

**Appendix B: Participant Access and Eligibility**

**B-1: Specification of the Waiver Target Group(s)**

a. **Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
<input type="checkbox"/> Aged or Disabled, or Both - General					
	<input type="checkbox"/>	Aged	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Physical)	<input type="text"/>	<input type="text"/>	
	<input type="checkbox"/>	Disabled (Other)	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Aged or Disabled, or Both - Specific Recognized Subgroups					
	<input type="checkbox"/>	Brain Injury	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Medically Fragile	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Technology Dependent	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Intellectual Disability or Developmental Disability, or Both					
	<input checked="" type="checkbox"/>	Autism	<input type="text" value="1"/>	<input type="text" value="4"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Developmental Disability	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Intellectual Disability	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Illness					
	<input type="checkbox"/>	Mental Illness	<input type="text"/>	<input type="text"/>	
	<input type="checkbox"/>	Serious Emotional Disturbance	<input type="text"/>	<input type="text"/>	

b. **Additional Criteria.** The State further specifies its target group(s) as follows:

To be eligible for the Children's Autism Waiver, the child must have a diagnosis of Autism Spectrum Disorder (ASD), defined as Autism, Asperger Syndrome, or Other Pervasive Disorder- Not Otherwise Specified, and who:

1. Has significant behavioral and/or social and communication deficits that interfere with the member's ability to remain in the home and participate in the community and,
2. Is determined to be able to be safely served in HCBS waiver services.

Children meeting the above criteria may be subsequently enrolled in the waiver between the ages of 15 months through four years. Limiting waiver enrollment to children under the age of 5 years ensures that all children will have 3 years of available services prior to the child's eighth birthday. All children will transition out of the waiver after three years of service and prior to the age of eight.

Children need not have a diagnosis of intellectual disability or be at substantial risk of a diagnosis of intellectual disability later in order to qualify for Children's Autism Waiver services. For this reason, children served in the Children's Autism Waiver might not meet the criteria established for determining if a child is developmentally disabled under the Montana State definition of DD.

c. **Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

- Not applicable. There is no maximum age limit
- The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.

*Specify:*

The following transition activities will apply.

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

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

If the transitioning child would not be likely to meet the DD eligibility determination requirements for the Comprehensive Services DD Waiver prior to attaining the age of eight (e.g., IQ test scores and adaptive behavior scores generally less than 70), the child's case manager will review the eligibility requirements for agencies serving children with a substantial handicapping condition due to physical disability, traumatic brain injury, and/or a diagnosis of serious emotional disturbance (SED) with the child's family and will refer the child's family to other appropriate programs and services. Once the Autism SPA is approved and implemented, children may be eligible for these services while enrolled in the waiver or as they are transitioning out of the waiver. The Autism SPA proposes to provide services from age 0 through 20 years of age.

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

## Appendix B: Participant Access and Eligibility

### B-2: Individual Cost Limit (1 of 2)

- a. **Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual (*select one*). Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:
- No Cost Limit.** The State does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*
  - Cost Limit in Excess of Institutional Costs.** The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. *Complete Items B-2-b and B-2-c.*

The limit specified by the State is (*select one*)

- A level higher than 100% of the institutional average.

Specify the percentage:

**Other**

*Specify:*

- Institutional Cost Limit.** Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*
- Cost Limit Lower Than Institutional Costs.** The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver.

*Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.*

The cost limit specified by the State is *(select one)*:

**The following dollar amount:**

Specify dollar amount:

**The dollar amount** *(select one)*

**Is adjusted each year that the waiver is in effect by applying the following formula:**

Specify the formula:

**May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.**

**The following percentage that is less than 100% of the institutional average:**

Specify percent:

**Other:**

*Specify:*

**Appendix B: Participant Access and Eligibility**

**B-2: Individual Cost Limit (2 of 2)**

**Answers provided in Appendix B-2-a indicate that you do not need to complete this section.**

- b. **Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

- c. **Participant Safeguards.** When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant (*check each that applies*):

- The participant is referred to another waiver that can accommodate the individual's needs.
- Additional services in excess of the individual cost limit may be authorized.

Specify the procedures for authorizing additional services, including the amount that may be authorized:

Other safeguard(s)

Specify:

**Appendix B: Participant Access and Eligibility**

**B-3: Number of Individuals Served (1 of 4)**

- a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a

Waiver Year	Unduplicated Number of Participants
Year 1	52
Year 2	39
Year 3	13
Year 4	
Year 5	

- b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: (*select one*):

- The State does not limit the number of participants that it serves at any point in time during a waiver year.
- The State limits the number of participants that it serves at any point in time during a waiver year.

The limit that applies to each year of the waiver period is specified in the following table:

Table: B-3-b

Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	52
Year 2	39
Year 3	13
Year 4	0
Year 5	0

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (2 of 4)

- c. **Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State (*select one*):
- Not applicable. The state does not reserve capacity.
  - The State reserves capacity for the following purpose(s).

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (3 of 4)

- d. **Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule (*select one*):
- The waiver is not subject to a phase-in or a phase-out schedule.
  - The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.
- e. **Allocation of Waiver Capacity.**

*Select one:*

- Waiver capacity is allocated/managed on a statewide basis.
- Waiver capacity is allocated to local/regional non-state entities.

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

- f. **Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

The state is requesting a renewal with a phase-out schedule in which there will not be any new selections for applicants to be enrolled in the waiver. Children who have been found eligible for the Children's Autism Waiver in the past, and who are currently enrolled, had an intake screening by an Evaluation and Diagnostic (E&D) service

provider. The same set of 20 standard screening questions were used by the E&D contractors to establish if the child needed further evaluation based on the presence of behavioral indicators. These questions were derived from one or more of the following screening assessment tools: the Modified Checklist for Autism in Toddlers, (M-CHAT); Social Communication Questionnaire, (SCQ); Gilliam Autism Rating Scale, (GARS); Gilliam Asperger Disorder Scale, (GADS); Asperger Syndrome Diagnostic Scale, (ASDS).

