

**MONTANA**  
**DEVELOPMENTAL DISABILITIES PROGRAM**  
**CHILDREN'S AUTISM WAIVER**  
**(CAW)**



**INFORMATION GUIDE**

**EFFECTIVE JULY 1, 2011**

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# **MONTANA DDP CHILDREN'S AUTISM WAIVER**

## **INFORMATION GUIDE**

### **BACKGROUND AND OVERVIEW**

The need for services for children living with autism is well documented in national literature and other media, including frequent national television advertisements, newspaper and magazine articles. In addition to the increasing national awareness of the prevalence of Autism Spectrum Disorder (ASD) and the associated financial and emotional impacts on individuals and families, the Developmental Disabilities Program (DDP) has been under increasing pressure to develop services and to secure funding for these services for Montana children affected by ASD.

This Medicaid waiver represents the outcome of many meetings of the statewide Children's Autism Waiver (CAW) workgroup. The workgroup includes parents, Child and Family Provider staff, Evaluation and Diagnosis clinic staff, representatives from the Office of Public Instruction and DDP staff. The workgroup was formed in response to public pressure by parents of children with autism, advocacy groups, and child and family service providers funded by the DDP.

This waiver reflects a concerted effort by many stakeholders to provide well-researched, cost effective, outcome-based services to children with ASD and their families using proven training and intervention strategies.

The Children's Autism Waiver administered by the Montana Developmental Disabilities Program (DDP) is designed to serve young children aged from 15 months through seven years who are diagnosed with Autism Spectrum Disorder and who have deficits in adaptive behaviors identified through assessments. Services are designed to improve skills in receptive and expressive communication, social interaction and activities of daily living, while reducing or eliminating inappropriate or problematic behaviors often associated with autism, using training techniques based on Applied Behavioral Analysis.

A review of the literature and research on autism indicates that long term, lasting increases in appropriate behaviors and decreases in inappropriate behaviors are possible with intensive early intervention training using one or more of these evidence-based treatment methods:

1. Applied Behavior Analysis
2. Discrete Trial Training
3. Pivotal Response Training
4. Learning Experiences: An Alternative Program for Preschoolers and Parents.

Program Design and Monitoring specialists will design, monitor and modify the formal training plan, a component of the IFSP (Individualized Family Service Plan). The training plan governs the activities of the Children's Autism Trainer and is based on the assessed needs of the child.

Services to children in this waiver will not exceed three years in duration. The basis for limiting services to three years follows:

It is the intention of the DDP to serve as many qualifying children as possible, using a service model designed to yield a high level of benefit for the incurred costs. Eligible children aging out of the waiver after 3 years will be placed on the waiting list for services in the DDP 0208 Comprehensive Waiver. Continued placement in the autism waiver is subject to annual re-determinations of waiver eligibility, based on the child meeting the waiver-specific Level of Care criteria.

To be eligible for the autism waiver, children must be diagnosed with Autism Spectrum Disorder (ASD) and have training needs based the required criteria for Vineland II adaptive behavior assessment scores or, for children under the age of three, the Temperament and Atypical Behavior Scale (TABS). Children must be diagnosed between age of 15 months and before their fifth birthday. Eligible children will be placed on the autism waiver's waiting list. Children will transition out of this waiver prior to their eighth birthday. The eligible child might not have a diagnosis of mental retardation. Parents of children in this waiver must agree to follow through with assigned objectives as outlined in the plan of care as a precondition of enrollment and continued participation in the waiver.

Children's Autism Waiver services include case management, program design and monitoring, children's autism training, and limited ancillary services. Ancillary supports are limited to a cumulative maximum of \$4,000 annually and may include one or more of the following services: adaptive equipment/environmental modifications, respite, transportation, individual goods and services (limited to \$2,000) and speech therapy, occupational therapy or physical therapy not otherwise covered under the Montana State Plan.

The cost for services is expected to average about \$45,000 per child per year (2008 dollars), for a maximum of three years per child. During the first three years, the waiver is projected to serve an estimated 40-55 children per year.

#### In Summary

The DDP Children's Autism Waiver will allow the State of Montana to offer children and families living with autism a systematic, comprehensive treatment approach designed to maximize the developmental potential of very young children with autism, or ASD. This potential will give Montana families living with autism an optimal opportunity to enjoy a higher quality of life.

## **Initial Eligibility- Evaluation and Diagnostic Criteria**

Children served in this waiver will be diagnosed with Autism Spectrum Disorder as a result of the child meeting the diagnostic criteria based on interview, observation, and use of standardized autism assessments. Additionally, the child must have significant deficits in adaptive behaviors or deficits in adaptive behaviors coupled with maladaptive behaviors.

Children aged 15 months through 4 years who are found to have an ASD diagnosis and have formal training needs based on adaptive behavior assessment are considered eligible for the autism waiver waiting list.

## **Selection of Entrants to the Waiver**

Families who have concerns about their child's development, use of language, ability to relate to others, or any other developmental concerns, may request an intake/ screening offered by DDP Evaluation and Diagnostic (E&D) service providers. An initial set of screening questions are used by the E&D contractors to establish if the child may need further evaluation.

As a result this initial screening process:

1. If the applicant is clearly not at risk of an ASD diagnosis, the parent will be informed that the child is not likely to be found eligible for the CAW. Parents have the option of requesting a formal ASD evaluation at this time. Statistically, the chances of this child being diagnosed as ASD based on the initial screening questions would be very low.
2. If the applicant is at low or moderate risk of an ASD diagnosis, additional screening questions may be asked and/or the parent would be scheduled to assist the intake worker in completing a formal screening assessment. Based on the additional information gathered by the intake worker, the parent would be informed that the child is either:
  - a. not likely to be found eligible for the CAW, or,
  - b. may be eligible for the CAW, pending the outcome of an evaluation.In either case (a. or b., above) the parent retains the option of requesting an evaluation.
3. If the applicant is at high risk of an ASD diagnosis, the intake worker will recommend an evaluation and, if the parent agrees, an evaluation may be completed to determine if the child has ASD.

The autism evaluation results and recommendations will be interpreted by a medical doctor or a PhD level clinical psychologist for the purpose of rendering a diagnosis of ASD. To be eligible for the children's autism waiver, the child must have a diagnosis of Autism Spectrum Disorder (ASD), defined as autism, Aspergers Syndrome, or Pervasive Developmental Disorder- Not Otherwise Specified.

For children who have been previously diagnosed with ASD, the E&D screening review team, minimally including a clinical psychologist or a medical doctor, will review the evaluation results and related documentation for the purpose of confirming the ASD diagnosis or deciding that a new evaluation is necessary.

Once a child is diagnosed with ASD, the child's adaptive behavior functioning levels will be assessed using an assessment of adaptive and maladaptive behaviors will assist in the development of individualized comprehensive training plans for children selected for the waiver.

Written reports of the E&D screening and evaluation results for all children seeking autism waiver services will be shared with families. Families of children found not eligible will be informed of their right to appeal the eligibility determination and the right to a Department Fair Hearing. This notification will be in writing, and will include the Department's Fair Hearing language used in the Waiver-5 Freedom of Choice Addendum Form.

Families of eligible children will be asked to complete a Children's Autism Waiver waiting list application form. This form serves two purposes:

1. The form contains language detailing the waiver services, service duration, freedom of choice information, an overview of the commitment of time and effort required of provider staff in the training effort, and the obligations incurred by family members as a condition of ongoing participation in the waiver. Families will be expected to follow the recommendations of the planning team and to assist with the child's treatment plan, as outlined in the plan of care. Not all families will be willing or able to participate in the Children's Autism Waiver at the time services become available to their child. Family needs and circumstances may change between the time the child is placed on the waiting list and the time when the child is awarded a service opportunity.
2. The form provides demographic and other client and family specific information necessary for placement on the Children's Autism Waiver waiting list.

A copy of the waiting list application form is forwarded to the DDP central office. Openings for the Children's Autism Waiver will be awarded by random selection made by a computer program and based on the number of openings available for each DDP region of the state.

This selection process helps ensure that all Montana children on the waiting list have an equal chance of being selected for a service opportunity, and service opportunities are spread geographically based on population density.

### **Removal from the Waiting List**

Children turning five years of age will be removed from the waiting list on their fifth birthday, since these children cannot be served for a full three years after the child's fifth birthday. A letter will be sent to the family from the DDP Child and Family Services Liaison when this occurs. The letter will be accompanied by a "resource packet" of information, designed to inform parents of other services (both publicly funded and privately funded) the child and the family may be eligible to receive.

### **Freedom of Choice**

The Waiver-5 Freedom of Choice form is completed either prior to, or at, the annual planning meeting. A copy is attached at the end of this guide.

The DDP Quality Improvement Specialist remains responsible for completing the W-5 during the initial face-to-face LOC evaluation, upon entry into the waiver. The QIS also completes the

W-5 on an annual basis with a parent for children receiving waiver services after the initial LOC meeting – this may be done through a phone call.

