HOME AND COMMUNITY BASED SERVICES

BRIDGE WAIVER

FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE (SED)

Policy Manual

October 1, 2015

HOME AND COMMUNITY BASED SERVICES BRIDGE WAIVER
FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

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Acronyms

ALOS: Average Length of Stay
APS: Adult Protective Services
ARM: Administrative Rules of Montana
CBCL: Child Behavior Check List
CMHB: Children's Mental Health Bureau
CMS: Centers for Medicare and Medicaid Services
CON: Certificate of Need
CPS: Child Protective Services
DPHHS: Department of Public Health and Human Services (Department)
DSD: Developmental Services Division
HCBS: Home and Community Based Services Waiver
LOC: Level of Care
MMA: Magellan Medicaid Administration
PA: Prior Authorization
PD: Project Director
PM: Plan Manager
POC: Plan of Care
PRTF: Psychiatric Residential Treatment Facility (same as RTC)
QMS: Quality Management Strategy
RTC: Residential Treatment Center (same as PRTF)
SED: Serious Emotional Disturbance
SOR: Serious Occurrence Report
WY: (Federal) Waiver Year is October 1 to September 30

Manual Content Updates

August 2009	Update Manual for Waiver Amendment ; ARM Amendment
October 2010	Update Manual for Waiver Amendment ; ARM Amendment
October 2011	Update Manual for Waiver Amendment; ARM Amendment
December 2011 (contract plan manager; fee schedule)	Update Manual for Waiver Amendment; ARM Amendment
October 2012	Update Manual: New Bridge Waiver; ARM Amendment;
July 2013	Update Manual: ARM Amendment
July 2014	Update Manual: ARM Amendment-provider rate increase

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HOME AND COMMUNITY BASED SERVICES BRIGDE WAIVER FOR YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

A. Introduction to the Home and Community Based Services BRIDGE Waiver Montana was one of ten states awarded the Psychiatric Residential Demonstration Grant (PRTF Grant) through the Deficit Reduction Act of 2005. The Centers for Medicare and Medicaid Services (CMS) required states to complete a Home and Community Based Services Waiver (HCBS PRTF Waiver) application, which was approved effective October 1, 2007. The HCBS PRTF waiver ends on September 30, 2012. Through federal authority, Montana is able to apply for a 1915 (c) Home and Community Based Services Waiver to continue serving those youth who are already enrolled on the last day of the HCBS PRTF waiver, which is September 30, 2012. The new 1915(c) HCBS waiver is called the "bridge waiver".

There is no legal entitlement for a youth to enroll in the program or to receive any or all the services available through the program. Only those youth enrolled in the bridge waiver program are eligible for waiver services.

The department has received federal approval to waive statewide coverage in the provision of program services. Program services may only be delivered in the following counties for which federal approval of coverage has been received: Yellowstone, Carbon, Stillwater, Musselshell, Big Horn, Missoula, Ravalli, Lewis and Clark County, Jefferson, Broadwater, Cascade County, and Flathead County. In these counties, collectively no more than a total of 85 youth may be enrolled in the bridge waiver program.

B. Eligibility

Eligibility of a youth for the program is determined by the department in accordance with the following criteria. Enrollment in the program is limited to only those youth who were already enrolled in the HCBS PRTF waiver on September 30, 2012 and:

(a) the youth is age six through 17, up to the 18th birthday;
(b) the youth is Medicaid eligible;
(c) the youth continue to require psychiatric residential treatment facility level of care in accordance with Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management, referenced in Administrative Rules of Montana 37.87.903;
(d) the youth will not be concurrent with enrollment in the program residing in a hospital or a psychiatric residential treatment facility;
(e) the youth has mental health and related supportive services needs that can be met through the program;
(f) the youth meets the clinical criteria for serious emotional disturbance as defined in The Children's Mental Health Bureau's Medicaid Services Provider Manual;
(g) the youth has a viable, consistent living environment and the youth's parent(s)/ legal representative is committed to supporting and facilitating the youth's participation in the program;
(h) the youth resides in a service area as specified in A. Introduction to the Home and Community Based Services Bridge Waiver Program;
(i) the youth's waiver services and Medicaid state plan services do not exceed the cost of services provided in a psychiatric residential treatment facility;
(j) the youth is not otherwise receiving Medicaid funded case management services; and
(k) the youth is not receiving services through another Medicaid funded 1915(c) home and community based services waiver program.