The use of standardized initial screening assessment questions helped to ensure that all applicants were initially screened using a consistent, statewide process. Outcomes from this initial screening process were as follows:

1. The applicant was clearly not at risk of an ASD diagnosis, based on the absence or very low number of the behavioral indicators of ASD. In this event, the parent would be informed that the child was not likely to be found eligible for the CAW. Parents had the option of requesting a formal ASD evaluation (CARS) at that time. Statistically, the chances of this child being diagnosed as ASD based on the initial screening questions would be very low.
2. The applicant was at low or moderate risk of an ASD diagnosis, based on the presence of behavioral indicators of ASD. In this event, additional screening questions may have been asked and/or the parent would be scheduled to assist the intake worker in completing a formal screening assessment. Approved screening assessments are listed above. Based on the additional information gathered by the intake worker, the parent would be informed that the child is either:
  - a. not likely to be found eligible for the CAW, or,
  - b. may be eligible for the CAW, pending the outcome of a CARS evaluation.In either case (a. or b., above) the parent retained the option of requesting a CARS evaluation.
3. The applicant was at high risk of an ASD diagnosis, based on a significant number of behavioral indicators of ASD. The intake worker would recommend a CARS evaluation.

For those children who were at risk of a formal diagnosis of ASD following the intake screening, an evaluation was completed to determine if the child had ASD. The evaluation was completed by a transdisciplinary team and employed one or more of the following assessments: the Childhood Autism Rating Scale (CARS), the Autism Diagnostic Observation Scales (ADOS) or the Autism Diagnostic Interview, Revised (ADI-R). These evaluations were administered, scored and interpreted by credentialed staff, in accordance with the requirements specified in the respective assessment user manuals.

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

Information regarding the validity and reliability of these evaluations is available in the user manuals for these evaluation tools and is also available from the DDP upon request. All three evaluation tools are sold by the same publisher, Western Psychological Services. Brief descriptions and technical support regarding the use of these tools is available online at [www.wpspublish.com](http://www.wpspublish.com).

Children could seek autism waiver services who had previously been diagnosed with ASD. It was possible that other autism evaluation instruments may have been used by clinicians in developing the diagnosis, e.g., the Gilliam Autism Rating Scale (GARS) or the Autism Syndrome Diagnostic Scale (ASDS). In this event, the E&D screening review team, minimally including a clinical psychologist or a medical doctor, would review the evaluation results and related documentation for the purpose of confirming the ASD diagnosis, or deciding that a new evaluation (CARS, ADOS, or ADI-R) was necessary.

Once a child was diagnosed with ASD, the child's adaptive behavior functioning levels were assessed using the Vineland II Adaptive Behavior Scales- Survey Interview Form. Children who had significant adaptive behavior deficits were generally defined as children with Domain scores two standard deviations below the mean (Domain scores of 70 or less) in one or more of the domains (Communication, Daily Living Skills or Socialization), plus an Adaptive Behavior Composite score of 70 or less.

Vineland II Maladaptive Behavior Index Domain Scores between 21 and 24 indicate the presence of significant behavioral challenges. Children with a Maladaptive Behavior Index score in this clinically significant range were considered eligible for the waiver if the child also had Vineland 2 Domain scores of 85 or less for two of the three

adaptive behavior domains (Communication, Daily Living Skills and Socialization).

The Temperamental Atypical behavior Scale was administered for children under the age of three. Temperament and Regulation Index (TRI) Scores of 8 or greater would qualify a child as having a qualifying score for "dysfunctional behavior", and therefore, potentially eligible for the waiver.

The assessment of adaptive and maladaptive behaviors has assisted in the development of individualized comprehensive training plans for children selected for the waiver.

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

Families of eligible children were asked to complete a Children's Autism Waiver waiting list application form. This form has served two purposes:

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

A copy of the waiting list application form was forwarded to the Medicaid Program Officer in the DDP central office. A number was assigned to the child's application. The child's number was entered in one of five electronic waiting list files based on the geographic region in which the child resided. Service opportunities for the Children's Autism Waiver were awarded via a computer program that generates a random number, based on the range of numbers representing the children on the waiting list for each DDP geographic region of the state.

Drawings took place monthly, over a six month period, until all the initial year service opportunities were filled. By the end of the six month period, the final allocation of service opportunities by region were based on the population of each region (based on population census data). Given this, low population regions will serve fewer children than high population regions. The percentage of children served by region was the same for all five regions, when the numerator was the number of children served in the region and denominator was the general population of the region. When a child exited the waiver, the service opportunity will stay within the region. In the event that unused capacity existed in a particular region, the service opportunity was awarded to another region- the region with the lowest percentage of enrolled members as compared with the general population for the region. This percentage calculation was based on the following: The numerator was the number of enrolled children for each of the five regions. The denominator was the general population count for each of the five regions.

This selection process ensured that all Montana children had an equal chance of being selected for a service opportunity, and service opportunities were spread geographically based on population density. The DDP Medicaid Program Officer has been responsible for maintaining the DDP regional waiting lists and selecting individuals based on a random number generator. Oversight of the performance of the DDP Medicaid Program Officer has been the responsibility of the DDP Program Support Supervisor.

Children turning five years of age have been removed from the waiting list on their fifth birthday, since these children would not have been able to be served for a full three years after the child's fifth birthday. A letter was sent to the family from the DDP Medicaid Program Officer when this occurred.