The DDP Waiver-5 Freedom of Choice includes language serving to ensure a service recipient's right to request a Department fair hearing at any time. Written copies of these forms are available upon request from the DDP regional or satellite offices. These documents are stored in the individual client waiver files maintained by the QIS.

The fair hearing rules (ARM 37.5.301 through 37.5.313) are available to recipients upon request, or can be accessed via the Department website. A web link access sheet entitled Helpful Website Addresses for DPP Waiver Related Information is available as a resource for parents who would like more information.

### **Reasonable Indication of Need for Services**

In order for an individual to be determined in need of waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan.

### **Medicaid Eligibility**

Parents of selected children not currently eligible for Medicaid will be asked to contact the local Public Assistance Bureau and apply for Medicaid eligibility for the child. Children of parents with assets and income exceeding the SSI threshold cannot be found eligible for SSI (and therefore, Medicaid) until offered a waiver service opportunity.

After the child is determined eligible for Medicaid, and following the parents' selection of a service provider, the child with a service opportunity will be enrolled in the waiver by the DDP QIS at the local Public Assistance Bureau office, via the DD Waiver 55 form.

### **Level of Care**

Following the Department's selection of an eligible applicant from the waiting list, ongoing level of care activities for children enrolled in the autism waiver services include an initial meeting with the DDP QIS, a primary care giver, the case manager (if requested by the DDP QIS), and a Registered Nurse from the Foundation. Attendance of the case manager at the onsite meeting with the applicant and the primary care giver is optional. The DDP QIS completes the Waiver 5 Freedom of Choice form as part of the ongoing level of care re-determination process.

The initial review level of care review is designed to:

1. Identify deficits in adaptive behaviors and/or behavior problems and/or medical care issues based on an interview with the primary care giver.
2. Ensure that the waiver recipients' parents understand the rights of, and the choices available to all waiver service recipients.

### **IFSP Development Process**

The Family Support Specialist (FSS) providing case management schedules an annual meeting with persons who play a role in the lives of the recipient and family. The parents determine who will be invited to the meeting by the FSS. School personnel may be invited at the request of the parents. Although meetings must be scheduled annually, and a review meeting is held once each year between the annual meetings, a planning meeting may be called at any time for any reason by any person who plays a role in the life of the child.

In preparation for the meeting, autism waiver service providers may review:

- OT, PT, speech, and other therapy assessments based on the needs of the child are completed by licensed professionals who accept Medicaid reimbursement.
- Health and medical information is reviewed, based on dental, vision, auditory, health, nutritional and other medically related assessments and the recommendations from medical professionals. The outcome of medical appointments is reviewed and the need for new medical appointments is discussed to help ensure the provision of necessary generic and specialized health services.
- School assessments and recommendations may be requested and incorporated in the plan.
- Social/behavioral, motor, cognitive learning and self-help assessments are generally completed by an agency staff person and are often assigned to the FSS working directly with the primary care giver.
- Evaluation results from the E&D contractor are critically important in generating prescriptive recommendations for the child's planning team. E&D evaluations may include recommendations based on assessments and evaluations completed by licensed speech therapists, occupational therapists, physical therapists, pediatric physicians, clinical psychologists and other professionals, as needed. Children in this waiver may also require prescriptive training recommendations based on inappropriate behavior.

The written training protocols most likely to help the child achieve goals set by the planning team guide the activity of the staff person providing the Program Design and Monitoring (PDM) service.

The family is asked by the case manager how the service system can best help them. In addition, the family needs to understand and fully cooperate with the formal training effort to help the child maximize his/her developmental growth during the three-year waiver enrollment span. This approach- how best to help the child and the family- forms the basis of the assessments completed or coordinated by the case manager and the staff person providing Program Design and Monitoring, if different than the case manager. All goals and objectives in the planning document are subject to the approval of the family.

Many of the resource objectives coordinated by the FSS are not waiver-funded. Specifically, many of these resources are funded under the State Plan, through Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), through private health insurance, through the public education system, the Office of Public Assistance (OPA) or through other resource agencies potentially available to the family. Often, the family is unaware of all the resources they may be eligible to receive prior to entering waiver services. The level of training and experience necessary for the FSSs to provide a competent level of case management to the family is best understood by reviewing the FSS certification requirements, as outlined in The Certification

Handbook, A Guide for Montana's Family Support Specialists. The certification process is outcome-based and helps ensure a very high quality of service in the agency delivery of services to children served in this waiver.

The parent might not consent to all the recommendations on the IFSP, and retains the authority to approve or reject any of the recommendations and meeting outcomes. The outcomes specifically approved by the parent/guardian/surrogate are documented, signed, and dated on a parent consent form. The planning document is the basis of services to the family and child for the year.

All families who have a child in the autism waiver meet with their planning teams every six months after the initial IFSP (one initial and one review meeting is held annually). Outcomes and progress on the previously assigned objectives are documented at the review meetings. Frequently, additional meetings or face-to-face visits are held in response to family request. The planning document is modified, as needed, and remains a "working document" until the next scheduled IFSP. The need for special meetings may also be called by the case manager or other persons acting on behalf of the child if changes are needed in the formal training effort. The need for these meetings could be based on routine reviews of the progress data, or at the request of a parent based on his or her concerns.

Requirements related to the delivery of DD waiver-funded children's service are detailed in code, rule and DDP and provider policies, and the DDP contract. The relevant codes and rules may be viewed via the State of Montana home page via internet web links to legal resources. Policies are maintained by service provider agencies and the DDP policies are maintained in the DDP satellite, regional and central offices and are available upon request. Some of the codes, rules, and policies governing this section developed for children served in Montana's Comprehensive Services DD Waiver, and that apply to the Children's Autism Waiver, include:

1. Policies and Procedures for Intensive Family Education and Support Services.
2. Montana's Comprehensive Evaluation Process for Child and Family Services
3. ARM 37.34.201, 37.34.208, 37.34.266, 37.34.602, 37.34.604, 37.34.609, 37.34.609, 37.34.612, 37.34.613, 37.34.616, 37.34.901 and 37.34.2106
4. MCA 53-20-201 through 53-20-205 and 53-20-209
5. The FSS Certification Handbook.

### **Initial Notification of Choice of Qualified Providers**

After a child has been found eligible, placed on the waiting list, and selected via a random drawing for a service opportunity, the family will be informed of their service options via a formal notification from the DDP Central Office Liaison. Notification will include a telephone call and a hard copy letter to the child's parents.

The letter will be based on generic statewide language, applicable to all families. Content of the letter will include:

1. A Montana state map split into the 56 counties. Contact information for all autism waiver service providers within the family's region will be included in the notification letter. The family will be encouraged to contact all qualified autism waiver service providers within their region for information and/or to schedule a visit with provider representatives.

2. Information regarding Medicaid eligibility via the Montana's expedited Social Security Administration's expedited review process (MEDS), if the child is not currently eligible, to ensure timely Medicaid eligibility determinations.
3. General timeframes associated with the parent's selection of a case manager, waiver enrollment, the initial plan of care, initiation of services, the development of a formal treatment program and the initial onsite level of care review.
4. A brief generic description of the Children's Autism Waiver, services available, the plan of care process, treatment plan and training options, and other general information helpful in establishing the parents' orientation to the events that will take place in the first year of service.
5. Contact information for the QIS if the family has any questions.

The DDP QIS meets with the parent(s) as part of the initial LOC home visit and reviews the Waiver 5 Freedom of Choice form with the family. This form and the addendum to the W-5 form ensure that families understand their right to choose services based on assessed needs and the providers of those services. After the initial LOC visit, the QIS reviews the Waiver 5 form annually with the family. Choice of service and choice of provider are ongoing options available to all children and families served in the waiver.

The initial Individualized Family Services Plan (IFSP) meeting is held within 30 days of the autism waiver start date.

### **The Autism Training Plan**

The autism training plan consists of the specific written training strategies and protocols developed by the Family Support Specialist with an Autism Endorsement, or a Board Certified Behavior Analyst. The training plan is based on the training goals and objectives specified in the IFSP. The IFSP references the need for specific training outcomes and objectives based on the child's assessed needs, and does not provide the detailed training protocols of the training plan. The training plan is the document serving to guide the behavior of the child's direct training staff (the Children's Autism Trainer) and others who interact with the child, for the purpose of achieving the specified training outcomes. Outcomes could include increased performance in the areas of receptive and expressive communication, increased skills in activities of daily living or decreased rates of inappropriate behaviors. The treatment plan is modified as needed, based on the review of program data and the program modification/graduation/termination criteria.

In general, the monitoring of the IFSP objectives is as follows:

The child's case manager is required to conduct a face-to-face visit with the child and parent (or guardian, if different) in the child's residential setting on a monthly basis. The case manager is required to schedule the IFSP Review approximately six months following the annual planning meeting. This review is conducted for all children served in the waiver.

The Family Support Specialist with an Autism Endorsement or the Board Certified Behavior Analyst providing the Program Design and Monitoring service will visit with the Children's Autism Trainer, the child's parent or guardian for the purpose of conducting data reviews and evaluating training progress at no less than monthly (30 day) intervals.

