Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. **Waiver Services Summary.** *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service
Statutory Service	Children's Autism Training
Statutory Service	Respite
Statutory Service	Waiver Funded Children's Case Management (WCCM)
Extended State Plan Service	Adaptive Equipment/Environmental Modifications
Extended State Plan Service	Occupational Therapy
Extended State Plan Service	Physical Therapy
Extended State Plan Service	Speech Therapy
Extended State Plan Service	Transportation
Other Service	Individual Goods and Services
Other Service	Program Design and Monitoring

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Habilitation

Alternate Service Title (if any):

Children's Autism Training

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- **Service is included in approved waiver. There is no change in service specifications.**
- **Service is included in approved waiver. The service specifications have been modified.**

Service is not included in the approved waiver.

Service Definition *(Scope):*
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. Training may be delivered in group settings with same age peers or in one to one settings, based on the assessed needs of the child. The majority of training will be delivered in one to one settings.

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.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
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.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☑ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual with a DDP contract
Agency	DD service provider agency under contract with the DDP

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Children's Autism Training

Provider Category:
Individual
Provider Type:
Individual with a DDP contract
Provider Qualifications
License *(specify)*:
N/A
Certificate *(specify)*:
N/A
Other Standard *(specify)*:
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 Verification:
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 of Verification:
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.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Children's Autism Training

Provider Category:
Agency
Provider Type:
DD service provider agency under contract with the DDP
Provider Qualifications
License *(specify):*
N/A
Certificate *(specify):*
N/A
Other Standard *(specify):*
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 Verification:
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 of Verification:
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.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Statutory Service
Service:
Respite
Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

(•) **Service is included in approved waiver. There is no change in service specifications.**

( ) **Service is included in approved waiver. The service specifications have been modified.**

( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
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.

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.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
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.

Respite services rimbursement may not exceed $4,000 annually.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☑ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual with a DDP Contract
Agency	DD Service Provider Agency under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Individual
Provider Type:
Individual with a DDP Contract
Provider Qualifications
License *(specify)*:
N.A.
Certificate *(specify)*:
N.A.
Other Standard *(specify)*:
ARM 37.34.946
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 for Verification:
Initially, The DDP Regional Manager as part of the Qualified Provider Application Process.

Ongoing- 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 of Verification:
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.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:
DD Service Provider Agency under contract with the DDP.
Provider Qualifications
License *(specify):*
N/A
Certificate *(specify):*
N/A
Other Standard *(specify):*
ARM 37.34.946
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 for Verification:
Initially, The DDP Regional Manager as part of the Qualified Provider Application Process.
Ongoing- 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 of Verification:
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.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Statutory Service
Service:
Case Management
Alternate Service Title (if any):
Waiver Funded Children's Case Management (WCCM)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition *(Scope):*
WAIVER-FUNDED CHILDREN'S CASE MANAGEMENT

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.

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.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Waiver-funded children's case management services are available to persons from one through seven years of age in this waiver.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD Child and Family service provider agency under contract with the DDP.
Individual	Individual contracting directly with the DDP

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Waiver Funded Children's Case Management (WCCM)

Provider Category:
Agency
Provider Type:
DD Child and Family service provider agency under contract with the DDP.
Provider Qualifications
License *(specify):*
N/A
Certificate *(specify):*
Current Family Support Specialist (FSS) certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification, including the FSS Certification Handbook
Other Standard *(specify):*
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 disabilites, 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
Entity Responsible for Verification:
Initially, The DDP Regional Manager as part of the qualified provider application process.

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

Quality Assurance reviews are conducted annually by the DDP QIS.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Waiver Funded Children's Case Management (WCCM)

Provider Category:
Individual
Provider Type:
Individual contracting directly with the DDP
Provider Qualifications
License *(specify):*
N/A
Certificate *(specify):*
Current Family Support Specialist (FSS) certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification, including the FSS Certification Handbook.
Other Standard *(specify):*
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
Entity Responsible for Verification:
Initially, The DDP Regional Manager as part of the qualified provider application process.