## **Appendix B: Participant Access and Eligibility**

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### **B-3: Number of Individuals Served - Attachment #1 (4 of 4)**

**Waiver Phase-In/Phase-Out Schedule**

Based on Waiver Proposed Effective Date: 01/01/17

a. The waiver is being (select one):

- Phased-in
- Phased-out

b. Phase-In/Phase-Out Time Schedule. Complete the following table:

Beginning (base) number of Participants:

**Phase-In/Phase-Out Schedule**

**Waiver Year 1**  
Unduplicated Number of Participants: 52

Month	Base Number of Participants	Change	Participant Limit
Jan	52	2	50
Feb	50	1	49
Mar	49	1	48
Apr	48	1	47
May	47	1	46
Jun	46	1	45
Jul	45	1	44
Aug	44	1	43
Sep	43	0	43
Oct	43	0	43
Nov	43	4	39
Dec	39	0	39

**Waiver Year 2**  
Unduplicated Number of Participants: 39

Month	Base Number of Participants	Change	Participant Limit
Jan	39	1	38
Feb	38	0	38
Mar	38	1	37
Apr	37	3	34
May	34	4	30
Jun	30	4	26
Jul	26	0	26
Aug	26	2	24
Sep	24	1	23
Oct	23	6	17
Nov	17	1	16
Dec	16	3	13

**Waiver Year 3**  
Unduplicated Number of Participants: 13

Month	Base Number of Participants	Change	Participant Limit
Jan	13	3	10
Feb	10	4	6
Mar	6	0	6
Apr	6	0	6
May	6	3	3
Jun	3	2	1
Jul	1	1	0
Aug	0	0	0
Sep	0	0	0
Oct	0		0

**Waiver Year 4**  
Unduplicated Number of Participants:

Month	Base Number of Participants	Change	Participant Limit
Jan	0	0	0
Feb	0	0	0
Mar	0	0	0
Apr	0	0	0
May	0	0	0
Jun	0	0	0
Jul	0	0	0
Aug	0	0	0
Sep	0	0	0
Oct	0	0	0

		<input type="text" value="0"/>	
Nov	0	<input type="text" value="0"/>	0
Dec	0	<input type="text" value="0"/>	0

Nov	0	<input type="text" value="0"/>	0
Dec	0	<input type="text" value="0"/>	0

**Waiver Year 5**

**Unduplicated Number of Participants:**

Month	Base Number of Participants	Change	Participant Limit
Jan	0	<input type="text" value="0"/>	0
Feb	0	<input type="text" value="0"/>	0
Mar	0	<input type="text" value="0"/>	0
Apr	0	<input type="text" value="0"/>	0
May	0	<input type="text" value="0"/>	0
Jun	0	<input type="text" value="0"/>	0
Jul	0	<input type="text" value="0"/>	0
Aug	0	<input type="text" value="0"/>	0
Sep	0	<input type="text" value="0"/>	0
Oct	0	<input type="text" value="0"/>	0
Nov	0	<input type="text" value="0"/>	0
Dec	0	<input type="text" value="0"/>	0

**c. Waiver Years Subject to Phase-In/Phase-Out Schedule**

Year One	Year Two	Year Three	Year Four	Year Five
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**d. Phase-In/Phase-Out Time Period**

	Month	Waiver Year
Waiver Year: First Calendar Month	Jan	
Phase-in/Phase-out begins	Jan	1
Phase-in/Phase-out ends	Jul	3

**Appendix B: Participant Access and Eligibility**

**B-4: Eligibility Groups Served in the Waiver**

a.

1. State Classification. The State is a *(select one)*:

- §1634 State
- SSI Criteria State
- 209(b) State

2. Miller Trust State.

Indicate whether the State is a Miller Trust State *(select one)*:

- No
- Yes

- b. **Medicaid Eligibility Groups Served in the Waiver.** Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply:*

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**Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)**

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- Low income families with children as provided in §1931 of the Act
- SSI recipients
- Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121
- Optional State supplement recipients
- Optional categorically needy aged and/or disabled individuals who have income at:

*Select one:*

- 100% of the Federal poverty level (FPL)
- % of FPL, which is lower than 100% of FPL.

Specify percentage:

- Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII) of the Act)
- Working individuals with disabilities who buy into Medicaid (TWWIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)
- Working individuals with disabilities who buy into Medicaid (TWWIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)
- Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)
- Medically needy in 209(b) States (42 CFR §435.330)
- Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)
- Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)

*Specify:*

All other mandatory and optional groups under the State Plan.

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**Special home and community-based waiver group under 42 CFR §435.217) Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed**

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- No. The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. *Appendix B-5 is not submitted.*
- Yes. The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.

*Select one and complete Appendix B-5.*

- All individuals in the special home and community-based waiver group under 42 CFR §435.217
- Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217

Check each that applies:

A special income level equal to:

Select one:

- 300% of the SSI Federal Benefit Rate (FBR)
- A percentage of FBR, which is lower than 300% (42 CFR §435.236)

Specify percentage:

- A dollar amount which is lower than 300%.

Specify dollar amount:

- Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)
- Medically needy without spenddown in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)
- Medically needy without spend down in 209(b) States (42 CFR §435.330)
- Aged and disabled individuals who have income at:

Select one:

- 100% of FPL
- % of FPL, which is lower than 100%.

Specify percentage amount:

- Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)

Specify:

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (1 of 7)

In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.

- a. **Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217:

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (2 of 7)

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**b. Regular Post-Eligibility Treatment of Income: SSI State.**

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Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

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## **Appendix B: Participant Access and Eligibility**

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### **B-5: Post-Eligibility Treatment of Income (3 of 7)**

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**c. Regular Post-Eligibility Treatment of Income: 209(B) State.**

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Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

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## **Appendix B: Participant Access and Eligibility**

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### **B-5: Post-Eligibility Treatment of Income (4 of 7)**

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

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Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

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## **Appendix B: Participant Access and Eligibility**

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### **B-5: Post-Eligibility Treatment of Income (5 of 7)**

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**e. Regular Post-Eligibility Treatment of Income: §1634 State - 2014 through 2018.**

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Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

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## **Appendix B: Participant Access and Eligibility**

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### **B-5: Post-Eligibility Treatment of Income (6 of 7)**

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**f. Regular Post-Eligibility Treatment of Income: 209(B) State - 2014 through 2018.**

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Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

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## Appendix B: Participant Access and Eligibility

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### B-5: Post-Eligibility Treatment of Income (7 of 7)

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - 2014 through 2018.**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

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Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

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## Appendix B: Participant Access and Eligibility

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### B-6: Evaluation/Reevaluation of Level of Care

*As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level (s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.*

- a. Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

**i. Minimum number of services.**

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is:

**ii. Frequency of services.** The State requires (select one):

- The provision of waiver services at least monthly**  
 **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

*If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:*

- b. Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (select one):

- Directly by the Medicaid agency**  
 **By the operating agency specified in Appendix A**  
 **By an entity under contract with the Medicaid agency.**

*Specify the entity:*

● **Other**

*Specify:*

The Medicaid Agency is responsible for ensuring that level of care evaluations are completed initially and on an ongoing annual basis. Contracted entities have performed several level of care functions. The Medicaid Agency contracted with Evaluation and Diagnostic service providers to establish a qualifying diagnosis of ASD and to assist in the development of recommendations for a child's training needs, based on an assessment of adaptive behaviors. This process ensured that children met the eligibility requirements for placement on the Children's Autism Waiver waiting list.