Data reviews and home visits may be more frequently for a variety of reasons, including the request for additional visits by the child's parents or legal guardian.

The DDP QIS approves the plans of care as part of the IFSP protocol. The IFSP review checklist establishes if the IFSP is conducted by DDP in accordance with policy and Administrative Rules, and if assigned activities were implemented and/or completed. Problems noted in either area could result in a Quality Assurance Observation Sheet. In this case, the problem would be identified and hopefully resolved in accordance with mutually agreed upon remediation activities to be completed within specified timeframes.

### **Protection from Conflict of Interest**

All children served in the Children's Autism Waiver receive case management from Family Support Specialists (FSSs) defined as Waiver-funded Children's Case Management. Case management contracted entities (individuals or agencies with DDP contracts, or individuals subcontracting with an OHCDs in the provision of case management services) may also provide other services to a waiver service recipient.

Multiple protections designed to reduce the potential for conflict of interest in these situations follow:

1. The parents have the right to approve or deny any of the planning meeting (IFSP) outcomes.
2. The W-5 freedom of choice form is reviewed with the parents annually by the DDP QIS. This form and the W-5 addendum section helps ensure that parents understand their choices related to services, providers and dispute resolution/fair hearing rights. The W-5 form specifies that parents retain the right to request a fair hearing at any time.
3. Annual consumer satisfaction surveys are sent to all families by C&F provider staff. These results are summarized in the DDP QA Review Report. 100% of families in the CAW participate in this survey.
4. 100% of plans of care (IFSP) are reviewed and approved by the DDP QIS.
5. Choice of provider is clearly spelled out in the notification letter from the DDP central office upon an applicant's selection for waiver services.
6. C&F providers have their dispute resolution processes and protocols reviewed annually by the DDP QIS, as part of the DDP annual QA review process of provider policies. Provider policies specify that parents can go straight to the fair hearing process, if desired.
7. Prior authorization by the DDP Regional Manager will be needed in 100% of all cases when the staff person providing WCCM to a child will also be providing the PDM service to the same child. Prior to approving this arrangement, the RM or designee will contact the child's parent to ensure their service provider options are fully understood. Parental understanding of the right to choose another person to provide their PDM service, and/or to choose another individual or another agency provider to provide their PDM service or WCCM will be ensured by documentation on the Conflict of Interest form (see attached).

The letter of notification sent by the DDP Central Office to the parents of children selected for services will be made available to the assigned DDP QIS at such time that the child is selected from the waiting list for enrollment in the waiver.

A child will not be opened for enrollment in the DD waiver by the DDP QIS until such time the DDP QIS has written evidence that a child meets the qualifying criteria based on a CARS and/or an ADOS, and/or an ADI-R and qualifying Vineland II or TABS assessment results.

## **Transitioning from the Children's Autism Waiver**

The following transition planning procedures are employed for participants who will reach the waiver's limit of 3 years of services.

For children who have, or are at significant risk of having, a diagnosis of developmental disability under the State definition (e.g., IQ test scores generally less than 70, and adaptive behavior scores generally less than 70):

1. If the transitioning child is **six or seven** years of age, and has been determined to have a developmental disability in accordance with DDP's eligibility determination protocol for children, the child will be placed on the waiting list for the Comprehensive Services DD Waiver at the request of the family.
2. If the transitioning child is **under the age of six** and would be likely to be found to meet the State definition of developmental disability by DDP QIS staff applying the DDP DD eligibility determination protocol when the child is six or seven years of age, the child will be placed on the waiting list for the Comprehensive Services DD Waiver on the day following the autism waiver termination date. Eligibility for the DD Comprehensive Services 0208 Waiver is established by the child and family provider serving the child in all cases when the child is less than 6 years of age.

If the transitioning child **does not have, or is not at significant risk of** having, a diagnosis of developmental disability under the State definition, the child's case manager will review the eligibility requirements for agencies serving children with a substantial handicapping condition due to physical disability, traumatic brain injury, and/or a diagnosis of serious emotional disturbance (SED) with the child's family and will refer the child's family to other appropriate programs and services.

Case managers for children enrolled in the waiver will conduct ongoing transition and other service coordination activities and ensure the sharing of information between school district staff, staff involved in the provision of waiver-funded services and the children's parents. Cooperation and coordination in the training and education effort of children served by both school staff and children's autism waiver funded staff is considered a best case scenario, but under no circumstances do waiver services supplant or duplicate those services available from the public school system or any other source.

### **Methods for Remediation/Fixing Individual Problems**

The delivery of direct client services by DDP-funded agencies with a DDP contract is subject to annual quality assurance reviews by DDP field staff. In general, problems are resolved through the application of the Quality Assurance Observation Sheet (QAOS). This form generally requires short-term turn around times, and includes negotiated timeframes between DDP field staff and provider staff in resolution of identified problems. When the problem is resolved and the QAOS sheet is signed and dated by both parties, the finding is considered closed. This document becomes part of the permanent QA record and is maintained by the provider and in the DDP field and central office. The specific protocol is outlined in the adult quality assurance process and the same guidelines would apply for deficits noted in the review of Children's Autism Waiver services.

Remediation Data Aggregation: The State Medicaid agency will collect, aggregate, and analyze the data on an annual basis. Annual DDP QA reviews of providers will also include narratives serving to summarize the numerical data contained in the excel worksheets. The QA narratives for all reviewed providers are posted on the DDP website, to enable potential service recipients and their families to make informed decisions and choices when selecting providers for waiver-funded services.

## **GLOSSARY OF FREQUENTLY USED TERMS AND ACRONYMS**

**ARM-** Administrative Rules of Montana

**AWACS-** Agency Wide Accounting and Client System. This non MMIS system is used by the DDP to enable billing and payments, as well as maintain client demographic information.

**CFR-** Code of Federal Regulations

**C&F Providers-** These are DDP-funded agencies providing services to children in home settings. C&F providers employ Family Support Specialists. The FSS functions as the waiver-funded children's case manager (see FSS, below). FSS's may also provide Program Design and Monitoring Services, if the additional qualified provider standards for this service have been met.

**Child-** A person either enrolled in or seeking waiver-funded services.

**Client-** A child enrolled in the waiver.

**Consumer-** Same as a client, service recipient or a child enrolled in the waiver.

**CPS-** Child Protective Services

**DD-** developmental disability or developmental disabilities

**DDP-** Developmental Disabilities Program of the Developmental Services Division of the Department of Public Health and Human Services of the State of Montana.

**E&D Providers-** DDP-funded providers of evaluation and diagnosis services. The E&D providers establish if a child is eligible for the Children's Autism Waiver based on a diagnosis of ASD and qualifying adaptive behavior scores.

**FSS- Family Support Specialist.** This position is responsible for providing Waiver-funded Children's Case Management (WCCM). The FSS with an Autism Endorsement may also provide Program Design and Monitoring services.

**GF-** State general funds

**ICP-** Individual Cost Plan. This document is a summary of the DDP-funded services, costs, units of service, funding sources and other information related to AWACS billing and payments. This document is the annual summary of DDP-funded services as approved by the child's planning team at the IFSP meeting.

**IEP-** Individual Education Plan. This is the school public education planning document summarizing the goals, objectives and other school funded activities planned for the child's school year.

**IFSP-** Individualized Family Service Plan. This is the waiver-funded plan of care document, developed by a waiver-funded children's case manager (WCCM), also referred to as a Family Support Specialist. Services and supports paid under the waiver are referenced in the IFSP. The IFSP is also referred to as the plan of care (POC). The IEP and IFSP may be combined once per year at the request of the parent and with the cooperation of the school district. This option helps ensure optimal service coordination.

**ISR-** Individual Service Record. This document opens service recipients in AWACS. It is also used to document changes in service status.

**IR-** Incident report

**LTCPEA-** Long Term Care Patient Evaluation Abstract. A form documenting the brief medical history of the client, completed onsite by a Registered Nurse.

**MEDS-** Medicaid Eligibility Disability Services process. MEDS reviews are performed by an SSA contracted service provider. The contract is designed to shorten turn around times for a Medicaid eligibility determination. A Public Assistance Bureau MEDS Guide was developed

specific to the Children's Autism Waiver, to ensure that parents have the information they need to ensure a timely SSA Medicaid eligibility determination.

MPQHF- Mountain Pacific Quality Health Foundation also the “Foundation”. DDP contracts with the Foundation for the provision of RNs, for the purpose of completing initial LOC medical forms, including the LTCPEA and the Waiver-1 Medical Needs form.

OHCDS- Organized Health Care Delivery System- A provider designation enabling an enrolled Medicaid provider delivering at least one Medicaid service to subcontract with a qualified provider, in accordance with the terms of a written agreement. DDP designates providers as OHCDs, in the DDP provider contract.

PERM- Payment Error rate Measurement System, implemented by CMS.

Plan of Care (POC)- The same thing as the waiver-funded IFSP.

