

0208 Waiver Services as of July 1, 2018

Day Supports and Activities

Day Supports and Activities is available to a member of any age. It consists of formalized habilitation services, and staff support for the acquisition, retention, or improvement in self-help, behavioral, educational, socialization, and adaptive skills. Day Supports and Activities must also include community inclusion activities. Day Supports and Activities are member centered, preplanned, purposeful, documented and scheduled activities which take place during typical working hours, in a non-residential setting, separate from the member's private residence or other residential living arrangement. Day Supports and Activities may occur within a day activity setting, in the community, or in both settings. Day Supports & Activities may be provided as a continuous or intermittent service.

Day Supports and Activities are expected to be evaluated based upon the following criteria:

1. It is considered by the member to be a meaningful day.
2. It is an actual learning or skill building experience.
3. It is something the person, wants, chooses, or needs to do.
4. It supports deep connections to ordinary community life.
5. It is something useful to themselves or a contribution to others.
6. It is of significant exercise or health value.
7. It is building friendships and social relationships.

Day Supports and Activities include but are not limited to:

1. The discovery and identification of skills, interests and potential for community contribution and people and places where a member's interest, culture, talent, and gifts can be contributed and shared with others with similar interests;
2. The identification and provision of support necessary for each member's personal success and achievement of plan of care outcomes. Supports may include but are not be limited to; the identification of resources necessary for transportation, social participation, inclusion, and independence;
3. Support as needed, for a member's communication, personal care and safety as needed;
4. Increased awareness and exposure to self-determination and self-advocacy;
5. Development of a career profile and employment goal or career plan of which employment may be an identified need; and
6. Provide formalized training and work experiences intended to teach the member skills necessary to succeed in an employment setting.

Members may utilize Individual and Small Group Employment Support, Follow Along Support, and Co Worker Support in conjunction with Day Supports & Activities.

Total hours for a member's attendance shall not include time spent during transporting to/from the member's residence. Day Supports and Activities services will not duplicate or supplant other services provided under IDEA (20 U.S.C. 1401 et seq) and cannot be billed for during the same time frame as Individual or Small Group Employment Support, Follow Along Support, or Co Worker Support.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

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Homemaker

Homemaker services consist of general household activities provided by a homemaker when the person regularly responsible for these activities is unable to manage the home and care for himself/herself or others in the home, or is engaged in providing habilitation and support services to the member with disabilities.

Services in this program include meal preparation, cleaning, simple household repairs, and laundry, shopping for food and supplies and routine household care.

Homemaker services are not available under the State Plan.

This service is not available to members in residential settings in which primary care is funded 24/7 by the DDP (e.g., group homes and assisted living facilities). Homemaker services may be bundled with other services when delivered as a component of Self-Directed Services and Supports (SDSS) and is therefore not available as a discrete service to persons receiving SDSS.

Homemaker services provided by a non-DD service provider agency employee (i.e. business entity) are not required to submit to a background check. Under no circumstances will a homemaker who has not had a background check provide a service if the person is alone in the residential setting at the time the service is being provided.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Residential Habilitation

Services designed to assist members in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Habilitation is to be provided where the member lives: Settings include group homes, congregate and non-congregate living apartments and natural homes.

All facilities covered by Section 1616(e) of the Act comply with State licensing standards that meet the requirements of 45 CFR Part 1397.

Board and room is not a covered service. Members served are responsible for paying for board and room through other funding sources such as Supplemental Security Income (SSI).

The plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The plan of care also specifies the appropriate residential setting in which services will be provided.

Training is provided in basic self-help skills, home and community living skills, leisure and social skills. Support is provided as necessary for the care of the member. Each training objective is specified in the plan of care and is clearly related to the member's long term goal and is not simply busywork or diversional in nature.

Residential habilitation services are not available to members residing in assisted living or adult foster home settings.