C. Purpose

The purpose of the bridge waiver program is to provide home and community-based services as an alternative for youth who meet criteria for psychiatric residential treatment facility level of care. Services will be provided through a wraparound service model that includes the youth and family and will be structured to provide the supports needed to safely maintain youth in their home and community.

The plan manager, an employee (or a contracted entity) of the Department of Public Health and Human Services located in the regions of the state where the bridge waiver program is operational, will work with the wraparound facilitator in revising the initial plan of care in collaboration with the youth, parent(s) or legal representative, appropriate health care professionals, and others who treat or have knowledge of the youth's mental health and related needs. The plan manager will provide oversight* of the wraparound facilitation service. The plan manager prior authorizes all bridge waiver services.

*Oversight may include but is not limited to observation of at least one meeting in each of the four phases of wraparound to ensure the facilitator is maintaining wraparound fidelity; contact with the youth/family periodically to ensure the youth/family is in agreement with the wraparound process; completion of a desk audit of the wraparound facilitators' records; verification of wraparound facilitation training and certification process.

D. Waiver Services

In accordance with federal regulations, waiver services are not furnished to youth who are inpatients of a local community hospital or a psychiatric residential treatment facility. Youth enrolled in the bridge waiver program are NOT eligible for targeted case management services or other types of case management services. A program service is not reimbursed by the program for a youth if the provision of a payment for that type of service is otherwise available to the youth from another source inclusive of Medicaid state plan services.

The department may determine the particular services of the program to make available to an eligible youth based on, but not limited to, the following criteria:

(a) the youth's need for a service generally and specifically;
(b) the suitability of a service for the youth's circumstances and treatment;
(c) the availability of a specific service through the program and any ancillary service necessary to meet the youth's needs;
(d) the availability otherwise of alternative public and private resources and services to meet the youth's need for the service;
(e) the youth's risk of significant harm if not in receipt of the service;
(f) the likelihood of placement into a more restrictive setting if not in receipt of the service; and
(g) the financial costs for and other impacts on the program arising out of the delivery of the service to the youth.

1. Caregiver Peer-To-Peer Support (Peer Specialist)

Caregiver Peer-to-Peer Support services offer and promote support to the parent/legal representative of the youth with SED. The services are geared toward promoting self-empowerment of the parent, enhancing community living skills and developing natural supports. These services may include:

(a) supporting parents to make informed independent choices in order to develop a network for information and support from others;
(b) coaching parents/legal representatives in developing systems advocacy skills in order to take a proactive role in their youth's treatment; and
(c) assisting parents in developing supports including formal and informal community supports.

Caregiver Peer-to-Peer Support services are provided by appropriate community agencies with

the capacity to offer this service to the parent/legal representative of the youth with SED. The provider of Caregiver Peer-to-Peer Support services must:

(a) ensure that any peer specialist providing Caregiver Peer-to-Peer Support services is a family member who has cared for a youth with SED while the youth was receiving services in the children's mental health system. The person must have experience in the direct day-to-day care of a youth with SED;

(b) verify the person providing Peer to Peer support is not currently enrolled in the bridge waiver program;

(c) be knowledgeable of the children's mental health system and other community resources; and

(d) ensure that any peer specialist providing Caregiver Peer-to-Peer Support services has attended a wraparound facilitation training sanctioned by the department.

2. Consultative Clinical and Therapeutic Services

Consultative Clinical and Therapeutic Services provide treating physicians and mid-level practitioners with access to the psychiatric expertise and consultation in the areas of diagnosis, treatment, behavior, and medication management. Consultative Clinical and Therapeutic services are provided by licensed psychiatrists and are provided to licensed physicians or mid-level practitioners who are treating youth enrolled in the program. Both the consultant psychiatrist and the treating physician or mid-level practitioner may bill for the Consultative Clinical and Therapeutic Services.

3. Customized Goods and Services

Customized Goods and Services allow for the purchase of services or goods not reimbursed by Medicaid. These Customized Goods and Services typically are used to facilitate access to supports designed to improve opportunities for socialization and enrichment and maintain the youth in the community. The plan of care must:

(a) document the youth's therapeutic need for this service;

(b) document attempts to identify alternative funding and/or resources; and

(c) include all documentation/receipts.