Parents of children not currently eligible for Medicaid were asked by the E&D contractor to contact the local Public Assistance Bureau and apply for Medicaid eligibility for the child. Children of parents with assets and income exceeding the SSI threshold could not be found eligible for SSI (and therefore, Medicaid) until offered a waiver service opportunity. These parents were given a copy of the Medicaid Eligibility Disability Services (MEDS) Guide as part of the waiver waiting list application process. This helped ensure that all documentation needed by the MEDS reviewer was in place at such time the child was offered a service opportunity. This ensured a timely Medicaid eligibility determination.

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

Within 30 days of the waiver enrollment date on the waiver screen, a Foundation nurse, a DDP QIS and the case manager met with a primary caregiver to complete the required level of care forms as outlined in Appendix A. Level of care forms have been completed annually thereafter in accordance with the language of Appendix A. The DDP QIS completes the Waiver 5 Freedom of Choice form as part of the ongoing level of care redetermination process.

- c. **Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

Evaluation and Diagnostic service providers who were under contract with the DDP established waiver eligibility for children, based on a child meeting the required diagnostic criteria.

Initial eligibility: The Evaluation and Diagnostic Service Providers

Credentials of E&D staff or staff contracted by E&D service providers qualified to render a diagnosis of ASD, or to verify a previously made diagnosis of ASD included evaluation team members representing various disciplines. These team members met the credentialing, licensure or certification requirements necessary to practice within their respective fields. The diagnosis of Autism Spectrum Disorder was confirmed by a licensed PhD level clinical psychologist or a licensed medical doctor.

Persons qualified to review children previously diagnosed with ASD include an intake worker (at least a BA level staff person with extensive experience and training in the field of ASD), a Clinic Program Director, a family-based services supervisor (a person who supervises staff who deliver family-based services) and either a clinical psychologist or a medical doctor.

According to the evaluation user manuals, persons minimally qualified to participate in the administration of a CARS, ADOS or ADI-R assessment include a PhD level clinical psychologist, psychodiagnostician, physician, psychiatrist, special educator, school psychologist, Licensed Clinical Professional Counselor (LCPC), speech therapist or other related professional who has specific training and meets the test user qualifications. This includes professionals who have education, training and experience in using individually administered test batteries and who have a background and experience in the diagnosis and treatment of autism. Any professional who is qualified to administer the CARS, ADOS or ADI-R is qualified to interpret test results. The diagnosis of ASD must be confirmed by a PhD level clinical psychologist or a medical doctor.

Persons qualified to administer and interpret a Vineland II Adaptive Behavior Scales- Survey Interview Form, according to the Vineland II user manual, are Level 3 Users. Level 3 Users are defined as follows:

Licensure to practice psychology independently, or user has completed a doctoral (or in some cases master's) degree program in one of the fields of study indicated for the test that included training (through coursework and supervised practical experience) in the administration and interpretation of clinical instruments. If neither of these qualifications are met, users must provide proof that they have been granted the right to administer tests at this level in their jurisdiction.

Persons qualified to administer and interpret the Temperament and Atypical Behavior Scale (TABS) follows:

The TABS Screener and Assessment Tool can be completed by the parent or professional who knows a child's daily behavior well enough to respond yes/no to each item. Administration of the TABS requires no specialized training to gather information necessary for child find programs, screening, eligibility determination, IEP planning, progress monitoring and outcome evaluation. The Temperament and Atypical Behavior Scale (TABS) is a norm-referenced assessment tool with the explicit purpose of identifying critical temperament self-regulatory behavioral problems as early as possible. TABS is a multi-component screening and assessment system based on direct observation or report for children 11 to 71 months of age.

Initial and Ongoing Level of Care Reviews Following Waiver Enrollment:

The DDP QIS is responsible for LOC activities as specified in B-6(d), below. Qualifications include a bachelor's degree in psychology, social or human services (prefer emphasis in Applied Behavior Analysis) and three years of progressively responsible programmatic experience, at least one of which must have been in applying principles of Applied Behavior Analysis. Other equivalent combinations of education and experience will be considered on a case by case basis.

The Foundation Nurse must be a Registered Nurse, currently licensed to practice in the State of Montana, and under contract with the Mountain Pacific Quality Health Foundation.

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.

- d. **Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

Initial Eligibility of Children Currently Enrolled in the Waiver- Evaluation and Diagnostic Criteria

Children served in this waiver were diagnosed with Autism Spectrum Disorder, based on a child meeting the diagnostic criteria based on interview, observation and use of the CARS and/or ADOS and/or ADI-R autism assessments. Additionally, the child must have had significant deficits in adaptive behaviors based on Vineland II Survey Interview domain scores, or deficits in adaptive behaviors coupled with maladaptive behaviors. These criteria are further defined as follows: A score of 70 or less in any one of the following Vineland II domains (Communication, Daily Living Skills, Socialization), plus an Adaptive Behavior Composite score of 70 or less.

Scores above 70 that fall within the confidence interval of the Vineland II, based on the developmental age of the child, will not preclude a child's eligibility for the waiver. For example, a child diagnosed with ASD with a score of 74 for the Communication Domain, coupled with an Adaptive Behavior Composite score of 72, and the confidence interval is 5 points for the child's developmental age would have been considered eligible for the Waiver.