Medicaid reimbursement for room and board is prohibited. This service will not duplicate any other services that the member receives. The provider may not bill Medicaid for services on days the member is absent from the facility, unless retainer days have been approved by the Regional Manager. The provider may bill on date of admission and discharge from a hospital or nursing facility. If the member is transferring from one residential care setting to another, the discharging facility may not bill on day of transfer. Members in residential habilitation may not receive the following services under the HCBS program: 1) Personal Supports; 2) Homemaker; 3) Environmental Modifications; 4) Respite; or 5) Meals. These restrictions only apply when the HCBS payment is being made for the residential service.

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Providers of this service may be eligible for a retainer payment if authorized by the Regional Manager. Retainer payments may be made to providers of residential habilitation while the waiver participant while the waiver participant is hospitalized or absent from his/her home for period of no more than 30-days per state fiscal year. Retainer payments will be reimbursed upon authorization by the Regional Manager.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Respite

Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the individual to enable the caregiver to remain at home for a break; summer camp) designed to meet the safety and daily care needs of the member and the needs of the member's care giver in relation to reducing stress generated by the provision of constant care to the member receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all state and federal respite standards. Respite services are delivered in conformity with an individualized plan of care. Respite services are temporary in nature, meaning a member is not permitted to receive respite care for a period of 24 hours per day for more than 29 consecutive days. If this level of care is needed the member's team will identify other residential service options available in the waiver that better meets the member's needs.

Respite care is for the temporary relief of the caregiver. The amount and frequency of respite care (with the exception of emergencies) is included in each members' plan of care.

FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Age appropriate licensed day care is a respite care option for persons of all ages. Licensed day care is a subcomponent of respite and is treated as a discrete service in the plan of care, the individual cost plan and in the Department's billing and payment system. Day care is reported as respite in federal reports.

Respite cannot be used during services otherwise available through public education programs including education activities, after school supervision, daytime services when the school is not in session, or services available to preschool age children.

Respite (including day care) is only available to members residing with primary caregivers in family settings, including adult foster homes. Respite is available when a primary caregiver is not compensated for providing some or all of the supervision and support needed by the member. Reimbursement for respite in any setting may not exceed the Department's currently approved hourly respite reimbursement rate. Under no circumstances will childcare reimbursed under this service be used to replace routine childcare that a caregiver is responsible to provide.

Children from birth through age 17 may be served in licensed children's day care centers and in licensed family and group day care homes. For children under the age of 13, the waiver will cover the difference in cost between usual and customary rates and the increased rate charged by the provider to serve a child with extraordinary support needs. Children aged 13 through age 17 may be served in licensed children's day care centers and in licensed family and group day care homes, as allowed by the Montana Quality Assurance Division. Individuals aged 18 and older may receive support and supervision services in licensed adult day centers. Under no circumstances will adults be served in settings licensed to serve children. Neither will children be served in settings licensed to serve adults.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Supported Employment – Follow along Support

Supported Employment - Follow Along Support consists of services and supports that enable a member who is paid at or above the state's minimum wage, with a goal of not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individual's without disabilities to maintain employment in a competitive, customized, or self-employment setting.

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Supported Employment – Follow along Support includes habilitation services needed to stabilize and maintain a member in a competitive, customized, or self-employment setting. Examples of stabilization and support may include, but are not limited to, the following situations described below.

1. Job in jeopardy – the member will lose his/her job without additional intervention.
2. Job promotion within same employment setting - it is determined that the new job requires more complex, comprehensive, intensive supports that can be offered under the waiver.

Extended ongoing or intermittent services needed to maintain and support a member in a competitive, customized, or self-employment setting. Outcomes and Actions needed for the member to maintain employment must be identified in the plan of care.