Customized Goods and Services must be prior authorized and are limited to $1,000 for each twelve month period beginning with the youth's most current enrollment date. Customized Goods and Services cannot be used to provide:

(a) services or goods typically covered by another entity;

(b) monthly rent or mortgage;

(c) food;

(d) regular utility charges;

(e) household appliances;

(f) automobile repairs;

(g) insurance; or

(f) items that are for purely diversion/recreational purposes.

Customized Goods and Services must be purchased by an enrolled provider in order to be reimbursed by the bridge waiver program.

4. Education and Support Services

Education and Support Services are provided to family members, unpaid caregivers, and persons providing treatment or otherwise involved in the youth's life. Education and Support Services include instruction about the diagnostic characteristics and treatment regimens for the youth, including medication and behavioral management for the youth. Education and Support Services are provided by appropriate community agencies with the capacity to offer periodic trainings specific to parent(s) or legal representatives of youth with serious emotional disturbance. All training curricula and community providers of this training must be approved by the department.

5. Family Support Specialist

Family Support Specialist services provide support and interventions to parents/legal representatives and youth under the guidance of the in-home therapist. These services may include:

(a) assisting the in-home therapist in family therapy by providing feedback about observable family dynamics;
(b) providing education to parents regarding their child's mental illness;
(c) coaching, supporting, and encouraging parenting techniques learned through parenting classes and/or family therapy;
(d) providing parenting skills specific to the child, as necessary;
(e) participating in family activities in order to assist parents in applying specific parenting methods in order to change family dynamics;
(f) working with youth to access any types of wellness recovery tools such as a wellness recovery action plan tool kit; and
(g) serving as a member of the crisis intervention team.

Appropriate community agencies with the capacity to offer this service to parents/legal representatives of youth with serious emotional disturbance (SED) provide Family Support Specialist services. The provider of Family Support Specialist services must ensure that its employees:

(a) receive clinical supervision;
(b) are knowledgeable about family systems and dynamics;
(c) follow the plan of care developed by the wraparound team;
(d) have attended a high fidelity wraparound training sanctioned by the department;
(e) meet the following educational/experience requirements:
  (i) have a Bachelor's degree in human services;
  (ii) have a minimum of three years direct experience (as documented by the agency) working with youth with SED and their families; OR
  (iii) be a licensed mental health professional in the state of Montana, licensed as a clinical professional counselor, clinical social worker, or a clinical psychologist.

A Family Support Specialist who is also a licensed mental health professional <u>cannot</u> provide any other bridge waiver services or state plan services for the youth.

6. In-Home Therapy

In-home therapists provide face-to-face, individual, and family therapy for youth and parent(s)/legal representatives in the youth's residence at times convenient for the youth and family. As part of the provision of the therapy and for the purposes of the plan of care, the in-home therapist must:

(a) communicate with the department regarding the status of the youth and their treatment;
(b) develop and write an individual treatment plan with the youth and parent(s)/legal representative specific to mental health therapy;
(c) provide crisis response during and after working hours;
(d) assist the youth with transition planning; and
(e) attend family and team meetings and other activities pertinent to support success in the community.

In-home therapists must meet the following requirements:

(a) social workers licensed in accordance with ARM 37.88.205;
(b) professional counselors licensed in accordance with ARM 37.88.305; or
(c) psychologists licensed in accordance with ARM 37.88.605.

The in-home therapist and wraparound facilitator cannot be employed by the same agency

when serving on the treatment team and providing services to a specific youth enrolled in the bridge waiver program.

7. Non-Medical Transportation

Non-Medical Transportation is the provision of transportation by agencies through common carrier or private vehicle for the youth's access to and from social or other nonmedical activities that are included in the plan of care. Non-Medical Transportation services are provided only after volunteer transportation services, or transportation services funded by other programs, have been exhausted. Non-Medical Transportation services must be provided by the most appropriate cost effective mode. Non-Medical Transportation agency providers must provide proof:

(a) that all drivers possess a valid Montana driver's license;
(b) that all vehicles are adequately insured for personal injury; and
(c) that all vehicles are in compliance with all applicable federal, state, and local laws and regulations.

