

Citations

1. [Federal Register, vol. 76. No. 73, Friday April 15, 2011, pages 21311-21317.](#) (Proposed CMS regulations regarding characteristics of home and community-based settings.)
2. [CMS Letter to State of Missouri](#), dated 8/2/10, (denying HCBS waiver as services are “living on grounds of an institution which provides inpatient institutional treatment, a setting which is segregated from and with restricted access to the larger community”).
3. [42 CFR 441.301](#) (HCBS requirements that services must only be delivered to recipients who are not inpatients of a hospital, NF, or ICF/MR)
4. [Guidance from CMS](#), received via email 2/21/2012 from Katie Holt (regarding bundled rates.)
5. [Understanding Medicaid Home and Community Based Services: A Primer, 2010 Version.](#) US Department of Health and Human Services. (Page 132-134 discuss requirements for all personal care services only in “homelike requirements”
6. [Guidance from CMS](#), received via email 2/14/2012 from Nancy Grano. (discusses current process for approval of HCBS waivers for home and community based settings, referencing CMS HCBS Waiver Technical Guide
7. [US Department of Health and Human Services](#), Home and Community Based Guide 3.5 version (page 117 references home and community character)
8. [42 CFR, Section 438](#), regarding Non-Risk Contracts under Managed Care
9. [42 CFR, Section 440.181](#), Home and Community-based services for individuals age 65 or older (speaks to residing in a “community-based setting)
10. [42 CFR, Section 440.180](#), Home or Community-based services (speaks to additional habilitative services not allowed in the state plan.
11. [42 CFR, Section 440.167](#) Personal Care Services (provides definition of personal care services for those not residing in an institution).
12. [42 CFR, Section 440.130](#), Diagnostic, screening, preventive, and rehabilitative services (defines rehabilitative services allowed under state plan.
13. [42 CFR, Section 431.51](#) Free Choice of Providers (speaks to requirements under state plan to allow recipients to *receive free choice of all willing qualified providers*), except for those recipients enrolled in managed care, such as PCCM.
14. [CMS letter to former DHHS Commissioner Harvey](#), dated December 22, 2010, requesting additional information regarding SPA 10-013, Private Non-Medical Institution Services.

15. [CMS letter to former DHHS Commissioner Harvey](#), dated December 22, 2010, requesting additional information regarding SPA 10-014, Behavioral Health and Substance Abuse Services.
16. [CMS letter to former DHHS Commissioner Harvey](#), dated December 22, 2010, requesting additional information regarding SPA 10-015, Rehabilitative Services.
17. [CMS letter to former DHHS Commissioner Harvey](#), dated December 22, 2010, requesting additional information regarding SPA 10-016, Personal Care Services.
18. [CMS Response to Formal RAI, SPA 10-014](#), regarding Behavioral Health.
19. [CMS Response to Formal RAI, SPA 10-015](#), regarding Rehabilitative Services
20. [CMS Response to Formal RAI, SPA 10-013](#), regarding PNMI Services
21. [CMS Response to Formal RAI, SPA 10-016](#), regarding Personal Care Services
22. [CMS IMD Letter, to Commissioner Mayhew](#), dated August 9, 2011
23. [CMS Medicaid Manual, Section 4390](#), Defining Institutions for Mental Disease
24. [CMS Bundled Rate Letter, to Commissioner Mayhew](#), dated December 23, 2011, and associated state plan page.
25. [Olmstead Decision](#)
26. [CMS email from Katie Holt](#), dated 3/5/12, providing requirements for HCBS settings.
27. [CMS email from Steve Mills](#), dated, Detailing Provider Contracting Options for Bundled Rates