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

Quality Assurance reviews are conducted annually by the DDP QIS.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Extended State Plan Service
Service Title:
Adaptive Equipment/Environmental Modifications

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition *(Scope):*
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 which are necessary to accommodate the 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).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Adaptive equipment/environmental modifications reimbursement is limited to $4,000 annually in this waiver.

Service Delivery Method *(check each that applies)*:

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☑ **Relative**
- ☑ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Adaptive Equipment: Enrolled Medicaid provider or legal entity capable of providing the adaptive equipment.
Individual	Adaptive Equipment: Independent Contractor, qualified to provide the required equipment.
Agency	Environmental modifications: DD Service Provider contracting with the DDP, qualified to perform the work.
Individual	Environmental modifications: Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency
Agency	Environmental modifications: Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Adaptive Equipment/Environmental Modifications

Provider Category:
Agency

Provider Type:
Adaptive Equipment: Enrolled Medicaid provider or legal entity capable of providing the adaptive equipment.

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:
ARM 37.34.962 and 37.34.963 for services not available under the State Plan.

Verification of Provider Qualifications

Entity Responsible for Verification:
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 of Verification:
DDP annually reviews compliance with the QP standards. One example of work performed or equipment delivered will be reviewed for every child receiving these services annually, as part for the DDP QA review process.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Adaptive Equipment/Environmental Modifications

Provider Category:
Individual

Provider Type:
Adaptive Equipment: Independent Contractor, qualified to provide the required equipment.
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
ARM 37.34.962 and 37.34.963 for services not available under the State Plan.
Verification of Provider Qualifications
Entity Responsible for Verification:
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 of Verification:
DDP annually reviews compliance with the QP standards. One example of work performed or equipment delivered will be reviewed for every child receiving these services annually, as part for the DDP QA review process.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Adaptive Equipment/Environmental Modifications

Provider Category:
Agency
Provider Type:
Environmental modifications: DD Service Provider contracting with the DDP, qualified to perform the work.
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
ARM 37.34.960 and 37.34.961
Verification of Provider Qualifications
Entity Responsible for Verification:
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 of Verification:
DDP annually reviews compliance with the QP standards. One example of work performed or equipment delivered will be reviewed for every child receiving these services annually, as part for the DDP QA review process.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Adaptive Equipment/Environmental Modifications

Provider Category:

Individual

Provider Type:

Environmental modifications: Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

ARM 37.34.960 and 37.34.961

Verification of Provider Qualifications

Entity Responsible for Verification:

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 of Verification:

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.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Adaptive Equipment/Environmental Modifications

Provider Category:

Agency

Provider Type:

Environmental modifications: Independent Contractor qualified to perform the required work, under subcontract with a contracted DDP service provider agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

ARM 37.34.960 and 37.34.961

Verification of Provider Qualifications

Entity Responsible for Verification:

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 of Verification:

DDP annually reviews compliance with the QP standards. One example of work performed or equipment delivered will be reviewed for every child receiving these services annually, as part of the DDP QA review process.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Occupational Therapy

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	An agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts.
Individual	Licensed occupational therapist, enrolled as a Montana Medicaid provider.
Agency	DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Occupational Therapy

Provider Category:

Agency

Provider Type:

An agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts.

Provider Qualifications

License *(specify):*
Licensed in accordance with applicable ARMs 24.165.101 through 24.165.307

Certificate *(specify):*

Other Standard *(specify):*
MCA 37.24-101 through 37.24-311 apply.
ARM 37.34.950 and 37.34.951 apply.

Verification of Provider Qualifications

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

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Occupational Therapy

Provider Category:
Individual

Provider Type:
Licensed occupational therapist, enrolled as a Montana Medicaid provider.

Provider Qualifications

License *(specify):*
Licensed in accordance with applicable ARMs 24.165.101 through 24.165.307

Certificate *(specify):*

Other Standard *(specify):*
MCA 37.24-101 through 37.24-311 apply.
ARM 37.34.950 and 37.34.951 apply.