Primary Care Giver – Parent or guardian

QAOS sheet- Quality Assurance Observation Sheet. This document is used as part of ongoing DDP QIS quality assurance efforts with DDP-funded service providers. The QAOS sheet is used to negotiate the corrections of findings, in accordance with agreed upon time frames.

QAD- Quality Assurance Division of DPHHS. QAD audit staff performs SURS reviews.

QIS- A DDP Quality Improvement Specialist. The QIS is a state employee working in a DDP field office. Primary responsibilities outlined in the waiver include the implementation of quality assurance activities, the development of written quality assurance reports, and responsibility for level of care activities.

QP- Qualified Provider

SABHRS- Statewide Accounting, Budgeting& Human Resource System

SSA- Social Security Administration

SURS- Service Utilization Review System, conducted by QAD staff. This review validates the billing and payment methodologies.

Service Recipient- A child receiving waiver-funded services.

Treatment Plan- This document consists of written training protocols and procedures designed to ensure quality and consistency in the training provided by the waiver-funded Children's Autism Trainer. The treatment plan may also provide guidance to others who live with or work with the child. The treatment plan is based on the training goals and objectives approved by the planning team at the IFSP meeting. The development of the treatment plan is the responsibility of the staff person providing waiver-funded Program Design and Monitoring services.

WCCM- Waiver-funded Children's Case Management (WCCM). This service is provided by a Family Support Specialist (FSS).

WL- Waiting list for waiver services.

## **WAIVER SERVICES AND DEFINITIONS**

### **Waiver Funded Children's Case Management (WCCM)**

Waiver-Funded Children's Case Management (WCCM) services are services furnished to assist individuals in gaining access to needed medical, social, educational, and other services. Case management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include:

- taking client history;
- identifying the individual's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with medical, social, educational providers or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  1. Services are being furnished in accordance with the individual's care plan;
  2. Services in the care plan are adequate; and
  3. There are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities. Billing for services is limited to a maximum of 60 days prior to the HCBS placement, and provider reimbursement follows waiver enrollment.

Level of care activities: Case management is responsible for assisting the Department, as requested, in scheduling meetings and providing information as requested to Department staff responsible for completing initial and ongoing level of care activities.

Crisis Supports: Case management will provide assistance to the recipient and family, as necessary, in locating suitable alternative placement when the individual's health or safety is at risk.

Limitations:

Case management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

Waiver-funded children's case management services are available to persons from one through seven years of age in this waiver.

The case manager will conduct a face-to-face visit with the parent at least monthly, for the purpose of reviewing any need for change in the IFSP based on the changing needs of the child or the family.

The WCCM service is provider managed and must be delivered by a DD Child and Family service provider agency under contract with the DDP or an individual contracting directly with the DDP. The service may not be provided by a relative of the child, a legally responsible person, or legal guardian.

Qualifications: Current Family Support Specialist (FSS) certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification, including the FSS Certification Handbook. The case manager (a Family Support Specialist) must have a four-year degree in a human services field, three years of experience in working with children with developmental disabilities, and current FSS certification. Other rules pertaining to staff competencies and requirements may be reviewed at ARM 37.34.925 and 37.34.2106.

### Verification of Provider Qualifications

Initially, the DDP Regional Manager, as part of the qualified provider application process, is the entity responsible for verification.

The DDP Quality Improvement Specialist will review certification compliance for 100% of the Family Support Specialist staff providing services to one or more Children's Autism Waiver recipients as part of the implementation of the QA review process for children's services.

Verification will be done prior to the initiation of the DDP contract.

Quality Assurance reviews are conducted annually by the DDP QIS.

### **Program Design and Monitoring**

The Program Design and Monitoring (PDM) staff person (a Family Support Specialist with an autism endorsement or a Board Certified Behavioral Analyst) develops written training plans and protocols using evidence-based training approaches based on applied behavior analysis to improve a child's functioning and performance. The training methods are based on practices with a strong scientific basis, as written in a training plan developed by the staff person providing Program Design and Monitoring. The training plan is written in accordance with the objectives specified in the child's plan of care (the IFSP). The following skill based interventions and treatments will be used by the staff person providing PDM services.

1. Applied Behavior Analysis (ABA)
2. Discrete Trial Training (DTT)
3. Pivotal Response Training (PRT)
4. Learning Experiences: An Alternative Program for Preschoolers and Parents (LEAP).

Specifically, this waiver service is designed to provide the formal training protocols and methods used by the children's autism trainer in helping the child acquire, retain, and generalize the self-help, socialization, cognitive, communication, organizational skills and the positive behaviors necessary to function successfully in home and community based settings. Training goals will be outcome-based and progress toward goals will be evidenced by training data. Specifically, Program Design and Monitoring staff are responsible for the development and monitoring of training methods designed to improve a child's skills in the following areas, including, but not limited to:

1. Social skills, and related skills to enhance participation across all environments and relationships, including but not limited to imitation, initiation of social interactions with adults and peers, reciprocal exchanges and parallel and interactive play with peers and siblings;
2. A functional communication system which may include expressive verbal language, receptive language and nonverbal communication skills and augmentative communication;
3. Increased engagement and flexibility in the exhibition of developmentally appropriate behaviors, including, but not limited to, play behavior, attending behavior, responding to environmental cues (including cues from the training staff and others) and cooperation with instructions;

4. Replacement of inappropriate behaviors with more conventional and functional behaviors;
5. Working with caregivers and others in the environment to implement accommodations and supports to promote the child's competence and positive behavior.
6. Fine and gross motor skills used for age appropriate functional activities, as needed;
7. Cognitive skills relating to play activity and academic skills;
8. Adaptive behavior and self-care skills to enable the child to be more independent.
9. Independent exhibition of organizational skills including, but not limited to initiating and completing a task independently, asking for help, giving instructions to peers and following instructions from peers, following routines, self-monitoring and sequencing behavior.

The training effort will occur in the customary and usual community locations where the child lives, plays, and socializes with peers.

The waiver-funded plan of care (formally, the Individualized Family Services Plan, or IFSP) is based on the results of a formal assessment and identification of needs and provides the general goals and specific objectives toward which training efforts are directed. The plan of care also specifies the settings in which services will be provided. Staff providing Program Design and Monitoring are responsible for monitoring the implementation of formal and informal training, providing training specific to the formal training plan (as opposed to the plan of care, or IFSP) and the informal interaction techniques used by the children's autism trainer, family members and others who work with or interact with the child. Other responsibilities include serving as an active member of the planning team, modifying the formal written training plan and intervention protocols, as needed, and serving as a resource consultant to persons requesting technical assistance.

For the purpose of this service, "family members" are defined as persons who live with or provide care to a child served in the waiver, and may include a parent, stepparent, legal guardian, and grandparents.

The person providing PDM services will meet with the children's autism trainer (the CAT service provider) and the parents at least monthly, for the purpose of reviewing progress on the formal training objectives and reviewing the need for changes in the formal training plan.

Program Design and Monitoring (PDM) does not duplicate any other service available to the child, including those services under IDEA or the Montana Medicaid State Plan. The PDM staff person providing training to staff reimbursed with waiver funds cannot be reimbursed for this training with waiver funds.

The service is provider managed and must be delivered by a DD service provider agency under contract with the DDP. Participant-directed delivery is not available. The service

may not be provided by a relative of the child, a legally responsible person, or a legal guardian.

Qualifications:

BCBA or FSS Individuals:

- The *Board Certified Behavior Analyst* either subcontracts for the provision of services with the agency with a DDP contract, or contracts directly with the DDP in the provision of services. Board Certified Behavior Analysts (BCBA) must possess at least a Masters Degree, have 225 classroom hours of specific Graduate-level coursework, meet experience requirements, and pass the Behavior Analyst Certification Examination. BCBA certificants must accumulate continuing education credit to maintain their credentials.
- The individual *Family Support Specialist* with an autism endorsement either subcontracts with the agency with a DDP contract, or contracts directly with the DDP in the provision of services. The individual Family Support Specialist who is not an employee of a Child and Family Service Provider agency would be responsible for meeting all the Department's requirements otherwise associated with the delivery of this service through a contracted Child and Family provider agency.
- The individual would need to be an enrolled Medicaid provider, a legal business entity in accordance with Montana Department of Revenue law and would need to meet all the DDP , State and Federal requirements associated with operating a legal business entity in the provision of this service in the State of Montana.
  1. The individual BCBA who receives a direct payment from the Department will have a contract with the Department.
  2. The individual BCBA who subcontracts with a Child and Family service provider will have an agreement with the service provider. The content of this agreement would include all the sections and components associated with a Department contract as in #1, above.

Successful background check outcome from the Montana Department of Justice.

BCBA or FSS Employed by an Agency:

- *Board Certified Behavior Analyst* employed by an agency with a DDP contract, either as an agency employee, or as an employee of a subcontracting agency providing BCBA services.
- The *Family Support Specialist* with an Autism Endorsement is employed by an agency with a DDP contract, either as an agency employee, or as an employee of a subcontracting agency with a DDP contract.