REIMBURSABLE ACTIVITIES: Follow Along Support:

1. Member-centered employment planning with or on behalf of the member supported,
2. Development of skills that will make the member employable for more hours or for additional duties,
3. Job promotion activities,
4. Extended supports allow for time spent at the member's work site: Observation and job support to assist the member to enhance job task skills, and monitoring at the work site to ascertain the success of the job placement,
5. The provision of job coaches who accompany the member for short-term job skill training at the work site to help maintain employment,
6. Regular contact and/or follow-up with the employers, co-workers, member, parents, family members, guardians, advocates or authorized representatives of the member, and other appropriate professionals, in order to reinforce and stabilize the job placement,
7. Facilitation of natural supports at the work site,
8. Individual program development, writing task analyses, monthly reviews, and behavioral intervention programs,
9. Advocating for the member at the employment site (i.e., employers, co-workers, customers) and only for purposes directly related to employment; OR with members not directly affiliated with the employment site (i.e., parents, bus drivers, case managers, school personnel, landlords, etc.) if the member is hired and currently working,
10. Assistance with financial paperwork and management related to the member's employment and/or maintaining Medicaid eligibility (which includes activities such as assisting the waiver participant in submitting pay stubs to the Office of Public Assistance)
11. Assistance with medication administration considered incidental to the Follow along Support.

Behavioral intervention programs, when developed and approved by according to the Positive Behavioral Support rule, may be applied as a component of Follow along Support Services when the plan is specifically designed to be implemented in the employment setting by the follow along staff. The person who developed the plan would train the follow along staff to utilize the interventions to reduce the challenging behaviors in the employment setting.

Members may utilize, Individual and Small Group Employment Support, Co Worker Support and Day Supports & Activities in conjunction with Follow along Support.

A member who is unable to sustain competitive, customized, or self-employment may be considered inappropriately placed and movement to a better-fit employment setting should be considered or the person may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, reimbursement for Supported Employment - Follow Along Support and Vocational Rehabilitation Services will not be allowed concurrently for the same job placement.

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ACTIVITIES NOT REIMBURSABLE: Follow Along Support:

1. Transportation of a member to and from the job site.
2. Any service that is otherwise available under the Rehabilitation Act of 1973.
3. Activities taking place in a group, (i.e., work crews or enclaves).
4. Public relations activities.
5. Staff continuing education - In-service meetings, department meetings, individual staff development.
6. Incentive payments made to an employer to subsidize the employer's participation in a supported employment program.
7. Payments that are passed through to users of supported employment programs.
8. Payments for vocational training that is not directly related to a member's supported employment program.
9. The job coach is working the job instead of the member (i.e. Member is not present, or training is not occurring).
10. Any activities which are not directly related to the member's career plan.
11. Services furnished to a minor by a parent(s), step-parent(s) or legal guardian.
12. Services furnished to a member by the member's spouse.

The waiver will not cover vocational rehabilitation services, which are otherwise available under section 110 of the Rehabilitation Act of 1973. Therefore Documentation is required to ensure that the service is not available or is no longer available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

The Department requires all other funding sources be utilized, such as Vocational Rehabilitation, or a denial from other funding sources before this service is entered into the cost plan and approved by the Regional Manager.

Nutritionist Services

These services provided by a registered dietitian or licensed nutritionist include meal planning, consultation with and training for care givers, and education for the individual served. The service does not include the cost of meals. Nutritionist services, for adults, are not available under Montana's State Plan.

This service must be cost effective and necessary to prevent institutionalization.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Occupational Therapy

These services will be provided through direct contact between therapist and individual as well as between the therapist and other people providing services to the individual.

Occupational therapists may provide evaluation, consultation, training and treatment.

Occupational therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

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Physical Therapy

These services will be provided through direct contact between therapist and individual as well as between the therapist and other people providing services to the individual. Physical therapists may provide treatment training programs that are designed to:

1. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and activities of daily living; and
2. Prevent, insofar as possible, chronic or progressive conditions through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Therapists will also provide consultation and training to staff or caregivers who work directly with individuals.