8. Respite Care

Respite Care is the provision of supportive care so as to relieve those unpaid persons normally providing day to day care for the youth from that responsibility. Respite care services may be provided only on a short term basis, such as part of a day, weekends, or vacation periods. Respite Care services may be provided in a youth's place of residence, another private residence or other community setting, *excluding psychiatric residential treatment facilities*. The provider of respite care must ensure that its employees providing respite care services are:

(a) physically and mentally qualified to provide this service to the youth;
(b) aware of emergency assistance systems and crisis plans;
(c) knowledgeable about the physical and mental conditions of the youth;
(d) knowledgeable about common medications and related conditions of the youth; and
(e) capable to administer basic first aid.

(Continued on next page.)

9. Wraparound Facilitation

Wraparound Facilitation services are comprehensive services comprised of a variety of specific tasks and activities designed to carry out the wraparound process. Wraparound facilitators work under the supervision of a licensed mental health professional. Wraparound Facilitator duties include, but are not limited to:

FACE-TO-FACE (billable per 15 minute code)	**COORDINATION (billable per 15 minute code with modifier)**	**PAPERWORK (not billable; activities are included in the rate)**
Engaging the family	Engaging the family	
Completing the Strengths, Needs and Cultural Discovery with the family; Review completed SNCD with family for editing.	Completing the Strengths, Needs and Cultural Discovery with the family (can possibly occur multiple times as family dynamics/circumstances change).	Completing the Strengths, Needs and Cultural Discovery with the family; Edits to the SNCD; typing and updating.
	Assembling the wraparound team (mostly coordination; some face-to-face).	Agenda for meeting and progress notes (meeting overview minutes).
Facilitating plan of care meetings and developing a crisis plan (mostly, some coordination).	Updating/coordinating w/ team members not present at the meeting; Gathers information from team members who will not be at the meeting/reminder calls of meeting time and date.	Typing/writing the plan of care.
	Working with the department to identify providers of services and other community resources to meet family and youth needs.	
	Making necessary referrals for youth (often includes follow-up until support/service is secured; coordination of integrating new support/service)	
Convening regular meeting with family and team to review accomplishments and progress towards goals and to make adjustments.	Convening regular meeting with family and team to review accomplishments and progress towards goals and to make adjustments.	Preparing agenda for meeting, updating ground rules, etc.
	Calls to team members to illicit information/updates if member will not be in attendance; ensuring follow through of role on team responsibilities.	Documenting and maintaining all information regarding the plan of care and the cost plan, including revisions.
	Presenting plan of care and cost plans to the Regional Manager for approval.	
Providing copies of the plan of care to the youth and family/legal representatives and to professional and agency team members.	Providing copies of the plan of care to the youth and family/legal representatives and to professional and agency team members (this may occur frequently/weekly in the beginning then decrease over time/progress made).	Making copies of POC Mailing out copies of POC to those not present and/or after updates have been made.

	Monitoring the plan of care to ensure service are provided as planned (mostly coordination; some face-to-face); on-going with regional manager.	
	Consulting with family to ensure services received continue to meet identified needs (mostly coordination; some face-to-face).	
	Maintaining communication between all wraparound team members.	
	Educating new members to the wraparound process (specific to youth).	
	Maintaining team cohesiveness (mostly coordination; some face-to-face).	
	Preparing family for transition out of formal wraparound 1915(i) HCBS State Plan or Bridge Waiver program services (mostly coordination; some face-to-face).	Development of Transition Plan and Plan of Care; Crisis Plan.
Complete MT CANS (to occur at admission, every 3 months, and at discharge).	Complete MT CANS (to occur at admission, every 3 months, and at discharge).	Complete MT CANS (data entry; report activities).
	As Needed: Serious Occurrence Report.	As Needed: Serious Occurrence Report.

A wraparound facilitator may be employed by a community agency. The community agency that employs a wraparound facilitator must:

(a) ensure the wraparound facilitator is working under the supervision of a licensed mental health professional;
(b) ensure the wraparound facilitator has completed the wraparound facilitation training sanctioned by the department;
(c) ensure all wraparound facilitators within the community agency are certified wraparound facilitators or working toward certification; and
(d) document that all youth and parent(s)/legal representatives enrolled in the bridge waiver have been given freedom of choice for all other waiver and state plan services.

OR

Wraparound Facilitation services may be provided by a licensed mental health professional in the state of Montana that includes one of the following:

(a) social workers licensed in accordance with ARM 37.88.205;
(b) professional counselors licensed in accordance with ARM 37.88.305; or
(c) psychologists licensed in accordance with ARM 37.88.605.