Verification of Provider Qualifications

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 of Verification:
DDP annually reviews compliance with the QP standards for one Occupational Therapist for every child receiving this service.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Occupational Therapy

Provider Category:
Agency

Provider Type:

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

License *(specify):*
Licensed in accordance with applicable ARMs 24.165.101 through 24.165.307

Certificate *(specify):*

Other Standard *(specify):*
MCA 37.24-101 through 37.24-311 apply.
ARM 37.34.950 and 37.34.951 apply.

Verification of Provider Qualifications

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 of Verification:
DDP will annually review compliance with the QP standards for one Occupational Therapist receiving for every child receiving this service.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Extended State Plan Service

Service Title:
Physical Therapy

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- **Service is included in approved waiver. There is no change in service specifications.**
- **Service is included in approved waiver. The service specifications have been modified.**
- **Service is not included in the approved waiver.**

Service Definition *(Scope):*
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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Physical Therapy is capped at $4,000 annually in this waiver.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☑ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.
Individual	Licensed physical therapist, enrolled as a Montana Medicaid provider
Agency	An agency providing physical therapy services and enrolled as a Montana Medicaid provider.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Physical Therapy

Provider Category:

Agency

Provider Type:

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

License *(specify)*:

Licensed in accordance with applicable ARMs 8.42.101 through 8.42.503

Certificate *(specify)*:

Other Standard *(specify)*:

MCA 37.11-101 through 37.11-322 shall apply.
ARM 37.34.954 and 37.34.955 apply.

Verification of Provider Qualifications

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 of Verification:

DDP will annually review compliance with the QP standards for one phyisical therapist for every child receiving this service in the waiver.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Physical Therapy

Provider Category:

Individual

Provider Type:
Licensed physical therapist, enrolled as a Montana Medicaid provider
Provider Qualifications
License *(specify):*
Licensed in accordance with applicable ARMs 8.42.101 through 8.42.503
Certificate *(specify):*

Other Standard *(specify):*
MCA 37.11-101 through 37.11-322 shall apply.
ARM 37.34.954 and 37.34.955 apply.
Verification of Provider Qualifications
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 of Verification:
DDP will annually review compliance with the QP standards for one physical therapist delivering this service for every client receiving this service.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Physical Therapy

Provider Category:
Agency
Provider Type:
An agency providing physical therapy services and enrolled as a Montana Medicaid provider.
Provider Qualifications
License *(specify):*
Licensed in accordance with applicable ARMs 8.42.101 through 8.42.503
Certificate *(specify):*

Other Standard *(specify):*
MCA 37.11-101 through 37.11-322 shall apply.
ARM 37.34.954 and 37.34.955 apply.
Verification of Provider Qualifications
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 of Verification:
DDP will annually review compliance with the QP standards for one physidal therapist for every child receiving this service in the waiver.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Extended State Plan Service

Service Title:
Speech Therapy

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- **Service is included in approved waiver. There is no change in service specifications.**
- **Service is included in approved waiver. The service specifications have been modified.**
- **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
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.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
This service is capped at $4,000 annually.

Service Delivery Method *(check each that applies)*:

- **Participant-directed as specified in Appendix E**
- **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- **Legally Responsible Person**
- **Relative**
- **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.
Agency	An agency providing speech therapy services and enrolled as a Montana Medicaid provider.
Individual	Licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Speech Therapy

Provider Category:

Agency

Provider Type:

DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Provider Qualifications

License *(specify):*

Licensed in accordance with applicable ARMs 24.222.101 through 24.222.307

Certificate *(specify):*

Other Standard *(specify):*

MCA 37.15-101 through 37.15-323 shall apply.

ARM 37.34.956 and 37.34.957 apply.

Verification of Provider Qualifications

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 of Verification:

DDP will annually review compliance with the QP standards for one speech therapist for every child receiving this service in the waiver.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Speech Therapy

Provider Category:

Agency

Provider Type:

An agency providing speech therapy services and enrolled as a Montana Medicaid provider.

Provider Qualifications

License *(specify):*

Licensed in accordance with applicable ARMs 24.222.101 through 24.222.307

Certificate *(specify):*

Other Standard *(specify):*

MCA 37.15-101 through 37.15-323 shall apply.