BCBA Qualification Verification: The DDP Regional Manager is initially responsible for verifying compliance with the contracting requirements, prior to the initiation of the contract.

The DDP Quality Improvement Specialist will review BCBA compliance with the QP standards for this service. The initial review will apply to 100% of the BCBA staff providing this service.

Frequency: Prior to the initiation of the DDP contract.

Current certification status of the BCBA will be reviewed for every child in the waiver who receives this service, on an annual basis.

**FSS Qualification Verification:** Initially, The DDP Regional Manager as part of the qualified provider application process. The DDP Quality Improvement Specialist will initially review FSS compliance with the QP standards for 100% of the Family Support Specialists who will provide this service.

**Frequency:** Prior to the initiation of the DDP contract.

Annually, the DDP QIS will review the Certification status of one FSS who provides PDM services for every child in the waiver receiving this service.

### **Children's Autism Training**

Children's Autism Training (CAT) is a direct training service designed to assist the child in acquiring, retaining, and generalizing the self-help, socialization, cognitive, communication, organizational skills and the positive behaviors necessary to function successfully in home and community settings. The staff person will provide hands on training using evidence based Applied Behavior Analysis practices and methods. Training goals will be outcome based and progress toward goals will be evidenced by training data. Children's Autism Training seeks to develop skills in the following areas, including, but not limited to:

1. Social skills, and related skills to enhance participation across all environments (school, home and community settings) and relationships, including but not limited to imitation, initiation of social interactions with adults and peers, reciprocal exchanges, parallel and interactive play with peers and siblings;
2. A functional communication system, which may include expressive verbal language, receptive language and nonverbal communication skills and augmentative communication;
3. Increased engagement and flexibility in the exhibition of developmentally appropriate behaviors, including, but not limited to, play behavior, attending behavior, responding to environmental cues (including cues from the training staff and others) and cooperation with instructions;
4. Replacement of inappropriate behaviors with more conventional and functional behaviors;
5. Working with caregivers and others in the environment to promote the child's competence and positive behavior
6. Fine and gross motor skills used for age appropriate functional activities, as needed;
7. Cognitive skills relating to play activity and academic skills;
8. Adaptive behavior and self-care skills to enable the child to be more independent, and/or;
9. Independent exhibition of organizational skills including, but not limited to, initiating and completing a task independently, asking for help, giving instructions to peers and following instructions from peers, following routines, self-monitoring and sequencing behavior.

The training effort will occur where the child lives, attends childcare, and/or socializes with peers. The bulk of training is likely to occur in the child's home.

The plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The plan of care also specifies the appropriate settings in which services will be provided.

Supervision and support is provided by the trainer as necessary for the care of the individual. Each training objective is specified in the plan of care and is clearly related to the individual's long-term goal. The staff person providing CAT services will be trained by the staff person providing Program Design and Monitoring (PDM) services and will follow the specific written training protocols developed by PDM staff in working with and training the child.

Services may not be provided to children who are inpatients or residents of a nursing home, hospital or other institutional setting.

Children's Autism Training does not duplicate any other service available to the client, including those services under IDEA or the Montana Medicaid State Plan. The training will not duplicate activities or resources provided by other sources but will be integrated across environments to promote the generalization of skills.

All Children's Autism Training services are available in conformity with and to the extent authorized in the approved plan of care.

The CAT service is provider managed and must be delivered by a DD service provider agency under contract with the DDP or an individual with a DDP contract. Participant-directed delivery is not available. The service may be provided by a relative of the child but not by a legally responsible person or legal guardian.

Qualifications:

The staffing rule as outlined in ARM 37.34.2107 shall apply. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support (CDS) training, including the CDS module specific to autism, and any specialty training relating to the need of the individual served as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check.

Verification of Provider Qualifications:

Entity Responsible: For DDP waiver funded services, initially, the DDP Regional Manager as part of the qualified provider application process.

DDP QA review process, conducted by the QIS, for reviewing the staffing requirements for ongoing re-evaluation.

Frequency: Prior to the initiation of a DDP contract.

DDP QIS staff reviews compliance with the qualified provider standards for one Children's Autism Trainer staff person for every child served in the waiver as part of the annual QA review process.

### **Respite**

Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the recipient and care giver; summer camp) designed to meet the safety and daily care needs of the recipient and the needs of the recipient's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all State and federal respite standards. Respite services are delivered in conformity with an individualized plan of care.

The amount and frequency of respite care (with the exception of emergencies) is included in each individual's plan of care. Respite services reimbursements may not exceed \$4,000 annually.

FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite is only available to primary caregivers in family settings. Respite is available when a primary caregiver is not compensated for providing some or all of the support or supervision needed by the client.

Reimbursement for respite services may not exceed \$4,000 annually.

The respite service is provider managed and may be delivered by a DD service provider agency under contract with the DDP or by an individual with a DDP contract or through participant-directed respite services (*please see **Participant-Directed Services** on page 29*). The service may be provided by a relative of the child but not by a legally responsible person or legal guardian.

#### **Qualifications:**

ARM 37.34.946 and ARM 37.34.947

In addition, the respite provider is subject to approval by the family, and must possess any competencies outlined by the family in the plan of care, which are related to the specific needs of the individual. Person providing the service must be 16 or older.

#### **Verification of Provider Qualifications:**

**Entity Responsible:** Initially, The DDP Regional Manager as part of the Qualified Provider Application Process.

Ongoing, the DDP QA Review Process conducted by the QIS, for a review of compliance with the staffing requirements for one respite worker, for every service recipient in the waiver.

Frequency:

Prior to initiating a DDP contract.

DDP will annually review compliance with the QP standards for one respite worker, for every child in the waiver receiving this service.

**Environmental Modifications/Adaptive Equipment**

Environmental Modifications

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare, and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems necessary to accommodate medical equipment and supplies, which are necessary for the welfare of the individual.

In addition to the above, environmental modifications services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment.

Environmental modifications may be made to a recipient's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient. An environmental modification provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American national standards institute (ANSI).

Excluded are those adaptations or improvements to the home, which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations, which add to the total square footage of the home, are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

Adaptive Equipment

Adaptive equipment necessary to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide the care needed by the individual.

A comprehensive list is not possible because sometimes items are created (invented) to meet the unique adaptive needs of the individual, for example, an adult-sized "changing table" to enable a care giver to diaper and dress a person who has severe physical limitations; or specially designed switches that an individual with physical limitations can use to accomplish other tasks. Adaptive equipment will conform to the following criteria:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI).

Adaptive equipment/environmental modifications reimbursement is limited to \$4,000 annually in this waiver.

The service is provider managed. Environmental modification services must be delivered by an Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency or a DD Service Provider contracting with the DDP, qualified to perform the work,. Adaptive equipment services must be delivered by an enrolled Medicaid provider or legal entity capable of providing the adaptive equipment or an Independent Contractor, qualified to provide the required equipment.

Participant-directed delivery is not available. The service may not be provided by a legally responsible person but may be provided by a relative of the child, or legal guardian.

Qualifications: ARM 37.34.960 and 37.34.961

Work or equipment would be reviewed as part of the DDP QIS QA review activities in the review of Children's Autism Waiver services. The DDP QIS will review one example of an environmental modification or adaptive equipment for every child receiving these services annually, as part of the annual review process.

Verification of Provider Qualifications:

Entity Responsible: Work or equipment would be reviewed as part of the DDP QIS QA review activities in the review of Children's Autism Waiver services.

Frequency: The DDP QIS will review one example of an environmental modification or adaptive equipment for every child receiving these services annually, as part of the annual review process.

### **Individual Goods and Services**

Individual Goods and Services are services, supports or goods that enhance opportunities to achieve outcomes related to living arrangements, relationships, inclusion in the

community and work as clearly identified and documented in the service plan. Items or services under individual goods and services fall into the following categories:

\*Membership/Fees: fitness memberships, tuition/classes, summer day programs, social membership (for example: outdoor clubs, friendship clubs, boy and girl scouts) and socialization supports (for example: fees associated with participating in Special Olympics and community events such as the annual pancake breakfast, community picnics, fairs, art shows, cultural events and

\*Devices/Supplies: batteries for hearing aids and batteries for assistive technology devices, nutritional supplements, diapers, instructional supplies, instructional books and computers.

Items covered under individual goods and services must meet the following requirements:

- The item or service is designed to meet the participant's functional, medical, or social needs and advance the desired outcomes in his/her plan of care;
- The item or service is not prohibited by Federal or State statutes or regulations;
- One or more of the following additional criteria are met:
  1. The item or service would increase the participants functioning related to the disability;
  2. The item or service would increase the participants safety in the home environment;or
  3. The item or service would decrease dependence on other Medicaid services;
- The item or service is not available through another source; and
- The service does not include experimental goods/services.

Recreational activities provided under Individual Goods and Services may be covered only to the degree that they are not diversional in nature and are included in a planning objective related to a specific therapeutic goal.