A Maladaptive Behavior Index Score between 21 and 24 indicates the presence of significant behavioral challenges. Children with a Maladaptive Behavior Index Score in this range were considered eligible for the waiver, if the child also has Vineland II Domain scores for two of the three adaptive behavior domains (Communication, Daily Living Skills, Socialization) of 85 or less. Scores falling within the range of the test confidence interval for the child's developmental age in this case would also qualify a child as eligible for the waiver.

For children under the age of 3, a Temperament Atypical Behavior Scale (TABS) assessment was used to assess for

the presence of significant behavioral challenges. A TABS score of 8 and above would indicate a child has significant dysfunctional behaviors, and would have qualified a child for the CAW waiting list if the score was coupled with qualifying adaptive scores from the Vineland II.

#### Following Entry Into the Waiver:

Following DDP's selection of a child from the waiting list and the family's selection of a service provider, and within 30 days of the waiver enrollment date, an initial Level of Care field review involving face to face contact with the family and child was conducted. Members in this initial review included a DDP QIS, a Foundation Nurse, a Waiver Funded Children's Case Manager (a Family Support Specialist), a primary caregiver and the child. The initial level of care review was designed to:

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

#### Initial Onsite Level of Care Review- Forms and Persons Responsible

- Long Term care Patient Evaluation Abstract, completed by a Foundation nurse.
- Waiver 1 Medical Needs Form, completed by a Foundation nurse.
- Waiver 3 Autism Waiver Form, completed by a DDP QIS.
- Waiver 3 Specialized Services Needs form, completed by a DDP QIS.
- Waiver 4 Cost Projection Form or electronic ICP Form. This form was approved by the DDP Regional Manager
- Waiver 5 Freedom of Choice Form. This form was completed by a DDP QIS.

#### Annual Level of Care Re-determinations- Forms and Persons Responsible

- Waiver 3 Autism Waiver Form, completed by a DDP QIS.
- Waiver 3 Specialized Services Needs form, (optional for redeterminations) completed by a DDP QIS.
- Waiver 4 Cost Projection Form or electronic ICP Form. This form is approved by a DDP Regional Manager.
- Waiver 5 Freedom of Choice Form. This form is completed by a DDP QIS.

Multiple protections designed to reduce the potential for conflict of interest in the provision of waiver services:

1. The parents have the right to approve or deny any of the planning meeting (IFSP) outcomes.
2. The W-5 freedom of choice form is reviewed with the parents annually by the DDP QIS. This form and the W-5 addendum section helps ensure that parents understand their choices related to services, providers and dispute resolution/fair hearing rights. The W-5 form specifies that parents retain the right to request a fair hearing at any time.
3. Annual consumer satisfaction surveys are sent to all families by C&F provider staff. These results are summarized in the DDP QA Review Report. 100% of families in the CAW participate in this survey.
4. 100% of plans of care (IFSP) are reviewed and approved by the DDP QIS.
5. Choice of provider is clearly spelled out in the notification letter from the DDP central office upon an applicant's selection for waiver services.
6. C&F providers have their dispute resolution processes and protocols reviewed annually by the DDP QIS, as part of the DDP annual QA review process of provider policies. Provider policies specify that parents can go straight to the fair hearing process, if desired.
7. Prior authorization by the DDP Regional Manager will be needed in 100% of all cases when the staff person providing WCCM to a child will also be providing the PDM service to the same child. Prior to approving this arrangement, the RM or designee will contact the child's parents to ensure their service provider options are fully understood. Parental understanding of the right to choose another person to provide their PDM service, and/or to choose another individual or another agency provider to provide their PDM service or WCCM will be ensured.
8. Waiver-funded children's case management services may not exceed \$6,000 annually.

Policies, technical guides and Administrative Rules pertaining to the level of care process are available from the DDP upon request.

- e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

- The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.
- A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

The statutory criteria for commitment to the ICF/IID are listed in Part I of Title 53, Chapter 20, MCA. The tool used by the Residential Facility Screening Team in the ICF/IID commitment process is the Determination Regarding Commitment to Residential Facility form. The governing policy for this form is the Policy For Commitment Process, Residential Facility Screening Team Determinations, effective January 2004. ICF/IID commitment is based on a person having:

\*A diagnosis of developmental disability.

\*Impairment in cognitive functioning.

\*Behaviors that pose an imminent risk of serious harm to self or others, and because of those behaviors cannot safely or effectively be habilitated in community-based services.

\*Placement and habilitation in the ICF/IID are appropriate for the person.

The ICF/IID commitment criteria are somewhat different than the criteria used to determine eligibility for DD waiver services. The significant difference is the "imminent risk" of serious harm applicable to persons committed to the ICF/IID. The State statute defining developmental disability is the same for the ICF/IID and the DD waiver.

Children may not be served in Montana's ICF/IID by statute. Commitment to an ICF/IID requires that a person aged 18 or older be diagnosed with a developmental disability and be at imminent risk of causing bodily harm to self or others. Judges commit persons to the ICF/IID via a civil or criminal process, in a court of law.

The criteria and assessment process used to establish that a person is developmentally disabled under the Montana State definition is the same for persons aged eight and older in Montana's DD waivers and for persons committed to Montana's ICF/IID. That is, persons must have IQ test scores of generally 70 or less, and adaptive behavior domain scores based on a Vineland II or similar instrument of generally 70 or less.

For persons under the age of eight, establishing a diagnosis of DD is more difficult and less reliable. For this reason, the DD eligibility determination protocol is based on the child receiving a formal psychological evaluation for the purpose of the assessment of cognitive delay, and the application of a formal assessment of functional behaviors, generally a Vineland II, prior to the child's eighth birthday. By the age of eight, the reliability and validity of the psychological testing and assessments used to evaluate adaptive behavior deficits is significantly greater than for younger children. Generally, children found eligible for DD services at the age of six or seven via DDP's current DD eligibility guidelines will be eligible for DDP-funded services for life.