ARM 37.34.956 and 37.34.957 apply.

Verification of Provider Qualifications

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 of Verification:

DDP will annually review compliance with the QP standards for one speech therapist for every child receiving this service in the waiver.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Speech Therapy

Provider Category:
Individual
Provider Type:
Licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider.
Provider Qualifications
License *(specify):*
Licensed in accordance with applicable ARMs 24.222.101 through 24.222.307
Certificate *(specify):*

Other Standard *(specify):*
MCA 37.15-101 through 37.15-323 shall apply.
ARM 37.34.956 and 37.34.957 apply.
Verification of Provider Qualifications
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 of Verification:
DDP will annually review compliance with the QP standards for one speech therapist for every child receiving this service in the waiver.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Extended State Plan Service
Service Title:
Transportation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
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.

For families who choose to self-direct respite- Persons providing respite services may be reimbursed by the FMS contractor for out of pocket transportation mileage costs, when transporting a waiver service reipient with a personal vehicle in the delivery of respite in accordance with respite activities specified in the approved plan of care. In this case, the respite worker must meet the qualified transportation provider standards as verified by the FMS contractor, to qualify for mileage reimbursement.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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. Transportation is considered an ancillary service. The sum of all ancillary service costs may not exceed $4,000 per year.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☑ **Legally Responsible Person**
- ☑ **Relative**
- ☑ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual with a written service agreement.
Agency	Transportation provider agency. This agency may or may not be a dedicated transportation provider.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Transportation

Provider Category:

Individual

Provider Type:

Individual with a written service agreement.

Provider Qualifications

License *(specify)*:

Operator will have a motor vehicle license,liability insurance and proof of vehicle registration, in accordance with state laws.

Certificate *(specify)*:

Other Standard *(specify)*:

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 Provider Qualifications

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

Appendix C: Participant Services
C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Transportation

Provider Category:
Agency
Provider Type:
Transportation provider agency. This agency may or may not be a dedicated transportation provider.
Provider Qualifications
License *(specify):*
Operator will have a motor vehicle license, liability insurance and proof of vehicle registration, in accordance with state laws.
Certificate *(specify):*

Other Standard *(specify):*
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 Provider Qualifications
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 of Verification:
DDP will annually review compliance with the QP standards for one transportation provider for every child receiving this service in the waiver.

Appendix C: Participant Services
C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Individual Goods and Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
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.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Goods and services projected to exceed $2,000 (annual aggregate) require prior approval by the DDP Regional Manager.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☑ **Legally Responsible Person**
- ☑ **Relative**
- ☑ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency With a DDP Contract.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Individual Goods and Services

Provider Category:
Agency
Provider Type:
Agency With a DDP Contract.
Provider Qualifications
License *(specify):*
N/A
Certificate *(specify):*
N/A
Other Standard *(specify):*
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 of Provider Qualifications
Entity Responsible for Verification:
The DDP Regional Manager is initially responsible for verifying compliance with the contracting requirements, prior to the initiation of the contract.
Frequency of Verification:
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 recieves this service in the waiver.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Program Design and Monitoring

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- **Service is included in approved waiver. There is no change in service specifications.**
- **Service is included in approved waiver. The service specifications have been modified.**
- **Service is not included in the approved waiver.**

Service Definition *(Scope):*
The Program Design and Monitoring (PDM) staff person (a Family Support Specialist with an autism endorsement or a Board Certified Behavioral Analyst) develops formal 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 formal training plan developed by the staff person providing Program Design and Monitoring. The formal training plan is written in accordance with the objectives specified in the child's plan of care (the IFSP). One or more of 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 bahavior.

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 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. Training may be delivered in group settings with same age peers or in one to one settings, based on the assessed needs of the child. The majority of training will be delivered in one to one training settings.

The waiver-funded plan of care (formally, the Individualized Family Services Plan, or IFSP) is based upon 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.

PDM staff may also provide general assistance and support to individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, an individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. Training includes instruction about treatment regimens and other services included in the plan of care, use of equipment specified in the plan of care and includes those specific activities necessary to safely maintain the participant at home. Support must be

aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the participant's plan of care.