Physical therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Private Duty Nursing

Waiver Private Duty Nursing service provides medically necessary nursing services, to members 21 years of age and older and are provided in any setting in which they are needed. Private Duty Nursing State Plan services are available only to children up to age 21.

Services may include medical management, direct treatment, consultation, and training for the member and/or caregivers.

Services provided under the home health requirement of the State Plan are limited and for those considered "home bound" and for the purposes of postponing or preventing a higher level of care.

State Plan home health services may only be provided in a member's private residence, while some members need nursing services in settings outside of the home.

Private Duty Nursing services must be specified in the plan of care. It must be ordered in writing by the member's physician and it must be delivered by a registered nurse (RN) or a licensed practical nurse (LPN).

Waiver Private Duty Nursing services, for individuals 21 years of age and older, will be used after the State Plan home health nursing limits have been reached, or if the service required is different from that authorized under the State Plan. State Plan Home Health services include skilled nursing for people 21 and over.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Speech Therapy

These services will be provided through direct contact between therapist and individual as well as between the therapist and other people providing services to the individual.

Speech therapy services may include:

1. Screening and evaluation of individuals with respect to speech and hearing functions;
2. Comprehensive speech and language evaluations when indicated by screening results;
3. Participation in the continuing interdisciplinary evaluation of individuals for purposes of beginning, monitoring and following up on individualized habilitation programs; and
4. Treatment services as an extension of the evaluation process, which include:

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Consultation with appropriate people involved with the individual for speech improvement and speech education activities to design specialized programs for developing each individual's communication skills in comprehension, including speech, reading, auditory training, and skills in expression.

Therapists will also provide training to staff and caregivers who work directly with individuals.

Speech therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Supports Brokerage

Support Brokerage Service assists the member (or the member's family, or representative, as appropriate) in arranging for, directing and managing self-directed services. Serving as the agent of the member or family, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. Practical skills training is offered to enable families and members to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring workers, managing workers and providing information on effective communication and problem-solving. The service includes providing information to ensure that members understand the responsibilities involved with directing their services. The extent of the assistance furnished to the member or family is specified in the plan of care.

As discussed in the instructions for Appendix E (Participant Direction of Services), the scope and nature of this service hinges on the type and nature of the opportunities for participant direction afforded by the waiver. Through this service, information may be provided to the member about:

- * Person centered planning and how it is applied;
- * The range and scope of member choices and options;
- * The process for changing the plan of care and member's budget;
- * The grievance process;
- * Risks and responsibilities of self-direction;
- * Freedom of choice of providers;
- * Member rights;
- * The reassessment and review schedules; and,
- * Such other subjects pertinent to the member and/or family in managing and directing services.

Assistance may be provided to the member with:

- * defining goals, needs and preferences, identifying and accessing services, supports and resources;
- * Practical skills training (e.g., hiring, managing and terminating workers, problem solving, conflict resolution)
- * Development of risk management agreements;
- * Development of an emergency backup plan;
- * recognizing and reporting critical events;
- * Independent advocacy, to assist in filing grievances and complaints when necessary; and,
- * Other areas related to managing services and supports.

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This service may include the performance of activities that nominally overlap the provision of case management services. Where the possibility of duplicate provision of services exists, the person's plan of care should clearly delineate responsibilities for the performance activities.

This service is capped annually at \$6,000 or 20% of value of the member's cost plan, whichever is smaller. These values can be exceeded for a limited time period in extraordinary circumstances, with the prior approval of the DDP Bureau Chief or designee.

This service is limited to members who direct some or all of their waiver services with employer authority.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Adult Foster Support

This service pays for extraordinary supervision and support by a principal care giver licensed as an adult foster care provider who lives in the home. The total number of members living in the adult foster home, who are unrelated to the principal care provider, cannot exceed four persons (ARM 37.100.121).

Payments for adult foster support are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult foster support does not include payments made, directly or indirectly, to members of the individual's immediate family. The methodology by which the costs of room and board are excluded from payments for adult foster support is described in Appendix I.