Persons with ASD have been served in Montana's ICF/IID based primarily on the presence of serious maladaptive behaviors that put the person, or other people at imminent risk of injury. Montana's autism waiver for children may serve to reduce the severity of the maladaptive behaviors often associated with an autism diagnosis. Maladaptive behaviors and deficits in adaptive behaviors are characteristics of the adults served in Montana's ICF/IID and the children served in Montana's Children's Autism Waiver. Because of the differences in age between these two groups the assessments are different. In the absence of intensive autism waiver services to very young Montana children, there is little doubt that some of the children targeted for autism waiver services will be at greater risk of placement at Montana's ICF/IID in the absence of Children's Autism Waiver services, or other autism treatment services, in their future.

- f. **Process for Level of Care Evaluation/Reevaluation:** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

Children currently enrolled in the waiver were aged 15 months through age four when they were referred for children's autism waiver services by physicians, county health nurses, school staff, child and family provider case managers, Department of Family Services staff and by family members who became aware of children's autism screenings resulting from Child and Family service provider child find and DPHHS promotional activities. Child find

and DPHHS promotional activities include articles published in hard copy and electronic newsletters, newspapers, public service announcements on radio and TV, postings on the DDP and provider agency websites and other efforts of service provider, advocacy, and Department staff.

#### Establishing Eligibility for the Children's Autism Waiver

The initial step in the level of care process was to establish if the waiver applicant had a qualifying diagnosis of ASD, and the child had significantly delayed adaptive functioning in activities in daily living, socialization, or communication as described in Appendix B-6-d. Alternatively, children with a qualifying diagnosis of ASD and moderate delays in adaptive behavior functioning, coupled with a clinically significant Maladaptive Behavior Index scores would generally qualify for autism waiver services, as described in Appendix B-6-d.

DDP-contracted Evaluation and Diagnostic service providers were responsible for establishing if an applicant was initially eligible for services based on qualifying diagnoses. A two stage intake screening process ensured that expensive and time consuming observations and assessments were employed only for those referred children who had the behavioral indicators associated with ASD, indicating that further evaluation was justified. A generic description of this process follows:

A telephone call or face to face interview held between the intake worker and a parent was held. Standardized questions related to ASD behavioral indicators were asked. Such questions may have included, "Does the child like or shy away from physical contact; does he initiate and maintain eye contact when you call his name; does he engage in repetitive stereotypic behaviors; does he avoid contact with others more than most young children?" If the parental responses indicated the need for further testing, a standardized screening assessment instrument from the approved list, e.g., the Social/Communication Questionnaire, was given to the parent. Scores on the social communication questionnaire, or other standardized screening assessments could indicate the need for more formal evaluation. For these children, the CARS and/or ADOS and/or ADI-R was administered by the E&D evaluation team. Please see earlier sections of Appendix B for more detail. The description of the eligibility determination process was outlined in the DDP contract with E&D providers and is available from the DDP upon request.

After a child had been found to be eligible and the parent(s) of the child completed an application for the waiting list (as described earlier in this appendix) the child was placed on the waiting list. Please review Appendix B:6.b. language regarding assistance provided to the parents regarding the expedited MEDS review process designed to ensure timely Medicaid eligibility determinations. The waiting list application form also indicated if the child had resources in his or her name that could preclude Medicaid eligibility if and when the child was awarded a waiver service opportunity. In this event, the parents would be advised to consider initiating efforts to have the child's resources placed in a Medicaid qualifying trust.

#### Initial Onsite LOC Review

Initial waiting list eligibility was based on significant training needs based on assessment, the willingness of parents to fully commit to the plan of care and financial eligibility. Upon selection for a waiver service opportunity, an onsite initial level of care evaluation was coordinated between the DDP QIS, the Foundation Nurse and may have involved the child's case manager at the discretion of the DDP QIS. The forms used and the persons involved in the initial level of care review following waiver enrollment have been previously described in Appendix B.

#### Ongoing Annual Redeterminations of Level of Care

The ongoing annual redeterminations of level of care reviews are normally "desk reviews" in which the DDP QIS verifies the child's need for services remain ongoing and the child's initial eligibility diagnosis continues to apply. The forms used for this purpose have been previously described in Appendix B.

- g. **Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule (*select one*):

Every three months

Every six months

Every twelve months

Other schedule

*Specify the other schedule:*

--

- h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations (*select one*):
- The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.
  - The qualifications are different.  
*Specify the qualifications:*

The qualifications of persons authorized to establish an applicant's initial eligibility for the waiting list include either a PhD level psychologist, or a medical doctor.

#### Qualifications of Persons Responsible for Initial Onsite LOC Review Within 30 Days of Waiver Enrollment

The qualifications of the case manager (Family Support Specialist or FFS) who may have been asked to be involved in coordinating the initial home visit are defined under the waiver service entitled Waiver Funded Children's Case Management (WCCM) in Appendix C. Family Support Specialists are staff employed by an agency with a DDP-contract. FSS staff have a BA degree in a human services field and have been certified in the Department's Family Support Specialist Certification process. The certification process is designed to ensure that FSS staff have skills to provide competent early intervention services to families and children, in accordance with a statewide standard. A copy of the FSS certification process is available from the DDP upon request.

The qualifications of the Foundation Nurse include current licensure as a Registered Nurse with the Montana Department of Labor.

The qualifications of the DDP Quality Improvement Specialist include a BA in a human services field, and three years of progressively responsible experience in a DD service delivery system, as previously described in Appendix B.

#### Qualifications of Persons Responsible for Annual Re-evaluations of Level of Care

Mandatory staff involved in ongoing reevaluations of level of care include the DDP QIS.

- i. Procedures to Ensure Timely Reevaluations.** Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care (*specify*):

The DDP QIS is responsible for ensuring timely onsite initial evaluations and annual re-evaluations. Timely is defined as within 30 days of enrollment for the initial LOC review, and within 365 days for subsequent re-evaluations of LOC.