Montana assures that services, supports, or goods provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA) or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.

Individual goods and services must be approved by the planning team prior to purchase and reimbursement. In addition, goods and services purchased on behalf of the recipient by legal guardians, legally responsible persons, or other non-employees acting on behalf of the recipient are reimbursable only if receipts for such purchases are submitted to the agency with a DDP contract. The receipts are reimbursable only if all the requirements listed above have been met.

Goods and services projected to exceed \$2,000 (annual aggregate) require prior approval by the DDP Regional Manager.

Provider Qualifications: A qualified provider designated to either reimburse the individual for the procurement of individual goods and services, or for providing the

requested goods and services is responsible for meeting all the requirements outlined in the DDP contract.

Verification: The DDP Regional Manager is initially responsible for verifying compliance with the contracting requirements, prior to the initiation of the contract.

Frequency: The DDP QIS will verify ongoing compliance by verifying that one item or service purchased on behalf of a recipient meets the requirements outlined in the definition of this service, for every child who receives this service

### **State Plan Extended Services**

#### **OCCUPATIONAL THERAPY SERVICES**

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.

Occupational therapists may provide evaluation, consultation, training, and treatment. Occupational therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

Occupational Therapy is capped at \$4,000 annually in this waiver. The service is provider managed and may be provided by a relative but not a legally responsible person or legal guardian.

The service may be provided by an agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts, an individual Licensed occupational therapist, enrolled as a Montana Medicaid provider, or a DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications: Licensing in accordance with applicable ARMs 24.165.101 through 24.165.307. MCA 37.24-101 through 37.24-311 apply. ARM 37.34.950 and 37.34.951 apply.

Entity Responsible for Verification: The credentials of staff providing this service are reviewed as part of the DDP QIS QA review activities in the review of Children's Autism Waiver services.

Frequency: DDP annually reviews the QP standards of one Occupational Therapist for every child receiving this service in the waiver.

#### **PHYSICAL THERAPY SERVICES**

These services will be provided through direct contact between the therapist and the waiver recipient as well as between the therapist and other people providing services to the individual. Physical therapists may provide treatment-training programs that are designed to:

1. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and activities of daily living; and

2. Prevent, insofar as possible, irreducible or progressive disabilities through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Therapists will also provide consultation and training to staff or caregivers who work directly with waiver recipients.

Physical therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

Physical Therapy is capped at \$4,000 annually in this waiver.

The service is provider managed and may be provided by a relative but not a legally responsible person or legal guardian.

The service may be provided by a licensed physical therapist, enrolled as a Montana Medicaid provider, or an agency providing physical therapy services and enrolled as a Montana Medicaid provider, or a DD service provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications: Licensing in accordance with applicable ARMs 8.42.101 through 8.42.503. MCA 37.11-101 through 37.11-322 shall apply. ARM 37.34.954 and 37.34.955 apply.

Verification: The credentials of staff providing this service are reviewed as part of the DDP QIS QA review activities in the review of Children's Autism Waiver services.

Frequency: DDP will annually review compliance with the QP standards for one physical therapist delivering this service for every client receiving this service.

### SPEECH THERAPY SERVICES

These services will be provided through direct contact between the therapist and the waiver recipient as well as between the therapist and other people providing services to the individual.

Speech therapy services may include:

1. Screening and evaluation of individuals with respect to speech and hearing functions;
2. Comprehensive speech and language evaluations when indicated by screening results;
3. Participation in the continuing interdisciplinary evaluation of individuals for purposes of beginning, monitoring and following up on individualized habilitation programs; and
4. Treatment services as an extension of the evaluation process, which include:

Consultation with appropriate people involved with the individual for speech improvement and speech education activities to design specialized programs for developing each individual's communication skills in comprehension, including speech, reading, auditory training, and skills in expression.

Therapists will also provide training to staff and caregivers who work directly with waiver recipients.

Speech therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

This service is capped at \$4,000 annually.

The service is provider managed and may be provided by a relative but not a legally responsible person or legal guardian.

The service may be provided by a DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section under contract with the DDP or an agency providing speech therapy services and enrolled as a Montana Medicaid provider or an individual licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider.

Provider Qualifications: Licensing in accordance with applicable ARMs 24.222.101 through 24.222.307. MCA 37.15-101 through 37.15-323 shall apply.

ARM 37.34.956 and 37.34.957 apply.

Verification: The credentials of staff providing this service are reviewed as part of the DDP QIS QA review activities in the review of Children's Autism Waiver services.

Frequency: DDP will annually review compliance with the QP standards for one speech therapist delivering this service for every client receiving this service.

#### TRANSPORTATION SERVICES

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.

Legally responsible persons, relatives, legal guardians and other persons who are not employees of agencies with a DDP contract may be reimbursed for the provision of rides. In these cases, reimbursement will be less than or equal to the mileage rate set by the Department for a State employee operating a personal vehicle. The mileage rate is based on the operational expense of a motor vehicle and does not include reimbursement for work performed, or the driver's time. Reimbursement for rides provided by legally responsible persons or others must be related to the specific disability needs of a recipient, as outlined in the plan of care. Persons providing transportation must be licensed, insured and drive a registered vehicle, in accordance with the motor vehicle laws of the State of Montana.

Under no circumstances will medically necessary transportation (transportation to medical services reimbursed under the State Plan) be reimbursed under the waiver if the service is reimbursable under State Plan transportation.

This service is capped at \$4,000 annually.

The service is provider managed and may be provided by a relative, a legally responsible person, or legal guardian.

The service may be provided by a transportation provider agency which may or may not be a dedicated transportation provider or by an individual with a written service agreement or through participant-directed transportation services (*please see Participant-Directed Services on page 29*).

Provider Qualifications:

Transportation provider agency. This agency may or may not be a dedicated transportation provider.

Operator will have a motor vehicle license, liability insurance and proof of vehicle registration, in accordance with state laws. ARM 37.34.967 and 37.34.968. Person providing the service must be 16 or older. Payment for escort services may not be made under the transportation category. Terms of minimum liability insurance are outlined in the provider contract, under Section 16.2.1 through 16.2.3, Automobile Liability Insurance Coverage.

Verification of Qualifications: The credentials of staff providing this service are reviewed as part of the DDP QIS QA review activities in the review of Children's Autism Waiver services.

Frequency: DDP will annually review compliance with the QP standards for one transportation provider for every child.

Individual with a written service agreement.

Operator will have a motor vehicle license, liability insurance and proof of vehicle registration, in accordance with state laws. ARM 37.34.967 and 37.34.968. Person providing the service must be 16 or older. Payment for escort services may not be made under the transportation category.

Verification of Qualifications: The credentials of staff providing this service are reviewed as part of the DDP QIS QA review activities in the review of Children's Autism Waiver Services.

Frequency: DDP will annually review compliance with the QP standards for one transportation provider for every child receiving this service in the waiver.

**Limits on Services**

Children's Autism Waiver services for which a limit applies include: physical therapy, occupational therapy, speech therapy, respite, goods and services, transportation and adaptive equipment/environmental modifications. All the aforementioned services are capped at \$4,000 individually, except that goods and services are capped at \$2,000 annually. In addition to the individual caps for these services, the sum of these services is capped at \$4,000 annually. For example, a family may elect to receive \$2,000 for respite and \$2,000 for an environmental modification. In this example, the family has used the maximum possible allocation for Children's Autism Waiver "ancillary services".

### **Participant-Directed Services**

Families using respite and transportation services may choose to self direct those services utilizing both budget and employer authority. A family member or legal guardian may act as the employer of the employees with the support of a financial management service. The employer is responsible for hiring, training, supervising, scheduling and terminating their employees. The financial management service (FMS) is responsible for training employers on their responsibilities, and processing employer and employee paperwork. They conduct the List of Excluded Individuals and Entities (LEIE) and Medicare Exclusion Database (MED)) background checks on employees and criminal background checks when requested by the employer. They process payroll and reimburse employees according to the submitted timesheet and individual cost plan. They withhold and pay all taxes and arrange for worker's compensation for all employees. They also provide reports to the employer, case manager and state.

The DDP QIS will play a critical role in the sharing of information to waiver recipients' families regarding self-directed service options. The QIS will review the Waiver 5 Freedom of Choice form and the supplemental addendum form with every service recipient family potentially eligible to self-direct their services. This activity occurs annually. Individuals interested in pursuing the self-directed option and needing more information may access more details from their case manager. Information will also be made available from the DDP website, the FMS website and from DDP staff. Families who elect to self-direct their services will be assisted in doing so by their case manager, who will schedule a planning meeting for this purpose. Persons choosing to self direct will be assisted by their service provider and case manager in establishing the level of client involvement in recruiting and hiring staff. Persons choosing to self-direct may opt out of this option at any time, and receive services under the traditional model of service delivery.

