

<b>Developmental Disabilities Program Procedures Manual</b>	
<b>Volume 1: Program Administration</b>	<b>section 3: Developmental Disabilities Program</b>
	<b>DRAFT Process For Selection and Entry Into 1037 Waiver Services</b>

**5I. PURPOSE**

The purpose of this document is to provide guidance for the Developmental Disabilities Program when selecting individuals into 1037 Waiver Services.

**II. SCOPE**

These procedures apply to all Developmental Disabilities Program and provider staff with regard to the selection process used for entry into the 1037 Waiver Services. This process does not apply to a person’s placement and entry into any other waiver or ICF/IID or any ICF/ID.

**III. PROCESS**

It is the Waiver policy for the Department of Public Health and Human Services, Developmental Disabilities Program (DPHHS/DDP), that all service recipients be selected for 1037 Waiver Services using a screening process that prioritizes individuals who have evidence of interest in integrated community employment. Points will be awarded on the following criteria: currently employed (evidenced by current pay stub), involvement with Vocational Rehabilitation (evidenced by an application, letter or job plan signed by VR), letter from a non-family member outlining previous volunteer or job experience, current IEP and time on the waitlist. The date of waitlist entry will be determined by the date the Case Manager signs the Wait List/ Entry Change Form. When there are more referrals than waiver spaces available and multiple individuals have the same points, the department will randomly select from the group that has the highest points.

**IV. RESPONSIBILITIES**

A. It is the responsibility of the Targeted Case Manager and Waiver Children’s Case Manager, or other referral source once eligibility has been established by the appropriate authority, to prepare and complete a Wait List/Entry Change Form for the Waiver applicant and submit it to the regional office in order for the Waiver applicant’s name to be placed on the Statewide Waiting List by the regional Administrative Assistant. When the department announces a screening date for the 1037 waiver, the referring party, likely the Case Manager, will be given 30 days notice to submit a complete and accurate referral packet. When an applicant is selected for Waiver Services it is the responsibility of the Case Manager to educate the recipient about the process of entering waiver services.

B. It is the responsibility of the Developmental Disabilities Central Office

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designee to maintain records and review the pertinent documents and award the opening to the appropriate applicant based on the criteria aforementioned.

C. Agency with Choice Qualified Providers are responsible to provide services according to their contract for the areas of the region in which they are qualified by the Developmental Disabilities Program to serve.

## V. PROCESSES

### A. Eligibility:

#### 1. Developmental Disabilities Program Eligibility

The Case Manager gathers eligibility information as outlined in the Developmental Disabilities Program Eligibility Policy and submits the information to the Eligibility Specialist. The Eligibility Specialist is responsible for using that information to determine eligibility in accordance with the protocols established in the manual *Determining Eligibility for Services to Persons With Developmental Disabilities in Montana*, by William Cook, Ph.D. Only persons determined eligible for Developmental Disabilities Services may be entered on the waiting list. Once eligibility is established the Case Manager prepares the Wait List/Entry Change Form and submits it to the regional office to be entered by the Administrative Assistant on the Statewide Waiting List.

#### 2. 1037 Waiver Eligibility

An integral part of the Wait List/Entry Change Form for entry onto the 1037 waitlist is that the individual's needs can be met for less than \$20,000, the individual or authorized representative is willing to self direct all services, the individual is at least 16 years old and the individual is interested in achieving integrated community employment. This eligibility criterion is in addition to the general developmental disability eligibility.

### B. Referral

Once a screening date is announced, the case manager will have 30 days to submit a referral packet. Referral Packets are considered complete if they meet the requirements specified below.

**A complete referral must contain the following documents:**

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- Wait List/Entry Change Form
- MONA of \$20,000 or less. If the MONA is over \$20,000 but the Case Manager feels the MONA is not an accurate representation of the individual's true needs, an Estimated Cost Plan MUST also be submitted. If the individual is already receiving services in another waiver, their ICP can be submitted as well.
- Psychological Report – (If available)
- Current IEP (if applicable)
- Social History – current within a year
- Skills Assessment– current within a year
- Annual Health Care Checklist and Risk Worksheet (if available)
- Evidence of employment interest (if applicable)

C. Waiting list

The waiting list includes persons statewide. The list is maintained electronically in the Developmental Disabilities Program data-base. An individual may be receiving services in one waiver, while waiting for another waiver. An individual may also wait for both waivers simultaneously as long as the individual meets the Waiver requirements. In order to be selected for entrance into the 1037 Waiver the person's name must appear on the waiting list prior to the posted selection date and the Waiver Selection Specialist must receive the completed, accurate referral packet by the screening deadline.