The DDP QIS may employ various methods to ensure that evaluations occur annually. One practice is to complete the first re-evaluation in less than 12 months for the purpose of grouping the entire QIS caseload in the same month for all re-evaluations. Another practice is to complete the initial re-evaluation in less than 12 months, eventually enabling the grouping of re-evaluation dates into the same month for all the waiver members served by a specific provider. These practices reduce the potential for staff error in completing annual re-determinations in a timely manner. These practices also enable the efficient use of staff resources in the event travel is necessary.

The DDP Medicaid Program Officer position annually reviews all children served in the waiver to ensure that initial and ongoing LOC reviews meet the requirements. This data is collected by the DDP Regional Manager or his/her designee, and is forwarded to the DDP Medicaid Program Officer. Annual data summary results can be made available to CMS upon request.

- j. Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

All LOC and eligibility documentation is maintained in the QIS regional or satellite office. In addition, the E&D eligibility documentation, including all assessments used in establishing a qualifying diagnosis for children served in the Children's Autism Waiver is maintained by the E&D service providers and by the Child and Family service

provider serving the child, if the providers are different agencies. The letter of notification sent by the E&D provider to the parents of applicants eligible for the waiting list was made available to the assigned DDP QIS at such time that the child was selected from the waiting list for enrollment in the waiver.

A child was not opened for enrollment in the DD waiver by the DDP QIS until such time the DDP QIS had written evidence that a child met the qualifying criteria based on a CARS and/or an ADOS, and/or an ADI-R and qualifying Vineland II (and if required, TABS) assessment results. Waiver eligibility documentation for all children is maintained in the offices of the Child and Family service provider agencies. Documentation supporting placement on the Children's Autism Waiver waiting list is maintained in the DDP central office.

## Appendix B: Evaluation/Reevaluation of Level of Care

### Quality Improvement: Level of Care

*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: Level of Care Assurance/Sub-assurances**

*The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.*

**i. Sub-Assurances:**

- a. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.**

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*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:**

**Case managers involved in the coordination and support of initial LOC activities met the qualified provider requirements. The numerator is the number of initial plan of care meetings in which the participating case manager is credentialed in accordance with waiver language. The denominator is the total number of initial plan of care meetings held for the review period.**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

**On-site and off-site record reviews**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100%

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<b>Review</b> <input type="checkbox"/> <b>Representative Sample</b> Confidence Interval =
<input type="checkbox"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group:
	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify:
	<input checked="" type="checkbox"/> <b>Other</b> Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input checked="" type="checkbox"/> <b>Other</b> Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable

	for waiver years 2 and 3.
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**Performance Measure:**

The Foundation nurses involved in the initial onsite level of care process met the qualified provider requirements. The numerator is the number of meetings in which the participating Foundation nurse is credentialed in accordance with waiver language. The denominator is the total number of initial onsite LOC meetings held for the review period.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

Record reviews, on site and off site.

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.	

**Data Aggregation and Analysis:**

Responsible Party for data	Frequency of data aggregation and
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<b>aggregation and analysis</b> (check each that applies):	<b>analysis</b> (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.

**Performance Measure:**

The E&D contractor provided parents seeking autism waiver services an eligibility determination outcome for their child within 90 days of the referral request. The numerator is the number of referrals or requests for an eligibility determination with outcomes generated within 90 days. The denominator is the sum of all referrals/requests for children's autism waiver services.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**E&D record reviews, both offsite and onsite.**

<b>Responsible Party for data collection/generation</b> (check each that applies):	<b>Frequency of data collection/generation</b> (check each that applies):	<b>Sampling Approach</b> (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>

	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify:
	<input checked="" type="checkbox"/> <b>Other</b> Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.	

**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):
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input checked="" type="checkbox"/> <b>Other</b> Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.

**Performance Measure:**

The RN met with the child's primary caregiver within 30 days of the DDP QIS request and completed the required nursing LOC forms (Waiver 1 and the LTCPEA). The numerator is the number of children having medical forms dated within 30 days of the date of the DDP request. The denominator is the number of initial onsite level of care reviews due during the review period.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

1. The Waiver 1 Form. 2. The Long Term Care Patient Evaluation Abstract (LTCPEA) form. 3. Documentation supporting the date of the DDP QIS request for an onsite nurse visit

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.	

**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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually

<input type="checkbox"/> Continuously and Ongoing
<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.

**Performance Measure:**

The DDP QIS attended the initial onsite LOC meeting and documents completion of the 55 (enrollment),SSN, W-3, W-4 (or ICP) and W-5 forms within 30 days of the child's waiver enrollment date. The numerator is number of initial level of care meetings with required LOC documents completed in accordance with the required time frames. The denominator is the number of required initial LOC meetings.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**DDP QIS LOC files**

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after	

	waiver year 1 and will no longer be applicable for waiver years 2 and 3.	
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**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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.

**Performance Measure:**

E&D staff scoring or interpreting screening assessments, evaluations and rendering eligibility determination outcomes were credentialed in accordance with the QP standards. The numerator is the number of eligibility outcomes in compliance with the staff credentialing standards. The demoninator is the number of children seeking autism waiver services during the review period.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

Record reviews on site or 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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group:
	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify:
	<input checked="" type="checkbox"/> <b>Other</b> Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input checked="" type="checkbox"/> <b>Other</b> Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.

b. *Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.*

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

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 QIS is responsible for ensuring the completion of the annual LOC redeterminations within 365 days of the previous LOC review and required LOC redetermination documents will be completed and maintained in compliance with waiver language and policy. Numerator is the number of required redeterminations meeting the above criteria. Denominator is the number of required redeterminations.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

DDP QIS waiver LOC files

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

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Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- c. **Sub-assurance:** The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

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 LOC member waiver files document the completion of required initial onsite LOC activities and annual ongoing redetermination activities. The numerator is the number of client files in compliance with all the standards associated with the initial and redetermination activities including required time frames. The denominator is the sum of initial and redeterminations LOC reviews.