DDP CHILDREN'S AUTISM WAIVER  
ACCEPTANCE FORM  
EFFECTIVE 01/01/09

PLEASE PRINT

NAME OF CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF FAMILY MEMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

The Developmental Disabilities Program (DDP) of the Department of Public Health & Human Services has selected your child for an opportunity to be accepted into the State of Montana's Medicaid funded home and community services waiver program for young children with autism. This is a program of intensive services for the benefit of a child with autism. Depending on the current age and status of the child the services may be available for a period of up to three years. The participation of family in the delivery of these services is vital to the success of the services.

This service program has a small number of openings and the opportunities to enter into the program are very limited. A waiting list is maintained which identifies those children who meet the appropriate criteria with the agreement of their families to be considered for acceptance into the program. There are many children on the waiting list. Due to the limited availability of service opportunities through the program and the large number of children waiting for the services of the program, the selection of children to whom an offer of service opportunities are to be offered is decided by computer generated random drawing. Your child has been selected through this process to receive an offer of an opportunity to enter the program. You have the choice of accepting or rejecting this opportunity on behalf of your child.

Children's Autism Waiver services are not entitled services. If you do not comply with the waiver participation requirements, your child's waiver services may be terminated. If you accept this opportunity, in addition to participation in the delivery of the service, you will also be required to complete and return an annual family satisfaction survey that will be used to report to the DDP and to Medicaid your degree of satisfaction or dissatisfaction with these services.

Please indicate your decision by marking the choice you have made and then sign and date the signature line.

\_\_\_\_ I/we accept this opportunity to enter the children's autism waiver program.

\_\_\_\_ I/we do NOT accept this opportunity to enter the children's autism waiver program but request that the child remain on the waiting list for another possible opportunity until age 5.

\_\_\_\_ I/we do NOT accept the opportunity to enter the children's autism waiver program and request that the child be removed immediately from the waiting list for the program.

\_\_\_\_\_  
Family Member signature

\_\_\_\_\_  
Date

FAX A COPY OF THIS COMPLETED FORM TO DDP CENTRAL OFFICE, CHILD AND FAMILY AUTISM WAIVER LIAISON AT (406)444-0230.

OFFICE USE ONLY: The QIS must document here the opportunity (location, people present, and date).

**DDP WAIVER 5 CHILDREN'S AUTISM WAIVER FREEDOM OF CHOICE**  
**CONSENT FORM** – EFFECTIVE 01/01/09

Child's Name \_\_\_\_\_ SSN# \_\_\_\_\_

Completed by phone contact (Optional for 2<sup>nd</sup> and 3<sup>rd</sup> year only – initial must be face-to-face) - Spoke with \_\_\_\_\_

The DDP waiver 5 Freedom of Choice Form is used to ensure that all DDP waiver recipients understand their right to choose services and the providers of those services, and their fair hearing rights.

I have been fully informed of services available for my child through the Medicaid Home and Community-Based Services Children's Autism Waiver program.

I have been advised that if my child's needs cannot be adequately and safely met in the community, my child will not be offered autism waiver services. I have also been advised that if while on the autism waiver my child's condition deteriorates to the point that my child cannot be maintained safely in the community, my child could be subject to placement in a more restrictive setting (e.g. a nursing home or an ICF- MR).

I have been informed that I have the right to request a Montana Department of Justice criminal background check at no personal cost to me for any person providing my child with respite services who is not an employee of the agency contracting with the State to provide my child's services. I understand that employees of agencies under contract with the State providing my child's autism waiver services are required to have background checks.

\*I have also been fully informed of services available in an ICF- MR facility, including the judicial process involved in the placement of persons in an ICF- MR facility.

\*I have been advised of the State of Montana fair hearing process if my child is denied the service(s) of choice or the provider(s) of choice. I understand that I have the right to request a Department fair hearing at any time.

I have been fully informed that I will be given the opportunity to choose the provider of service(s) when more than one provider is available to render the service(s).

After reviewing my options and choices, I freely choose to (check all that apply):

- \_\_\_\_\_ Receive services in the community via the Children's Autism Medicaid Waiver.
- \_\_\_\_\_ Receive services from my existing provider(s).
- \_\_\_\_\_ Receive services from a different provider (specify).
- \_\_\_\_\_ Not receive Children's Autism Waiver Services at this time.

Comments

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian or Personal Representative

Date

Department Representative

Date

**DDP Children's Autism Waiver 5 Freedom of Choice  
Addendum Form  
Effective 01/01/09**

**ICF/MR SERVICES IN MONTANA**

ICF/MR is a term drawn from federal law and stands for intermediate care facility for the mentally retarded. An ICF/MR is a specialized nursing facility for the specific purpose of serving persons with developmental disabilities who are in need of substantial nursing or other intensive care.

In Montana, ICF/MR services funded with Medicaid monies are available through the Montana Developmental Center (MDC) in Boulder, a public facility administered by the Department of Public Health & Human Services. Entry into MDC may only be gained through a commitment order entered by a State district court after a determination that a person is "seriously developmentally disabled". A commitment proceeding may only be initiated through a county attorney's office.

Further information on the process for commitment to an ICF/MR may be obtained from the Services Coordinator, Developmental Disabilities Program (DDP), Department of Public Health & Human Services at P.O. Box 4210, Helena, MT, 59624-4210. The telephone number for the DDP central office is (406) 444-2995.

**FAIR HEARING RIGHTS**

A person who disagrees with an adverse action, including such actions as suspension, reduction, or termination of services, the denial of a requested service, or an adverse action resulting from the individual planning process may appeal the decision through a fair hearing procedure available under the authority of the Montana Administrative Procedure Act.

A hearing is conducted by a fair hearing officer from the Department of Public Health & Human Services' Office of Fair Hearings. Both the person who is appealing a decision and representatives from the Developmental Disabilities Program may present testimony and evidence at that hearing through witnesses and documents. Further details concerning the availability of and the process for a fair hearing may be obtained from the Department's fair hearing rules at Administrative Rules of Montana (ARM) 37.5.115 et al. These rules are available upon request from the DDP (see above), the Department website or from your case manager.

The proposed decision of the hearing officer may, in turn, be appealed to the Board of Public Assistance. The Board is made up of 3 citizen members appointed by the Governor. The decision of the Board, in turn, may be appealed to State district court.

A request for a fair hearing must be stated in writing and be submitted to Department's Office of Fair Hearings at 2401 Colonial Drive, Helena, MT 59620-2953. You also may call that office at (406) 444-2470 for further information.

**MONTANA DDP CHILDREN'S AUTISM WAIVER**  
**CONFLICT OF INTEREST FORM**

Child's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

All children served in the children's autism waiver receive case management from a Family Support Specialist (FSS). The FSS children's case management is defined as Waiver-funded Children's Case Management (WCCM). Case management contracted entities may also provide other services to a waiver service recipient.

All children served in the Children's Autism Waiver also receive Program Design and Monitoring (PDM). This waiver service is responsible for developing the training protocols used by the Children's Autism Trainer to address the training objectives in the Plan of Care.

In order to reduce the potential for conflict of interest in these situations, prior authorization by the DDP Regional Manager or designee will be needed in 100% of all cases when the staff person providing WCCM to a child will also be providing the PDM service to the same child. Prior to approving this arrangement, the Regional Manager or designee will contact the child's parent to ensure their service provider options are fully understood.

Parental understanding of the right to choose another person to provide their PDM service and/or to choose another individual or another agency provider to provide their PDM service or WCCM is documented on this form.

\_\_\_\_\_ I have been informed that I have the right to choose my Program Design and Monitoring (PDM) staff and my Waiver Children's Case Manager (WCCM).

\_\_\_\_\_ I understand that these services (PDM & WCCM) may be provided by two different persons within the same provider agency.

\_\_\_\_\_ I understand that I have the right to choose one person from one agency to provide my PDM & WCCM.

\_\_\_\_\_ I understand that I may choose these staff (PDM & WCCM) from two different providers.