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, step parent, 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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	The 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.
Agency	Board Certified Behavior Analyst employed by an agency with a DDP contract, as either an agency employee, or as an employee of a subcontracting agency providing BCBA services.
Agency	The Family Support Specialist with an Autism Endorsement is employed by an agency with a DDP contract, as either an agency employee, or as an employee of a subcontracting agency with a DDP contract.
Individual	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.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Program Design and Monitoring

Provider Category:

Individual

Provider Type:

The 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.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Family Support Specialist certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification. In addition, the FSS has completed the requirements of the autism module in the Family Support Specialist Certification Handbook. Family Support Specialists who successfully meet the requirements of the autism module (based in part on previous experience in

working with children with autism in home-based settings) are said to be fully FSS certified with an autism endorsement.

Other Standard *(specify):*

The indvidual 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 FSS who receives a direct payment from the Department will have a contract with the Department.
2. The individual FSS 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.

Verification of Provider Qualifications

Entity Responsible for 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 Specialsits who will provide this service.

Frequency of Verification:

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.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Program Design and Monitoring

Provider Category:

Agency

Provider Type:

Board Certified Behavior Analyst employed by an agency with a DDP contract, as either an agency employee, or as an employee of a subcontracting agency providing BCBA services.

Provider Qualifications

License *(specify):*

N/A

Certificate *(specify):*

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.

A. Degree Requirement: Possession of a minimum of a bachelor's and a master's degree from any of the following:

1. United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body; or
2. An institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States.

Other Standard *(specify):*

Successful backgroung check outcome from the Montana Department of Justice.

Verification of Provider Qualifications

Entity Responsible for Verification:

Initially, The DDP Regional Manager as part of the qualified provider application process.

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

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Program Design and Monitoring

Provider Category:
Agency
Provider Type:
The Family Support Specialist with an Autism Endorsement is employed by an agency with a DDP contract, as either an agency employee, or as an employee of a subcontracting agency with a DDP contract.
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Family Support Specialist certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification. In addition, the FSS has completed the requirements of the autism module in the Family Support Specialist Certification Handbook. Family Support Specialists who successfully meet the requirements of the autism module (based in part on previous experience in working with children with autism in home-based settings) are said to be fully FSS certified with an autism endorsement.
Other Standard *(specify):*
Other rules pertaining to staff competencies and requirements may be reviewed at ARM 37.34.925 and 37.34.2106.
Verification of Provider Qualifications
Entity Responsible for 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 Specialsits who will provide this service.
Frequency of Verification:
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.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Program Design and Monitoring

Provider Category:
Individual

Provider Type:
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.

Provider Qualifications

License *(specify):*
N/A

Certificate *(specify):*
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.

A. Degree Requirement: Possession of a minimum of a bachelor's and a master's degree from any of the following:
1. United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body; or
2. An institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States.

Other Standard *(specify):*
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.

Verification of Provider Qualifications

Entity Responsible for Verification:
Initially, The DDP Regional Manager as part of the qualified provider application process.

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 of Verification:
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.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- ☑ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
- ☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*

☐ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*

☐ **As an administrative activity.** *Complete item C-1-c.*

c. **Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

○ **No. Criminal history and/or background investigations are not required.**

◉ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

a. Name-based criminal background checks from the Montana Department of Justice are required for all persons who work with individuals funded by the DDP in the Children's Autism Waiver.

b. Name based criminal background checks are based on criminal records maintained by the Montana Department of Justice. This is a State level repository of criminal records.

c. The Department's quality assurance process requires the DDP QIS to annually sample the corporation employee files for persons working directly with service recipients to ensure background checks are being completed.

