

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, Colorado 80202-4967



Region VIII

. MT 0667 R01 00. DF

November 10, 2011

Ms Mary Dalton
State Medicaid Director
Department of Public Health and Human Services
P O Box 4210
Helena, MT 59604-4210

Dear Ms Dalton.

This letter is to inform you that your request to renew the Montana Home and Community-Based Services Children's Autism Waiver, as authorized solely under section 1915(c) of the Social Security Act, has been approved. This waiver serves children between the ages of 15 months through 7 years old diagnosed under the autism spectrum disorder who also have adaptive behavior deficits. The State decided to have a maximum enrollment of three years, which means a child cannot start enrollment as of their 5th birthday. All children transition out of the waiver after three years of service and prior to the age of 8. These children would otherwise require the level of care provided in an ICF/MR. The renewal has been assigned control number MT 0667 R01 00, which should be used in all future correspondences regarding this waiver program.

The renewal is effective January 1, 2012 through December 31, 2016. The waiver services include Children's Autism Training, Respite, Waiver Funded Children's Case Management (WCCM), Adaptive Equipment/Environmental Modifications, Extended State Plan Occupational Therapy, Physical Therapy, and Speech Therapy, Transportation, Individual Goods and Services, and, Program Design and Monitoring (PDM).

The major changes are as follows: 1) Amend the quality improvement sections for appendices G and I, 2) Modify the service definitions for PDM and Children's Autism Training, 3) Include contact information for the Developmental Disabilities Program Central Office Children's Waiver Specialist, 4) Update Appendix J tables, 5) Include a point in time figure for all 5 years of the waiver, and, 6) Delete a cut and paste version of the Waiver 5 Freedom of Choice form in the waiver agreement and instead replaced it with descriptive language.

The following are the approved utilization and costs assuring cost-neutrality

	Unduplicated Recipients (Factor C)	Community Costs per Person (Factor D+D')	Institutional Costs Per Person (Factor G+G')	Total Waiver Costs
Year 1	110 (*PIT=55)	\$28,269.28	\$227,087.00	\$2,392,420.62
Year 2	60 (PIT=55)	\$47,300.37	\$231,629.00	\$2,438,962.18
Year 3	60 (PIT=55)	\$48,126.76	\$236,261.00	\$2,480,565.48
Year 4	110 (PIT=55)	\$30,092.26	\$240,986.00	\$2,549,058.45
Year 5	60 (PIT=55)	\$50,070.78	\$245,806.00	\$2,580,766.55

* PIT = Point in time Due to a State decision to have a maximum 3-year waiver enrollment requirement, the State designated Years 1 and 4 with higher unduplicated recipient numbers to account for a higher turnover than the other years However, total waiver costs are consistent from year to year

We appreciate the cooperation we received throughout the review process, especially from Perry Jones with the Developmental Disabilities Program (DDP) If you have any questions, please feel free to contact Di Friedli at (303) 844-7112 or via e-mail at Diana.Friedli@cms.hhs.gov

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

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