
42 C.F.R. § 441.303

Supporting documentation required.

The agency must furnish CMS with sufficient information to support the assurances required by § 441.302. Except as CMS may otherwise specify for particular waivers, the information must consist of the following:

- (a) A description of the safeguards necessary to protect the health and welfare of beneficiaries. This information must include a copy of the standards established by the State for facilities that are covered by section 1616(e) of the Act.
- (b) A description of the records and information that will be maintained to support financial accountability.
- (c) A description of the agency's plan for the evaluation and reevaluation of beneficiaries, including—
 - (1) A description of who will make these evaluations and how they will be made;
 - (2) A copy of the evaluation form to be used; and if it differs from the form used in placing beneficiaries in hospitals, NFs, or ICFs/IID, a description of how and why it differs and an assurance that the outcome of the new evaluation form is reliable, valid, and fully comparable to the form used for hospital, NF, or ICF/IID placement;
 - (3) The agency's procedure to ensure the maintenance of written documentation on all evaluations and reevaluations; and
 - (4) The agency's procedure to ensure reevaluations of need at regular intervals.
- (d) A description of the agency's plan for informing eligible beneficiaries of the feasible alternatives available under the waiver and allowing beneficiaries to choose either institutional services or home and community-based services.
- (e) An explanation of how the agency will apply the applicable provisions regarding the post-eligibility treatment of income and resources of those individuals receiving home and community-based services who are eligible under a special income level (included in § 435.217 of this chapter).

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