Note- DDP developed a statewide policy defining acceptable hiring practices related to background check outcomes resulting from QA activities. The policy outlines the steps taken by the DDP and the provider if problems are found during the on-going monitoring of background check outcomes. The policy precludes the hiring of certain categories of workers who pose a health, safety or financial risk to recipients and others. This policy became effective 8/1/06, and the QA document was updated effective 7/1/08 to reflect the new policy requirements.

b. **Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

◉ **No. The State does not conduct abuse registry screening.**

○ **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

- (●) **No. Home and community-based services under this waiver are not provided in facilities subject to §1616 (e) of the Act.**
- ( ) **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one*:

- (●) **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ( ) **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of ***extraordinary care*** by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

- ( ) **The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- ( ) **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed

to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

◉ **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

A family member may be reimbursed for the provision of direct services. Guardians who are legally or fiscally responsible for the care of the individual may not be reimbursed for services as outlined by waiver service category in Appendix C-3, except that guardians and and financially responsible persons may be reimbursed for out of pocket expenses associated with non-medically necessary transportation, in accordance with an approved plan of care.

The controls in place to ensure that payments are made for services delivered are the same for all providers of waiver services. Private audits, State audits, State SURS reviews, PERM audits, the case management involvement and oversight in the planning process and in the child and family contacts, the DDP QIS annual QA fiscal review process and the family and consumer satisfaction surveys regarding the delivery of services are methods by which the delivery of services will be reviewed in support of provider invoices.

The most effective assurance that relatives and family members providing waiver reimbursed services are qualified, and that reimbursed services were delivered and invoiced in accordance with the plan of care and the individual cost plan is the DDP annual quality assurance review process. The review of 100% of the annual plans of care will be used to review the documentation verifying compliance with the qualified provider standards by waiver service category. The review of the QP standards and the delivery of services provided by relatives and family members is the same review process used for all other categories of Children's Autism Waiver service providers.

The Quality Assurance Observation Sheet (QAOS) is used by the DDP QIS to notify the provider when potential audit exceptions are noted. Follow up depends on the circumstances. Follow up may include any or all of the following steps being taken:

1. Involvement of the DDP Fiscal Bureau Chief, DDP Program Director and DDP Community Services Bureau Chief, in accordance with DDP's QA review auditing guidelines.

2. If further auditing of the program is needed, a Quality Assurance Division SURS review would be requested by the DDP Program Manager.

3. If Medicaid Fraud is suspected, the Medicaid Fraud Unit at the Montana Department of Justice would be notified by the DDP Program Manager. In all cases of confirmed misuse of funds, or Medicaid fraud, the provider would be required to return the misued funds and could be subject to criminal prosecution.

○ **Other policy.**

Specify:

f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

The Department established an open enrollment policy for all DDP funded waiver services and developed the initial set of application forms for all waiver-funded services in 2002, following the review of the waiver by the CMS Regional Office in the fall of 2000. The qualified provider enrollment documents, contracting documents and various other application forms have since been revised and updated. The qualified provider standards for child and family service providers have been updated to include two new waiver services unique to the children's waiver: Program Design and Monitoring and Children's Autism Training. The DDP has hired a consultant to assist

DDP staff in developing a web based qualified provider application process.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

i. Sub-Assurances:

a. ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
The DDP monitors the credentialing of staff requiring licensing or certification and who provide waiver funded services. The numerator is the number of children who receive services from qualified staff. The denominator is the number of children served in the waiver.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Record reviews onsite and offsite

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe

		Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
The DDP monitors the qualified provider standards of staff not requiring licensure or certification who provide waiver funded services. The numerator is the number of children who receive services from qualified staff. The

denominator is the number of children served in the waiver.

Data Source (Select one):
Other
If 'Other' is selected, specify:
record reviews, on and off site.

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**

☐ **Continuously and Ongoing**
☐ **Other** Specify:

c. ***Sub-Assurance:*** *The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.*

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
DDP implements new policies, administrative directives and rules associated with ongoing training and competency requirements for staff providing waiver services. The numerator is the number of children served by staff in compliance with ongoing staff training requirements. The denominator is the number of children served in the waiver.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Training record reviews conducted onsite and offsite.

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and**	☐ **Other**

	Ongoing	Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
The review of the qualifications of persons providing waiver-funded services occurs annually in the completion of the DDP QA review process. Newly qualified service providers must submit documentation verifying compliance with the qualified provider standards to the DDP regional manager as part of the qualified provider application process.

