

<b>Developmental Disabilities Program Procedures Manual</b>		<b>Control # 01.03.410</b>
<b>Volume 1: Program Administration</b>	<b>section 3: Developmental Disabilities Program</b>	
	<b>DRAFT Process For Selection and Entry Into 0208 Waiver Services</b>	

## **I. PURPOSE**

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

The Developmental Disabilities Program reserves the right for selection and entry into Waiver Services by a different process during certain circumstances as outlined in Administrative Rule.

The Developmental Disabilities Program reserves the right to postpone the selection process when unusual or extenuating circumstances arise.

## **II. SCOPE**

These procedures apply to all Developmental Disabilities Program and provider staff with regard to the selection process used for entry into the 0208 Waiver Services, excluding persons currently receiving 0208 Waiver Services. This process does not apply to a person's placement and entry into any ICF/IID or any ICF/ID.

## **III. PROCESS**

It is the Waiver policy for the Department of Public Health and Human Services, Developmental Disabilities Program (DPHHS/DDP), that all service recipients be selected for Waiver Services including Medical Group Homes, Children's Group Homes and Children's Waiver Services in chronological order from the Developmental Disabilities Waiting List based on the length of time on the list which is determined by the date of receipt of a completed request for services as a result of an informed choice by the person or their legal representative. The date will be determined by the date the Case Manager signs the Wait List/ Entry Change Form. Persons with the same Statewide Waiting List date will be randomly selected. Exceptions to the chronological date requirement will be made when an emergency exists.

When a Case Manager discovers a person who is on the state of Montana Developmental Disabilities Program waiting list for Waiver Services is in a crisis situation, he/she will fill out the Emergency Services Form ( located on the last page of this document), sign date and submit it to the Regional Manager or designee for verification. Once it is verified the Regional Manager will forward it to the Central Office for consideration. The need for services will be classified as an emergency if an immediate service is needed as determined by an affirmative response to any of the following situations as long as all other service options have been reviewed and do not

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meet the person’s health and welfare needs. If more than one person’s name has been submitted for consideration for emergency services the Waiver applicant will be selected for entry into Waiver Services by random draw. The Developmental Disabilities Program retains the right to prioritize and select an emergency services applicant when death of the applicant would be the result without the needed services.

- A. Abuse, Neglect or Exploitation of the person is suspected and a finding of maltreatment indicated is determined by Child Protective Services, or Adult Protective Services.
- B. The death of the person’s primary caregiver and the lack of an alternative primary caregiver.
- C. The lack of appropriate placement for the person due to:
  - 1. Loss of housing
  - 2. Inappropriate hospitalization; or
  - 3. Imminent discharge from a temporary placement.

**IV. RESPONSIBILITIES**

A. It is the responsibility of the Developmental Disabilities Program Case Manager, once eligibility has been established by the appropriate authority, to prepare and complete a Wait List/Entry Change Form for the Waiver applicant and submit it to the regional office in order for the Waiver applicant’s name to be placed on the Statewide Waiting List by the regional Administrative Assistant.

At the time the Waiver applicant is selected for Waiver Services it is the responsibility of the Case Manager to prepare the Provider Service Referral Packet and submit it to all potential providers within five working days for review, unless the individual wishes to self-direct their services under Waiver participant directed services with employer authority.

B. It is the responsibility of the Developmental Disabilities Central Office designee to maintain records and review the pertinent documents and award the opening to the appropriate applicant based on the length of recorded time on the Statewide Waiting List or to determine that an applicant meeting the criteria for Emergency Services is selected for entry into the Waiver based on the required

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Emergency Services Form, signed and dated by both the Case Manager and the Regional Manager. Once the applicant has been selected it is the responsibility of the Central Office designee to write a selection notification letter to the applicant's Case Manager.

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

1. Qualified Providers must notify the regional office in writing within five working days of a Waiver participant exiting their services. Notification must include the date of the person's exit.

## V. PROCESSES

### A. Eligibility:

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

### B. Referral

A complete and accurate Provider Service Referral Packet is required to be submitted to a qualifying provider once the Waiver applicant has been selected for entry into Waiver Services. Provider Service Referral Packets are considered complete if they meet the requirements specified below in sections 1 and 2.

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

- Wait List/Entry Change Form
- Social History – current, accurate
- MONA -MONA allocation page or Estimated Cost Plan if the person is considered an outlier by the Montana Resource Allocation Protocol tool, (MONA).
- Skills Assessment
- Psychological Report – The most recent evaluation must be included and should reflect the current behavioral status of the person.
- Behavioral Information Form or Individual Behavior Assessment (IBA), *(to be completed when challenging behaviors are exhibited as referenced in Administrative Rule 37.34.1401)*;
- Sexual Offender Evaluation *(person is suspected of sexual offending behaviors or has been adjudicated for sexual offending behaviors)*;

**2. A complete referral for person’s under the age of sixteen must contain the following documents:**

- Wait List/Entry Change Form
- Intake and Referral Information Page
- Parent/Guardian Approval
- Summary Format – Social History
- Care Requirements
- Standard Resource Checklist

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- Assessment Information
- BDRS Scoring Summary Sheet
- Stress Questionnaire Score Sheet
- Mini-MONA

C. Waiting list

The waiting list includes all persons without services in all five regions of Montana. The list is maintained electronically in the Developmental Disabilities Program data-base. In order to be selected for entrance into the Waiver the person's name must appear on the waiting list prior to the posted selection date. A person who is selected and offered entry into the Waiver, who chooses not to accept Waiver Services, will have their name removed from the waiting list and a new Wait List/Entry Change Form must be submitted to the regional office for the person's name to be re-entered on the waiting list. The new date of entry will be the date the Case Manager signs the Wait List/ Entry Change Form.