Data Source (Select one):

**Other**

If 'Other' is selected, specify:

**Member waiver file reviews**

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

The E&D contract and waiver language defined the E&D eligibility determination process and helped ensure valid and reliable eligibility determination outcomes statewide. The numerator is the number of referral outcomes in which the assessments and evaluations administered are in compliance with applicable standards and timeframes. The denominator is the sum of eligibility outcomes.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Record reviews will be both onsite and offsite, depending on the specific review activity.

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.	

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):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input type="checkbox"/> Annually

Specify: <div style="border: 1px dashed black; height: 20px; width: 100%;"></div>	
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input checked="" type="checkbox"/> <b>Other</b> Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.

- 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 completion of timely and accurate eligibility determinations prior to placement of the child on the waiting list, the completion of initial level of care reviews, and the review of the qualifications of persons completing these activities has involved several layers of DDP review. The DDP Regional Manager is responsible for ensuring that DDP QIS staff are completing LOC reviews, based on a review of all LOC files for children served in this waiver. This compliance data is collected by the Regional Manager or designee and forwarded electronically to the DDP Medicaid Program Officer. These review documents are maintained in an electronic file by the Medicaid Program Officer.

All approved DD Waivers are posted on the DDP website. This ensures that families and other persons acting on behalf of the service member have the opportunity to review the waiver language pertaining to eligibility requirements, freedom of choice, the right to fair hearing in the event of adverse outcomes, denial of services and denials of eligibility. DDP staff contact information is also posted on the website, facilitating access to more information, if desired.

To facilitate the public's understanding of the Children's Autism Waiver, the most recently approved waiver and user-friendly autism waiver guide has been posted on the DDP website and in other locations to help parents and others with frequently asked questions.

No-cost copies of Children's Autism Waiver documents will be available upon request from the DDP central office liaison for Child and Family Services. This option will be posted in the Children's Autism Waiver application form, to facilitate access to information for persons with limited access to computers or Internet services.

**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.

DDP Staff QA Performance Issues:

The LOC QA review spreadsheets specific to DDP QIS performance standards are maintained in an electronic file by the Medicaid Program Officer. Problems noted in the performance of activities related to the children's autism level of care process would result in the Regional Manager follow up with their assigned QIS staff in addressing specific problems as they arise. Problems with case managers and/or Foundation nurses not completing LOC activities in accordance with the performance standards would be noted in the QA reviews specific to these services. Follow up occurs at the DDP field or central office level, as needed. The Quality Assurance Observation Sheet (QAOS) is used to address problems in a timely manner.

E&D Contractor QA Issues

Any issues resulting from an E&D annual evaluation of LOC activities would be formally addressed with the

provider during the course of the DDP Annual Review, specific to these services. The Quality Assurance Observation Sheet (QAOS) is used to ensure that problems and follow-up activities are documented in writing, and time lines for problem resolution are formalized and agreed upon by all parties. Complaints or concerns about the activities of E&D contractors coming to the attention of DDP field staff or central office staff at any time during the year would result in immediate follow-up by the appropriate DDP staff. In some cases, reported problems reflect a lack of communication between the two parties involved in the dispute, or a lack of understanding of the contractor's responsibilities and obligations, or a lack of understanding of the QA reviewer's obligations. For these reasons, the use of the QAOS sheet helps ensure problem resolution. The QAOS sheet will reference the Department language (rule, policy or law) governing the performance of the contractor, in addition to a statement of the specific compliance problem. The QAOS sheet finding is not closed until DDP staff and provider staff sign and date the form.

ii. Remediation Data Aggregation

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

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Quality Assurance reviews for initial Levels of Care (LOC) will be completed after waiver year 1 and will no longer be applicable for waiver years 2 and 3.

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 Level of Care that are currently non-operational.

- No
- Yes

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

The QA process used to evaluate DDP-funded service providers will yield the numerical data needed for statewide data aggregation and trend analysis. The incorporation of numerators and denominators to enable the tracking of the percentage compliance with individual performance measures will begin effective with the first QA review of Children's Autism Waiver service providers. Numerical data reflecting compliance with the performance measures will be collected, and the initial QA review for all providers of Children's Autism Waiver services will be completed within a year of the first child being served by the provider.

**Appendix B: Participant Access and Eligibility**

**B-7: Freedom of Choice**

*Freedom of Choice. As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

- i. informed of any feasible alternatives under the waiver; and*
- ii. given the choice of either institutional or home and community-based services.*

- a. **Procedures.** Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The Waiver-5 Freedom of Choice form is completed either prior to, or at, the annual planning meeting.

The QIS remains responsible for completing the W-5 during the initial face-to-face LOC evaluation, upon entry into the waiver. The DDP QIS also completes the W-5 on an annual basis with a parent for children receiving waiver services after the initial LOC meeting.

The Explanation of ICF/IID Services and Fair Hearing Rights form provides the member and others with more detail and resource links for more information, in support of the W-5 form. The fair hearing rules (ARM 37.5.301 through 37.5.313) are available to members upon request, or can be accessed via the Department website. A web link access sheet entitled Helpful Website Addresses for DPP Waiver Related Information is available as a resource for parents who would like more information.

The DDP Waiver-5 Freedom of Choice form was modified as part of the Children's Autism Waiver application process. The revised form includes language serving to ensure a member's right to request a Department fair hearing at any time. This form will become effective as of the approval date of the Children's Autism Waiver.

- b. **Maintenance of Forms.** Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

Written copies of these forms are available upon request from the DDP QIS regional or satellite offices. These documents are stored in the individual member waiver files, maintained by the QIS.

## **Appendix B: Participant Access and Eligibility**

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### **B-8: Access to Services by Limited English Proficiency Persons**

**Access to Services by Limited English Proficient Persons.** Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

The Department operates under the Interpreter Services Medicaid Services Bureau policy. The interpreter is reimbursed by submitting the Interpreter Services Invoice Verification form to:

DPHHS  
 Medicaid Services Bureau Interpreter Services  
 PO Box 202951  
 Helena, MT 59620