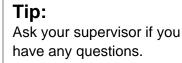
Level of Care Reflection

Can you answer the following questions for the HCBS waiver(s) you work with in your state?



1. What are the level of care criteria (separate from financial eligibility) that must be met for eligibility into the waiver?

2. What agency(ies) or entity(ies) are responsible for conducting level of care determinations?

3. What is the role of the case manager in conducting or notifying others about annual re-determination of level of care for HCBS participants?

4. Are there circumstances which trigger a re-assessment, such as a change in participant status?