

## Authorities Update

As of June 17, 2011, Medicaid received formal requests for additional information as detailed below. The timeline established by DHH is to submit all formal responses for the waivers and SPAs to CMS by the middle of July 2011.

**1. Home and Community Based Services Waiver (HCBS) waiver under the authority of §1915(c) of the Social Security Act.**

Status: As of June 17, 2011, **Medicaid received** a formal request for information. Mercer is preparing the updated cost neutrality documents required to request a 5 year waiver rather than the original 3 year waiver. The implementing regions will be submitted to CMS in a response to one of the formal questions. Because the SMO will be critical to the implementation of the CSoC, the 1915 (b) waiver must be approved prior to approval of the 1915 (c) waiver.

**2. Section 1915 (b) Waiver MCO, PHIP, PAHP, PCCM Programs, and FFS Selective Contracting Programs.**

Status: Most of the questions have been answered in the response to the informal questions. Mercer is preparing the updated cost neutrality documents required to request a 5 year waiver rather than the original 3 year waiver.

**3. EPSDT State Plan Amendment (SPA)**

Status: The responses have been drafted. The Medicaid policy section is reviewing the draft responses and is updating the SPA. The response is expected to be submitted prior to the middle of July.

**4. School Based Behavioral Health Services SPA**

Status: Draft responses to the informal questions are completed. The response to the formal request for information is expected to be submitted prior to the middle of July.

**5. Psychiatric Residential Treatment Facilities (PRTF) SPA**

Status: The responses to the informal questions have been completed. The response to the formal request for information is expected to be submitted prior to the middle of July 2011.

**6. SPA Compliance Pages (this state plan amendment revises several managed care compliance pages in the state plan)**

Status: Approved.