Payment to an adult foster care provider is available to assist in placing and maintaining members with extraordinary support needs in licensed adult foster care settings. Reimbursements are based on assessments completed by the service coordinator. Payments are based on the member supported meeting a required threshold in the hours of direct support and supervision required of the foster care provider.

The net effect of this service option is to strengthen the foster home network available to serve adults with developmental disabilities who would otherwise require services in more restrictive and costly service settings (e.g., an ICF-IID or an adult group home).

DDP will reimburse the adult foster care provider for no more than four members. Members with varying supervision needs can be served with Adult Foster Supports, but the Adult Foster Support reimbursement to a single foster home cannot exceed the Adult Foster Supports reimbursement rate for serving one member with intensive support needs.

Members receiving Adult Foster Support may not receive Personal Supports, Adult Companion, Homemaker or Personal Care services.

Residential Training Supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate and distinct service from the Adult Foster Support service. Reimbursements for the service will be rolled into the cost of Adult Foster Support for the purpose of Federal reporting.

Provision has been made in the Adult Foster Support qualified provider standards for the adult foster care provider to provide Adult Foster Support only, or both Adult Foster Support and Residential Training Support. In the event the Adult Foster Support Provider is not qualified to provide Residential Training Support, the service will be made available by a qualified employee of an agency with a DDP contract.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

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Assisted Living

Payments for services rendered in an assisted living facility, including personal care, homemaker services, medication oversight, social and recreation activities, 24 hour on site response staff to meet the unpredictable needs of individuals and supervision for safety and security. Separate payment will not be made for those services integral to and inherent in the provision of the personal care facility service.

This service is targeted to those members with a developmental disability whose specific condition and/or physical conditions preclude placement in a less restrictive setting. Members in this service option are not precluded from attending DD waiver-funded work/day or supported employment options.

Separate payment is not made for homemaker or chore services, personal supports, residential habilitation, residential training supports, live in care giver or personal care services furnished to a member receiving assisted living services, since these services are integral to and inherent in the provision of assisted living services.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Behavioral Support Services

Behavioral Support Services may be provided by:

1. A Board-certified Behavior Analyst (BCBA) or Board-certified Behavior assistant Analyst (BCaBA);
2. A Family Support Specialist with an Autism Endorsement (FSS-AE);
3. A person with an Institute for Applied Behavior Analysis (IABA) consultant certification; or
4. A person with a degree in Applied Behavior Analysis, Psychology, or Special Education who has provided documentation of training and experience in the use of the principles of applied behavior analysis in the habilitation of person(s) with developmental disabilities and the development of behavior support plans to the developmental disabilities program director.

The Behavioral Support Services include the following:

1. Designing behavioral assessments and functional analyses of behavior and interpreting assessment and evaluation results for staff and unpaid caregivers providing services to enrolled members.
2. Designing, monitoring and modifying written behavior intervention procedures and skill acquisition procedures. Written plans of intervention developed generally require the collection of data by staff or unpaid caregivers providing direct support. Decisions made in designing, monitoring and modifying behavior intervention and skill acquisition procedures are generally based on the review and analysis of collected data.
3. Training staff and unpaid caregivers in the implementation of formal and informal procedures designed to reduce problem behaviors and/or to increase appropriate behaviors.
4. Attending planning meetings for purpose of providing guidance and information to planning team members in the setting of appropriate goals and objectives for members who need Behavioral Support Services.

In general Behavioral Support Services offer appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases of all ages. Behavioral Support Services teaches others to carry out ethical and effective behavior interventions based on positive behavior supports. Behavioral Support Services staff may supervise the work of others who implement behavior interventions. All behavior intervention procedures developed by the Behavioral Support Services staff are in compliance with the Administrative Rules of Montana governing the use of Positive Behavioral Supports.

Behavioral Support Services will not supplement or supplant services available to children under IDEA, or otherwise available to a school age child.