D. Prior to Entry into Services

Prior to initiating services (and often times concurrently with the case manager initiating services), the Developmental Disabilities Quality Improvement Specialist (QIS), will arrange and complete the Level of Care visit to confirm the individual meets waiver level of care requirements. The QIS will also submit the DD-55 to the office of public assistance to ensure the individual is enrolled in the waiver through Medicaid.

If the individual does not currently receive Medicaid, they will need to apply at their local Office of Public Assistance.

E. Initiating Services

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1. The Individual Cost Plan (ICP) is developed by the individual/family member and Case Manager following selection. The resulting Individual Cost Plan cannot exceed the MONA, or an Estimated Cost Plan would need to be developed. In any case, the amount may not exceed \$20,000.
  
2. When the person is selected for entry into 1037 Waiver Services, his/her Case Manager will present all the Waiver Service options available. The case manager plays an important role in assisting the individual and/or family member in understanding the unique benefits and responsibilities of self directing service. The case manager should review the Self Direct Delivery Comparison guide available on the DDP website at <http://www.dphhs.mt.gov/dsd/ddp/documents/SelfDirectDeliveryComparison.pdf> to help the individual determine which model of self direct is more appropriate. At this time, the Case Manager will also complete the self direct/community employment form. The individual has 5 working days from the date of the selection letter to make the determination of which service delivery option they will utilize, Employer Authority or Agency with Choice.
  - a. If utilizing the Employer Authority model of self direct, the case manager will assist the individual in connecting with the Financial Management Service to complete the necessary paperwork to enroll as an employer. The Financial Management Service, Acumen, provides assisted enrollment to all clients. Please see their website for the most current information on enrollment: <https://www.acumenfiscalagent.com/states/mt.aspx>. There is additional information on self directing services available on the DDP website: <http://www.dphhs.mt.gov/dsd/ddp/selfdirection.shtml>. The Case Manager will also assist the individual in obtaining the services of a support broker, which is highly recommended for at least the first year of self directing services.
    - i. The individual must contact the financial management service, Acumen, within 10 working days from the date of the selection letter.
    - ii. In general, it is expected that services will begin within 45 days of the completion of Acumen enrollment paperwork. The Department understands that there are unique challenges and benefits when utilizing employer authority and the need for

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additional time may be required. An extension may be granted by the Regional Manager due to this. Please request extensions in writing to the appropriate Regional Manager.

- b. If utilizing Agency with Choice service delivery option, the case manager and/or individual can request a list of which provider agencies are offering Agency with Choice services from their regional office. The case manager will document which agencies the person wishes to meet within five working days from the date on the selection notification letter and will submit the Referral Packet, the Plan of Care as well as any other requested documents to the selected qualified providers(s). A written copy of the person's choice of provider(s) must be in the individual's case management file. An extension may be granted by the Regional Manager when there are extenuating circumstances. Please request extensions in writing to the appropriate Regional Manager.
- i. The provider (or providers) will have ten working days after receipt of the packet to contact the Case Manager to set up a meeting with the Waiver participant or to decline to offer services. The provider should meet in person with the Waiver participant before determining if they are able to serve her/him. In the event the agency determines they are unable to meet the Waiver participant's health or welfare the CEO or designee will document that choice in writing to the Case Manager.
  - ii. The person has five working days following a meeting(s) to determine if he/she chooses to accept Waiver Services with the provider and to document his/her choice of provider. The Case Manager is responsible for documenting the person's choice of provider.
  - iii. If there are no Agency with Choice providers available, the individual will have an additional five working days to decide whether or not they want to utilize the employer authority service delivery option, or decline waiver services. If the individual is declining waiver services, they will be exited from the 1037 waitlist and a new Wait List Entry Change form will need to be submitted if the person would like to be considered for future screenings.
  - iv. A person selected for entry into Waiver Services and accepted by a

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provider must begin utilizing services within 45 working days from the date the provider accept the Waiver participant into services or the date

3. If an individual is unable to access either service delivery option (employer authority or agency with choice), the person will have 90 days from the date on the selection notification letter to seek services from another area of the state. After 90 days, if there are not any providers able to provide services, or the individual is unable to find direct services staff to employ, the funds will be returned to the Central Office.