All approved DD Waivers are posted on the DDP website. This ensures that families and other persons acting on behalf of the service recipient have the opportunity to review the waiver language pertaining to the qualified provider standards for staff, and the service definitions. DDP staff contact information is also posted on the website, facilitating access to more information, if desired.

To faciliate the public's understanding of the Children's Autism Waiver (CAW), a user friendly CAW guide will be posted on the DDP website and in other locations to help parents and others with frequently asked questions.

Problems in the delivery of services are generally discovered as a result of the application of the DDP QA review process, but problems are not limited to this source of discovery. The DDP QA review process is specific to providers of direct client services. QA and other DDP staff will continue to develop effective monitoring processes to better ensure specified waiver activities are occurring in accordance with rule, policy and waiver language.

Satisfaction surveys conducted by the DDP QIS during home visits may result in the identification of

problems, such as poor service provider performance in delivering services, staff who do not appear to have the necessary skills to adequately serve the child, etc. Some problems may be reported to the DDP by provider employees, or by persons acting on behalf of the client such as family members.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
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, these problems are resolved via 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. At such time the problem is resolved, the QAOS sheet has been signed and dated by both parties, and 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 offices. The specific protocol used to correct problems resulting from the application of the QA process is outlined in the narrative section of the adult quality assurance process. The same guidelines would apply for deficits noted in the review of Children's Autism Waiver services.

Significant issues involving possible or alleged abuse, neglect or exploitation of a child served in the autism waiver are covered in Appendix G (incident management).

ii. **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

○ **No**

◉ **Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
Upon CMS approval of the children's autism waiver, DDP will implement a QA Review Section specific to and inclusive of the CAW performance measures. Hard copies of excel spreadsheets will generate percent compliance data based on these performance measures. 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. Hard copies of the QA review reports, including hard copies of the worksheets, are maintained in the DDP central office.

The aggregation of statewide data based on the electronic submittal of the worksheets to the DDP central office will begin with the DDP QIS submittal of the first QA Review. This will take place within one year of the day of the first child being enrolled in the waiver.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

○ **Not applicable** - The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

◉ **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

☑ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

a. Children's Autism Waiver services for which a limit applies, as outlined in the service limitations sections in the Appendix C definitions 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 addtion to the individual caps for these services, the sum of these services are 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". DDP's rationale for capping the cost of "ancillary services" follows.

b. This waiver is designed to provide very intensive formal training to a young child for a maximum of three years. For this reason, essential waiver services directly related to the training effort are not capped. These essential training-related services include case management (primarily for the purpose of service coordination and responsibility for individual planning meetings), program design and monitoring and children's autism training.

c. Spending caps for "ancillary services" could be adjusted via waiver amendment request, based on the history (frequency and type) of approved special funding requests. See below.

d. Exceptions in the spending limit caps for "ancillary services" for health safety concerns would be unlikely, due to the nature of these services. In the event that a child's health and safety is jeopardized, or the child is at imminent risk due to spending cap limits set for ancillary services, it is the responsibility of a planning team member or other person acting on behalf of the child to contact the child's case manager. A

special planning meeting may or may not be necessary, but the planning team must agree the need for additional services is based on a health/safety issue. If the spending request is approved by the team, the case manager would contact the DDP Regional Manager for the purpose of securing additional funding to pay for the enhanced level of support.

e. The children served in this waiver are living in home settings, and the child's need for primary care and supervision is the responsibility of (unpaid) parents and other family members. In the event the child's residential circumstances change and the child cannot be safely maintained in the home, it is the initial responsibility of the case manager to develop solutions. These solutions could potentially include the request for crisis funding from the DDP or the placement of the child in an appropriate alternative living arrangement.

f. The spending caps for ancillary services are outlined in the parent's application for waiver services. This form is signed and dated by the parent. The caps are reviewed at the annual planning meeting by the case manager.

☐ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

☐ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

☐ **Other Type of Limit.** The State employs another type of limit.
Describe the limit and furnish the information specified above.