A wraparound facilitator who is a licensed mental health professional cannot provide any other waiver services or state plan services to the youth for whom they are facilitating. The licensed mental health professional must have attended the wraparound facilitation training sanctioned by the department and is either a certified wraparound facilitator or is working towards certification.

The wraparound facilitator and the in-home therapist cannot be employed by the same agency when serving on the treatment team and providing services to a specific youth enrolled in the bridge waiver program.

E. Documentation/Record Keeping

Providers of bridge waiver services are responsible for keeping accurate and adequate records that document the services provided to the youth enrolled in the bridge waiver program. The General Medicaid Manual from the MMIS Contractor, in addition to this HCBS Bridge Waiver for Youth with SED Policy Manual provide the rules applicable to all Montana Medicaid providers. Providers of bridge waiver services will bill Montana Medicaid using the CMS 1500 claim form. All claims will be processed by the Department's MMIS Contractor. Claims may be submitted electronically or via paper claim. All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid youth enrolled in the bridge waiver program. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

All services provided to a youth enrolled in the bridge waiver program must be documented in the plan of care for the youth. The bridge waiver services must be prior authorized by the plan manager.

When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid youth.

These records must be retained by the providers for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later.

In addition to medical records for the youth, any Medicaid information regarding an enrolled youth shall be used solely for purposes related to the administration of the Montana Medicaid program. This information shall not be divulged by the provider or his employees, to any person, group, or organization other than those listed below or a department representative without the written consent of the recipient or applicant. In addition, the provider must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d et seq., and the Uniform Health Care Information Act, 5016-501 et seq., MCA.

F. Enrollment into the Bridge Waiver

Entrance into the bridge waiver program is limited to ONLY those youth who are already enrolled in the HCBS PRTF waiver on September 30, 2012, per federal regulation. No new youth are allowed to be enrolled into the bridge waiver program.

G. Plans of Care: Revisions

Youth enrolled into the bridge waiver program have plans of care that were developed when the youth was on the HCBS PRTF waiver. These plans of care will remain active in the bridge waiver program. Revisions, if necessary, are made at intervals of at least every three months beginning with the date of the initial plan of care. At a minimum, revisions must be made to the initial plan of care on an annual basis. The revisions must be reviewed and approved by the department. The plans of care and cost sheets are submitted by the plan manager to the project director with the Children's Mental Health Bureau in Helena, MT for final approval. The services that a youth will receive through the bridge waiver program and the amount, scope, and duration of those services must be specifically authorized in writing through the plan of care for the youth. Each plan of care must record the following:

(a) diagnosis, symptoms, complaints, and complications indicating the youth's need for services;
(b) a description of the functional level of the youth;
(c) a statement of treatment for objectives for the youth;
(d) a description of any orders for the youth, including:
(e) medication;
(f) therapeutic interventions and other treatments;

(g) restorative and rehabilitative services;
(h) activities;
(i) therapies;
(j) social services;
(k) dietary limitations;
(l) crisis plan;
(m) other special procedures recommended for the health and safety of the youth to meet the objectives of the plan of care;
(n) the specific program and other services to be provided to the youth, along with the frequency of the services, and the type of providers to provide them;
(o) the projected total annualized cost of the program services to be provided to the youth including the annualized costs of each service; and
(p) the names and signatures of all persons who have participated in developing the youth's plan of care, including the youth, if able to participate, and parent(s) or the responsible caregiver having physical custody. The signatures verify participation, agreement with the plan of care, and acknowledgement of the confidential nature of the information presented and discussed.

Inclusion of the need for and the identification of non-program services in the youth's plan of care does not financially obligate the department to fund those services or to ensure their delivery and quality. The wraparound facilitator or department must provide a copy of the plan to the youth and their family. It must be documented if the youth is unable to participate in developing the plan.

PLEASE NOTE: Bridge waiver services are prior authorized by the plan manager. All state plan Medicaid services that require prior authorization are the responsibility of the provider of the services WITH THE FOLLOWING EXCEPTION:

When Community Based Psych Rehab and Support services are provided during day treatment program hours for youth enrolled in the bridge waiver program, a *Prior Authorization Request* form must be completed and either faxed or mailed to the plan manager for the county in which the youth lives.