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The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Caregiver Training and Support

Caregiver training and support services for individuals who provide unpaid training, companionship or supervision to members. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance or companionship to a member. This service may not be provided in order to train paid caregivers. Caregiver training and support will be provided in the home or community environments that are part of the member's typical day. Training includes instruction coaching and/or modeling to learn skills to safely and fully participate in the community. All training for individuals who provide unpaid support to the participant must be included in the member's plan of care.

Services to be provided do not duplicate service coordinator services. The role of the staff person providing Caregiver Training and Support is defined by the planning team.

This service is only available to members living in a family setting or private non-congregate residence where support and supervision is provided by unpaid care givers. It is not available to persons living in group homes, assisted living facilities, or foster homes when the foster care provider is paid for support and supervision.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT. Caregiver Training and Support can only be used when the approved service is not covered under any other private or publicly funded resource or other waiver service. The plan of care actions must be specific as to the training caregivers will receive. Providers and case managers are responsible to ensure that the specific caregiver training is not available under a Medicaid State Plan service and the waiver is the payer of last resort.

Community Transition Services

Community Transition Services are non-recurring set-up expenses for members who are transitioning from an institution to a DDP waiver funded HCBS residential service. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- a. Security deposits required to obtain a lease on an apartment or home.
- b. Essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items and bath/bed linens.
- c. Set-up fees or deposits for utility or services access, including telephone, electricity, heating and water.
- d. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
- e. Moving expenses.
- f. Necessary home accessibility adaptations.
- g. Activities to assess need, arrange for and procure needed resources.

Community transition services are furnished only to the extent that they are reasonable and necessary through the service plan development process, clearly identified in the service plan and the member is unable to meet such expense or when the services cannot be obtained from other sources. Community transition services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes, such as television, cable TV access or VCRs.

This service is capped at \$3,000 per member, per transition. This service is not available to members transitioning into residential settings that are owned or leased by a DDP-funded service provider, rather, the residential setting must be owned, leased or rented by the member and must be considered the member's private residence.

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The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Companion Services

Non-medical care, supervision and socialization, provided to a functionally impaired member age 14 or older. Companions may assist or supervise the member with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the member. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

Companion services are not available to members receiving 24/7 DDP waiver funded supports and supervision (e.g., persons residing in a DD group home or in assisted living).

This service will not duplicate Personal Care or Homemaker Services through the waiver, State Plan or any other programs. In addition, members receiving Companion Services may not also receive personal supports as a discrete waiver service.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Environmental Modifications

Those physical adaptations to the home, required by the member's plan of care, which are necessary to ensure the health, welfare and safety of the member, or which enable the member to function with greater independence in the home, and without which, the member would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment which are necessary for the welfare of the member.

In addition to the above, environmental modifications services are measures that provide the member with accessibility and safety in the environment so as to maintain or improve the ability of the member to remain in community settings and employment. Environmental modifications may be made to a member's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc.) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the member. An environmental modification provided to a member must:

- (a) Relate specifically to and be primarily for the member's disability;
- (b) Have utility primarily for a member who has a disability;
- (c) Not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) Not be in the form of room and board or general maintenance;
- (e) Meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI);
- (f) Be prior authorized by the DDP.

Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the member, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

All requests require documentation of an assessed need and prior approval from DDP.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

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Individual Goods and Services

Individual Goods and Services are services, equipment or supplies that enhance opportunities for the person to achieve outcomes for full membership in the community as clearly identified in the plan of care. Individual goods and services fall into the following categories:

*Memberships and Fees including but not limited to:

- Fees associated with classes for the person supported
- Social club memberships
- Fees associated with Special Olympics
- Health memberships as prescribed by a licensed health care provider
- Recreational activities specific to a habilitative goal in the plan of care

Recreational activities provided under Individual Goods and Services may be covered only when they are included in a planning outcome related to a specific residential habilitation goal.

