usm.maine.edu, (207) 780-4567

APPENDIX C
State Focus Group Participants

State	Participant	Affiliation		
		Medicaid	Medicaid/ Operating Agency	Operating Agency
GA	Rosenita Brown			
	Vincent Payne			
	Billy Allen			
LA	Susan Jackson			X
MO	Theresa Valdes	X		
	Vicki Fry	X		
	Angie Hoelscher	X		
	Becky Hutchings			X
NH	Susan Lombard		X	
OK	Susan Lombard		X	
PA	Kelly Svalbonas			
	Angela Fortney			
VA	Teja Stokes		X	
WA	Chris Imhoff		X	