H. Individual Cost Limit

In order to maintain the program cost within the cost neutrality limitation necessary for compliance with the federal authorization for this program, the cost of plans of care for enrolled youth are collectively and individually subject to limitation in accordance with federal and state authorities and this rule.

The calculated cost of a revised plan of care for a youth may not exceed a sum calculated by dividing the total sum of monies available through legislative appropriation for funding during the current fiscal year by the number of youth projected to receive services through the program during the fiscal year. The total annual sum of expenditures for program services and state plan services provided to a youth may not exceed a maximum amount set at 100% of the average individual cost calculated by the department to treat a resident of a Psychiatric Residential Treatment Facility in Montana.

The cost determination for the services provided under a youth's plan of care may be revised at any time there is a significant revision in the plan of care or in the cost of the services being reimbursed through the program.

I. Health and Safety

Continuous monitoring of the health, welfare, and safety of youth and their families will be made via monthly visits by the plan manager and wraparound facilitator, regular contact with the in-home therapist, and routine contacts between the youth and their family and providers. The in-home therapist, plan manager, wraparound facilitator and other providers will receive training in identification of abuse, neglect and exploitation, and in taking appropriate action should the health and welfare of the participants be in jeopardy. All persons employed by an agency participating in the bridge waiver program are mandatory reporters of suspected abuse, neglect or exploitation of children, elderly, or people with disabilities. They

are also required to complete a Serious Occurrence Report (SOR), DPHHS-MA-129, when warranted (Appendix 'A').

All referrals of suspected abuse, neglect, exploitation or other unlawful activity will be immediately reported to the appropriate authority. The plan manager will be informed of the referrals through interactions with bridge waiver youth enrolled in the program, families, and provider agencies. The plan manager will follow up with the appropriate authority to ensure the health and safety of youth enrolled in the bridge waiver program and their parent(s)/legal representatives. The authority responsible for the investigation may not be able to share investigation results due to confidentiality of the investigation, but the plan manager will monitor the services being provided to the youth and parent(s)/legal representatives and make changes within the plan of care as necessary. The plan manager will work with bridge waiver service providers, should the investigation involve providers. The plan manager will be responsible for tracking serious events and bringing situations to the attention of the project director (who may involve the Children's Mental Health Bureau Chief). The project director will ensure there is adequate training for and monitoring of specific providers if there appears to be a common pattern being established in any of the waiver sites.

J. Evaluation/Re-Evaluation

The contractor with the department preforms level of care re-evaluations. The contractor completes a review to determine if the youth continues to meet level of care criteria for the bridge waiver program. The level of care re-evaluation is performed to evaluate the medical, psychological, and social needs of the youth. Level of care re-evaluations occur twelve months after the initial enrollment in the HCBS PRTF waiver and every twelve months thereafter.

K. Reasonable Indication of Need for Services

The youth must continue to require the provision of at least one waiver service per month, as documented in the plan of care.

L. Loss of a Service and Disenrollment

A youth enrolled in the bridge waiver program may be terminated from the program by the department for the following reasons:

(a) the services, as provided for in the plan of care requirements, are no longer appropriate or effective in relation to the youth's needs;
(b) the failure of the youth or parent(s) or responsible caregiver having physical custody to participate in or support the services as provided for in the plan of care;
(c) the behaviors of the youth place the youth or others at serious risk of harm or substantially impede the delivery of services as provided for in the plan of care;
(d) the youth requires more supervision than the program can provide;
(e) the youth's needs, inclusive of physical and mental health, cannot be effectively or appropriately met by the program;
(f) a necessary service or ancillary service is no longer available;
(g) the deteriorating mental health of the youth precludes the youth's safe participation in the program;
(h) the total cost of the youth's plan of care is not within the limits specified in the cost of the plan of care;
(i) the youth no longer requires the level of care for this program;
(j) the youth no longer meets the clinical criteria for serious emotional disturbance;
(k) the youth no longer resides in a geographic service area;
(l) the youth has attained age 18; or
(m) the youth's parent(s)/legal representative choose(s) to withdraw the youth from the program.