*Equipment and Supplies including but not limited to:

- Assistive technology devices, controls, appliances or other items that enable persons to increase their abilities to perform activities of daily living, or to recognize, control or communicate with the environment, thus decreasing the need for assistance from others.
- Accessories essential to prolong life of assistive technology devices such as batteries, protective cases, screen protectors.
- Nutritional supplements,
- Non-reusable medical supplies related to the person's disability,
- Instructional supplies,

IGS can only be used when the approved item or service is not covered under any other private or publicly funded resource or other waiver service.

Individual Goods and Services can pay for repair of equipment when the equipment meets the authorization criteria and the repair is a cost-effective alternative (e.g., is expected to last and without repair the equipment would have to be purchased new at a great cost). A maintenance or insurance agreement may be purchased for items that meet authorization criteria when the maintenance agreement is expected to be cost-effective.

Individual goods and services projected to exceed \$1,000 (annual aggregate) may be subject to review and approval by the DDP Regional Manager.

Equipment purchases are expected to be a one-time only purchase. Replacements, upgrades or enhancements made to existing equipment will be paid if documented as a necessity and approved by DDP Regional Manager.

The following represents a non-inclusive list of non-permissible Goods and Services:

1. Individual goods and services provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA), home-based schooling, or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.
2. Goods, services or supports benefiting persons other than the individual

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3. Room and board
4. Personal items and services not related to the disability
5. Gifts, gift certificates, or gift cards for any purpose
6. Items used solely for entertainment or recreational purposes
7. Personal hygiene items
8. Discretionary cash
9. General clothing, food, or beverages (not specialized diet or clothing)
10. Household furnishings
11. Household cleaning supplies
12. Home maintenance

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Shipping and handling costs may be paid if the shipping cost is included in the price of the item, and the waiver is purchasing the item.

Reconditioned equipment may be purchased if all authorization criteria are met and the item is considered of adequate quality, expected to be durable, and the cost is commensurate with the age and condition of the item (e.g., if a new item could be purchased at the similar cost, it may be worthwhile to purchase the new item).

Nutritional supplements, vitamins, and the like may be reimbursed when there is no other source for reimbursement, and the specific items have been reviewed and approved, in writing, by the person's licensed health care provider.

Individual goods and services must be directed exclusively toward the benefit of the individual and are the least costly alternative that reasonably meets the individual's assessed need and meets the following requirements A-D:

A. One or more of the following criteria are met:

1. The service, equipment or supply promotes inclusion in the community, and/or
2. The service, equipment or supply increases the person's safety in the home environment, and/or
3. The service, equipment or supply decreases the need for other Medicaid services,

B. The service, equipment or supply is designed to meet the person's functional (remedially necessary: appropriate to assist a person in increased independence and integration in their environment/community), medical (Medically necessary: appropriate and effective for the medical needs and health and safety of the person) by advancing the outcomes in the plan of care;

C. The service, equipment or supply is not available through another source; and can be accommodated within the person's individual cost plan without compromising the health and safety.

D. The service, equipment or supply is not experimental or prohibited.

Individual goods and services must be approved prior to purchase and reimbursement. In addition, individual goods and services purchased on behalf of the person by legal guardians, legally responsible persons, or other non-employees acting on behalf of the person are reimbursable only if receipts for such purchases are submitted to the agency with a DDP contract. The receipts are reimbursable only if all the requirements listed above have been met.

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Meals

This service provides hot or other appropriate meals once or twice a day, up to seven days a week to a member in their own private residence. A full nutritional regimen (three meals per day) will not be provided, in keeping with the exclusion of room and board as covered services.

Some members need special assistance with their diets and the special meals service can help ensure that these members would receive adequate nourishment. This service will only be provided to members who are not eligible for these services under any other source, or need different or more extensive services than are otherwise available. This service must be cost effective and necessary to prevent institutionalization.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Personal Care

Personal Care Services Include:

1. Assistance with personal hygiene, dressing, eating and ambulatory needs of the member; and
2. Performance of household tasks incidental to the member's health care needs or otherwise necessary to contribute to maintaining the member at home;
3. Supervision for health and safety reasons.