My Choice is:

\_\_\_\_\_

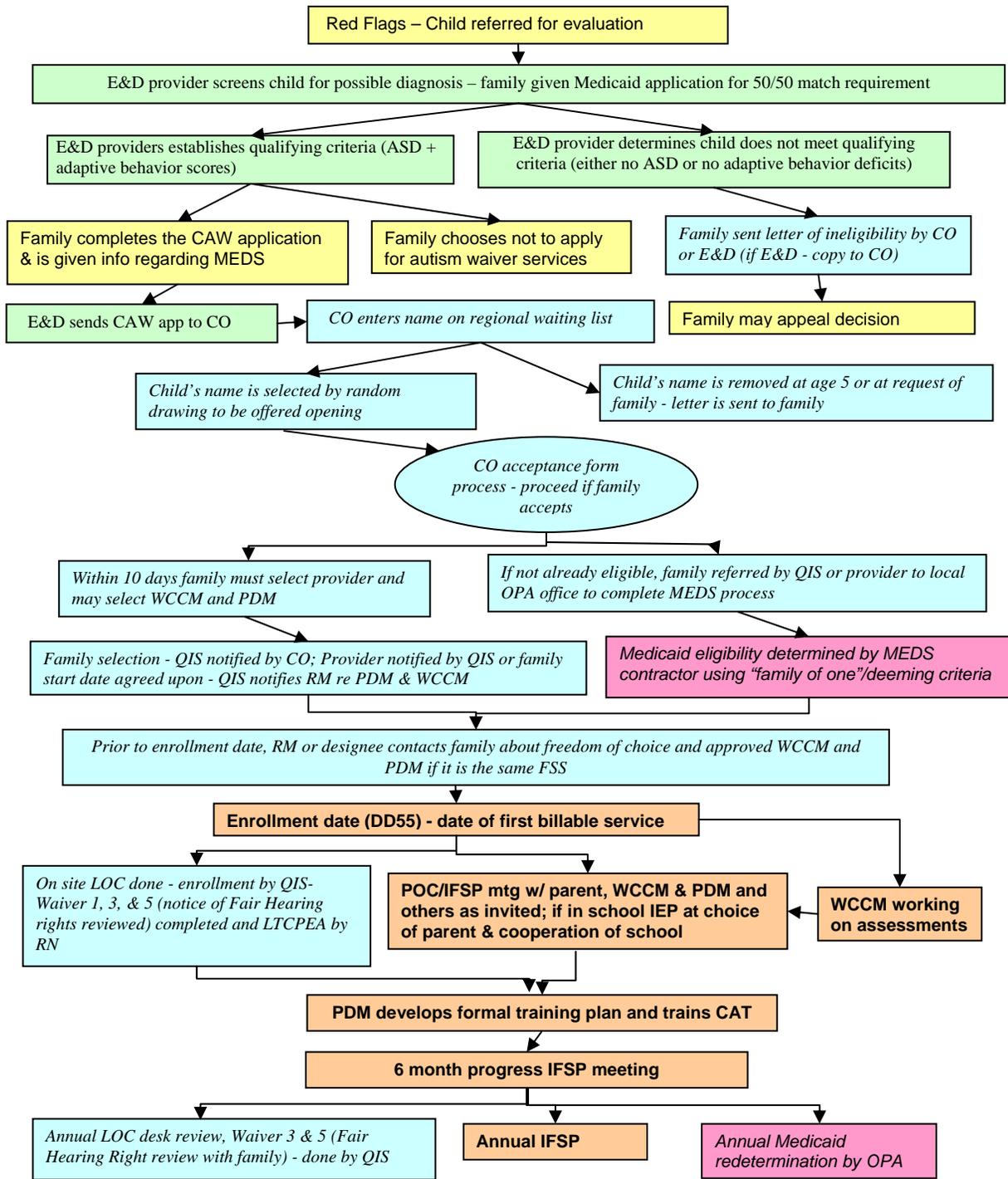
\_\_\_\_\_  
Parent/Guardian or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative & Prior Approval (if necessary)

\_\_\_\_\_  
Date

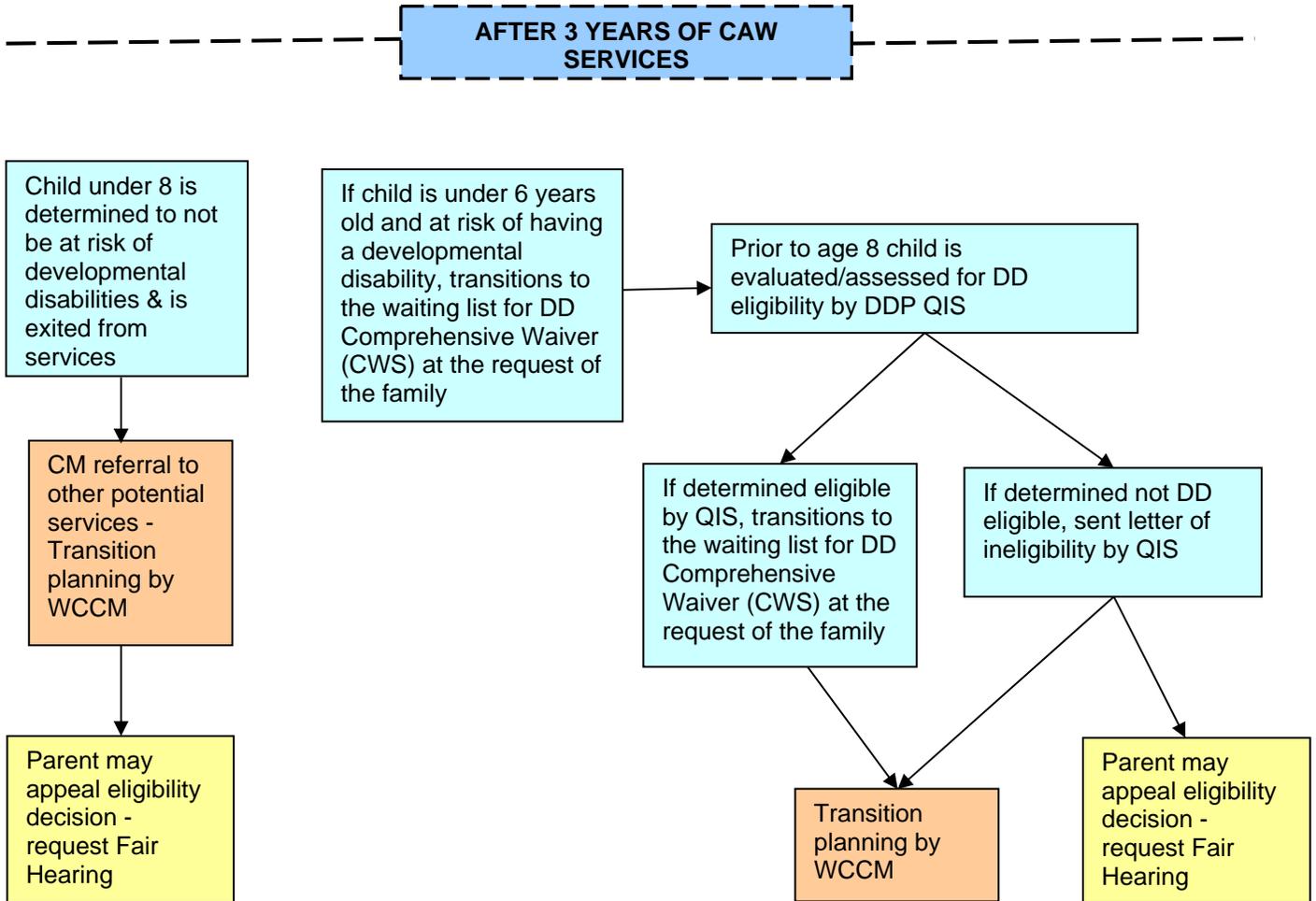
# DDP CHILDREN'S AUTISM WAIVER FLOWCHART



**KEY:**

E&D Provider	DDP - CO/ RM/ QIS	Family
CAW Provider	OPA	

**DDP CHILDREN'S AUTISM WAIVER FLOWCHART (CONT.)**



**AUTISM SELECTION CALL CHECKLIST:**

Date: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Child's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attempts to contact: \_\_\_\_\_

\_\_\_\_ This is \_\_\_\_\_ and I'm calling to tell you that \_\_\_\_\_ has been selected for the Children's Autism Waiver.

\_\_\_\_ My first question is: Knowing that it's been a while since you signed up and sometimes life circumstances change, do you still want to participate in the children's autism waiver services?

(If **no**, do you want to stay on the waiting list until \_\_\_\_\_ turns 5 or to be removed?)

\_\_\_\_ Is this the correct name and address? Is this the best phone number to call?

\_\_\_\_ Are you currently receiving services from DDP? If yes, do you know which? (CWS, Part C or FES)

\_\_\_\_ Is the child Medicaid eligible? Been through the Medicaid eligibility process and have a Medicaid card?

\_\_\_\_ If **not**, you will need to get the application process started immediately because that has been taking some time to get through. (Explain the deeming waiver if necessary.) The best thing to do until you get the info packet is to contact doctors and medical providers to start gathering copies of all medical records, prescriptions, etc. and also all education records available.

\_\_\_\_ The first step is to accept services and select a provider for the autism waiver services – you will have 10 calendar days if you need them. Your provider choice(s) is/are:

\_\_\_\_\_

Please feel free to contact these providers with any questions you may have or to let them know of your choice. You can also call the regional DDP office to have them help you set up meetings if you want. Provider contact information will be in the packet if you need it.

\_\_\_\_ So you don't have to try to remember all of this, I will be sending a formal letter of selection along with a packet of information. In the meantime, if you have any questions, you can call me at 444-4088 or you can contact the QIS in your local regional office who is:

\_\_\_\_\_

\_\_\_\_ We also need to tell you that the new autism insurance bill has gone into effect so if you have insurance coverage, you may need to move to insurance covered services and out of the waiver but we are still working out details and will send out more information when we know more about it.

\_\_\_\_ Do you have any questions? Please feel free to call the QIS or me if need to – we would be happy to get answers for you.

*Revised 08/01/11*