M. Transition Planning

The youth becomes ineligible for the bridge waiver program upon attaining age18. When the youth reaches age 17, the plan manager and wraparound facilitator will begin developing a transition plan of care. The youth will be evaluated to determine the services needed as well as the appropriate service delivery models. Bridge waiver service providers, the youth, the parent(s)/legal representatives and the wraparound facilitator will work together to create an individualized transition plan. If continued services are indicated, the youth will be connected to appropriate community services, including regular state Medicaid treatment services as medically appropriate or mental health services through the adult system. Six months prior to discharge, as appropriate, the wraparound facilitator will gradually begin adjusting the frequency of contact and begin introducing the youth to the identified alternative providers, as appropriate, until contact is phased out and a positive, seamless transition has been achieved.

N. Quality Management

The bridge waiver's quality management (QM) process will involve strategies to ensure that youth and parent(s)/legal representative have access to and receive the services appropriate to their needs. This will require ongoing development and utilization of individual quality standards. It will include working with plan managers, wraparound facilitators, youth and parent(s)/legal representatives, and other bridge waiver providers in the evaluation of progress toward personal outcomes and goals.

The QM process will also involve strategies designed to collect and review data on quality assurance measures gathered from providers, youth and parent(s)/legal representatives in the bridge waiver wraparound services process. Provider standards and quality indicators will be used to ensure all quality assurances are met.

The project director or designee will conduct annual performance audits to ensure adherence to the waiver policies, practices, and guidance and to identify any deficiencies and trends. Practices are anticipated to continuously evolve in response to emerging standards, best practices and identified issues. The approach to ensure effectiveness of the QM will include process-based evaluation as well as ongoing review of financial records, including expenditures. Monitoring practices will be designed to assess systems-level functioning.

Data will be collected on all youth and their parent(s)/legal representatives in the bridge waiver program including their progress, service use, length of time in the bridge waiver program, cost per individualized plan of care and aggregate cost, in context with such factors as improvement in level of care and reduced dependence on bridge waiver program and other services.

CMHB staff will perform announced quality assurance reviews, to ensure that optimal services are being provided to youth and parent(s)/legal representatives and that program rules and policies are being followed. Quality assurance results will be used to identify and improve programs and services.

The Quality Management Committee, comprised of department staff and a representative from the UR contractor, will serve as an intermediate quality improvement entity. Its role will be to monitor the discovery activities presented by the plan managers and wraparound facilitators; to evaluate submitted information and to participate in policy decisions that address provider or system deficiencies. They, in turn, will report to CMS and department administration through formal quality assurance reports.

O. Qualified Providers and Payment for Waiver Services

The department establishes the qualifications for all providers who participate in delivering bridge waiver services. Medicaid bridge waiver providers must meet required licensure and/or certification standards and adhere to all other established standards in order to deliver waiver services. The department's MMIS contractor is responsible for verifying licensure and compliance upon enrollment of service providers and provider agencies, and annually thereafter. If licensure, certification or other standards are not met during the annual re-verification, the provider number may be inactivated and the provider and the Department notified.

There is an established system in place for ensuring that only qualified providers provide bridge waiver Medicaid services for the state of Montana and for the Department of Public Health and Human Services. The any abuses of the system or inappropriate activities by service providers participating in the bridge waiver program will be reported to the appropriate entity. The plan manager, during reviews with the youth and parent(s)/legal representatives, will also ascertain whether providers are providing the appropriate services at the level specified in the plan of care. Areas of concern that may fall into suspected overpayments will be referred to the Audit and Compliance Bureau, Quality Assurance Division. Providers of the HCBS PRTF waiver are not required to re-enroll as bridge waiver providers.

Services funded through the bridge waiver program may only be provided by a provider that:

(a) is enrolled with the department as a Montana Medicaid provider of waiver services;
(b) meets all the requirements necessary for the receipt of Medicaid monies;
(c) has been determined by the department to be qualified to provide services to youth with serious emotional disturbance in accordance with the criteria set forth in this provider policy manual;
(d) is a legal entity;
(e) meets all facility and other licensing requirements applicable to the services offered, the service settings provided, and the professionals employed; and
(f) is not a relative or legal representative of the youth.

Geographical Factor: A geographical factor of $.50 per mile may be available to a **Family Support Specialist, Wraparound Facilitator, Caregiver Peer-to-Peer Specialist or an In-Home Therapist** when the following circumstances are met:

(a) the provider is traveling out of the location where the provider has its regular office, excluding satellite offices;

(b) the provider is traveling a distance greater than 25 miles one way from the office to the youth's home;

(c) the geographical factor will include the initial 25 miles and return trip;

(d) the geographical factor is prior authorized by the plan manager; and

(e) the geographical factor and those providers authorized to receive it are included in the youth's plan of care.