D. Initiating Services

The Individual Cost Plan (ICP) is developed by the provider, consumer/family and Case Manager after services begin. The resulting Individual Cost Plan cannot exceed the MONA, or the Mini-MONA allocation for children younger than 16 years of age, for Outliers, a Estimated Cost Plan would need to be developed. Available resources may include: resources from a previous Waiver participant's exit and any enhanced funds offered. If funds are left over (e. g. the Individual Cost Plan is lower than the resource vacancy), those funds will be managed by the Central Office designee.

1. If the person selected for entry into Waiver Services is an adult, his/her Targeted Case Manager will present all the Waiver Service options available and document which providers the person wishes to meet within five working days from the date on the selection notification letter and submit the Provider Service Referral Packet, the Plan of Care as well as any other requested documents to the selected qualified

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providers(s). A written copy of the person’s choice of provider(s) must be in the individual’s case management file. An extension may be granted by the Regional Manager when there are extenuating circumstances. If the person is under the age of sixteen a Quality Improvement Specialist is responsible for the aforementioned tasks.

2. The provider (or providers) will have ten working days after receipt of the packet to contact the Case Manager, or the Quality Improvement Specialist for person’s under the age of sixteen to set up a meeting with the Waiver participant or to decline to offer services. The provider should meet in person with the Waiver participant before determining if they are able to serve her/him. In the event the agency determines they are unable to meet the Waiver participant’s health or welfare the CEO or designee will document that choice in writing to the Case Manager.
3. The person has five working days following a meeting(s) to determine if he/she chooses to accept Waiver Services with the provider and to document his/her choice of provider.
4. The Case Manager is responsible for documenting the person’s choice of provider.
5. A person selected for entry into Waiver Services and accepted by a provider must begin utilizing services within 45 working days from the date the provider accepts the Waiver participant into services.

## **VI. TIMELINES**

The following timelines are provided for use as a quick reference.

**Placement on the waiting list** by the regional office - within 5 working days from the date The Wait List/Entry Change Form is received. The Waiting List Entry date is the date the Case Manager signed the Wait List/Entry Change Form.

**Waiting List Updates Entered by Regional Office** – the waiting list is updated, every Friday by the close of business.

**Qualifying for a Waiver Opening** – person must be open on the waiting list prior to the selection date.

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**Selection Notifications** – A selection notification letter must be sent within 10 working days to the Case Manager and to the individual or their designee if requested.

**Identification of Potential Service Providers** - the identification of qualified providers and the selection of potential providers must be accomplished within 5 working days from the date on the selection notification letter. An extension may be granted by the Regional Manager in some circumstances.

**Choice of Provider by the selected person** – the selected person has 5 working days following the meetings with potential providers to accept a service provider(s) and document their choice(s).

**Referral and Resource Information provided to providers** by the Case Manager, Quality Improvement Specialist, for person’s under the age of sixteen - the Provider Service Referral Packet and plan of care information must be submitted to potential provider(s) within five working days from the date on the selection notification letter.

**The Provider must contact the Case Manager** or the Quality Improvement Specialist, if the person is under the age of 16 within 10 working days of the receipt of the Provider Service Referral Packet to request a meeting with the person selected for Waiver Services or decline to provide services. After meeting the Waiver participant the provider has five working days to make a decision and notify the Case Manager of the decision.

**Services are expected to be utilized** within 45 working days from the date the provider accepts the Waiver participant into services.

**If there are no providers able to provide services** the person will have 90 days from the date on the selection notification letter to seek services from any qualified provider in Montana. After 90 days if there are not any providers able to provide services the funds will be returned to the Central Office.

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### **EMERGENCY SERVICES FORM**

*\*If any of the following questions are checked yes an emergency designation is applicable. The Case Manager upon filling out this form, signing and dating it must submit it to the Regional Manager for verification. Once the Regional Manager verifies the information and signs the document the Emergency Services Form is forwarded to the Central Office for consideration. This form is a qualifying form for 30 days from the date the Regional Manager verifies and signs the form.*

**1. Abuse, neglect or exploitation has been suspected in the last 90 days and Adult Protective Services or Child Protective Services has found maltreatment indicated and the situation remains unresolved.**

\_\_\_\_\_ Yes, \_\_\_\_\_ No

**2. In the last 90 days has the individual's primary caregiver died or is expected to remain permanently out of the home and attempts to locate a new primary caregiver have been unsuccessful?**

\_\_\_\_\_ Yes, \_\_\_\_\_ No

**3. Is the individual homeless or living in a temporary shelter and in need of housing?**

\_\_\_\_\_ Yes, \_\_\_\_\_ No

**4. Is the person in a hospital setting and discharge is authorized, without a residence to return to?**

\_\_\_\_\_ Yes, \_\_\_\_\_ No

**5. Is the individual's current residential living arrangement scheduled to end within 30 days and no new residential living arrangement has been confirmed?**

\_\_\_\_\_ Yes, \_\_\_\_\_ No

\_\_\_\_\_ **Date** \_\_\_\_\_

**Case Manager**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Regional Manager**

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