P. Unit Definition Change for Two Bridge Waiver Services

Effective October 1, 2012, **In-Home Therapy** and **Wraparound Facilitation** are bridge waiver services paid as an **encounter rate** that includes all pre- and post- activities, including travel time, paperwork, documentation, plan of care development, etc. Face-to-face time with the youth is only billable with the minimum of 50 minutes for the encounter. Concurrent with this change, there are NO MORE meeting time units. Providers of bridge waiver services are to bill their appropriate unit of service for meeting attendance.

Service codes and reimbursement are located at:
http://medicaidprovider.hhs.mt.gov/providerpages/providertype/providertype.shtml#gk

Additional information about billing Montana Medicaid for waiver services:

- A 15 minute unit of service is billed as follows:
  - one unit of service is greater than or equal to 8 minutes and less than or equal to 23 minutes;
  - two units of service are greater than or equal to 24 minutes and less than or equal to 38 minutes;
  - three units of service are greater than or equal to 39 minutes and less than or equal to 53 minutes;
  - four units of service are greater than or equal to 54 minutes and less than or equal to 68 minutes;
  - five units of service are greater than or equal to 69 minutes and less than or equal to 83 minutes;
  - six units of service are greater than or equal to 84 minutes and less than or equal to 98 minutes;
  - seven units of service are greater than or equal to 99 minutes and less than or equal to 113 minutes; and
  - eight units of service are greater than or equal to 114 minutes and less than or equal to 128 minutes.

- All bridge waiver services must be included in the youth's plan of care AND must be prior authorized by the plan manager. The provider will receive a prior authorization number to include on the CMS 1500 claim when billing Montana Medicaid. All other state plan Medicaid services that require prior authorization are the responsibility of the provider of the services, with the exception of CBPRS provided during Day Treatment program described on Page 11.

- Only these codes with the UA modifier (listed above) are valid for the bridge waiver; bill using your waiver provider number.

- All waiver service providers must be enrolled as Montana Medicaid providers, Provider Type 28.

- Waiver provider numbers are "atypical" and must be included on the CMS 1500 claim; do NOT bill for waiver services using your NPI number.

- The services listed above are bridge waiver services and only available to youth enrolled in the bridge waiver program.

- All rules governing the Montana Medicaid program are applicable to the bridge waiver program.

- If using a billing agent, have the billing agent work directly with the MMIS Contractor with the Department as there are data elements and other requirements for the electronic submission of claims.

- If using a billing agent, provide the billing agent a copy of the PA letter and the waiver fee schedule.

- Geographical Factor is only available to those waiver providers identified above and under the conditions described on Page 14.

  - Reimbursement is not made for a service that is otherwise available from another source.
  - No copayment is imposed on services provided through the program.

SERIOUS OCCURRENCE REPORT

PROGRAM: PRTF HCSB WAIVER PROGRAM; COUNTY:_____ **DATE:** _____

YOUTH_____ **MEDICAID ID #** _____

REPORTER: _____

PROVIDER	**INCIDENT (what occurred):** **EFFECT (What resulted from the condition):** **CAUSE (Why did it occur):** **ACTION: (Address cause):** **Resolved: Yes** Γ **No** Γ **(Forward to the Plan manager for completion.)**
DPHHS	**Comments:**_____ Γ **Reviewed** Γ **Memo** Γ **Training** Γ **Case Conference** Γ **Sanction** **Plan manager** _____ **Date:** _____

SERIOUS OCCURRENCE REPORT: The plan manager will be apprised of all serious events, and will be responsible for tracking serious events and bringing situations to the attention of the Project Director.

Examples of serious occurrences may include but are not limited to:

- Medication errors;
- Waiver providers not adhering to the plan of care and/or scheduled service provisions;
- Youth's involvement with Child Protective Services, Juvenile Justice System, or other systems (including youth court, legal, etc.);
- Inpatient hospitalizations relative to behavioral issues or other medical events;
- Any action by the youth that would place another individual, provider, family member or other person to feel in danger;
- Running away;
- Arrests; and
- Other events (when in doubt, complete the SOR form).