Frequency or intensity will be as indicated in the plan of care.

For State Plan Personal Care the plan of care must be approved by a physician and developed by a licensed nurse employed by the provider. The delivery of State Plan Personal Care Services must be supervised by a licensed nurse. Waiver Personal Care does not require this.

This service is available under the waiver only if the scope, amount or duration of the available Medicaid State Plan Personal Care is insufficient in meeting the needs of the person. Personal care may be bundled with other services when delivered as a component of Self-Directed Services and Supports (SDSS) and is therefore not available as a discrete service to persons receiving SDSS.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Personal Emergency Response System (PERS)

PERS is an electronic device that enables members to secure help in an emergency. The member may also wear a portable "help" button to allow for mobility. The response center is staffed by trained professionals.

PERS services may be appropriate for members who live alone, or who are alone for parts of the day, and have no regular caregiver for periods of time.

Because of the limitations of the PERS service, a cell phone may be a more flexible, cost effective solution in ensuring health and safety for some individuals. Cell phones are not for convenience or general purpose use.

Guidelines for the use of cell phones include:

1. The member requires access to assistance or supports and is frequently beyond the range of coverage of a PERS system.
2. Cell phone plans will be basic plans and will not include features unrelated to health and safety issues, such as web access or music services.
3. Members may elect to add a usage control feature to their basic plan to eliminate the potential for fee overage.

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4. Members who do not elect to add a usage control feature and who exceed the fees associated with their plan may require the implementation of a usage control feature to prevent future overages. In all cases of an overage the service coordinator will be notified. If a member goes over their usage limit they are responsible for those charges and the team will evaluate the needs of the member and look at the most cost effective options.

5. Members may elect to add an insurance feature to prevent health and safety concerns should the phone need to be replaced.

6. These cell phone guidelines will be reviewed with the member prior to or at the annual planning meeting.

Installation, maintenance and monthly fees associated with PERS services and cell phone services may be reimbursed with waiver funds as outlined in the plan of care.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Personal Supports

The personal supports worker assists the member in carrying out daily living tasks and other activities essential for living in the community. Services may include assistance with homemaking, personal care, general supervision and community integration. Personal Supports may also provide the necessary assistance and supports to maintain employment in a competitive, customized, or self-employment setting and/or day service needs of the in integrated, community settings. Personal supports activities are generally defined in the plan of care and are flexible in meeting the changing needs of the member. Workers may be assigned activities that involve mentorship, and activities designed to develop or maintain skills. Personal supports workers may be required to provide non-medical transportation to a person for activities as outlined in the plan of care, including community integration activities, work or school and other community activities. A member receiving personal supports is self-directing this service with employer authority (either common law or agency with choice). Other waiver services that may overlap with the activities of the personal supports worker are prohibited.

REIMBURSABLE ACTIVITIES:

1. Providing supervision and monitoring for the purpose of ensuring the member's health and safety.
2. Assisting the member with hygiene, bathing, eating, dressing, grooming, toileting, transferring, or basic first aid.
3. Assisting the member to access the community. This may include someone hired to accompany and support the member in all types of community settings. Personal supports is available to a person only when the planning team has approved a back-up plan, serving to ensure the health and safety of the person in the event of a service disruption.
4. Assisting the member to develop self-advocacy skills, exercise rights as a citizen, and acquire skills needed to exercise control and responsibility over other support services, including managing generic community resources and informal supports.
5. Assisting the member in identifying and sustaining a personal support network of family, friends, and associates.
6. Assisting the member with household activities necessary to maintain a home living environment on a day-to-day basis, such as meal preparation, shopping, cleaning, and laundry.
7. Assisting the member with home maintenance activities needed to maintain the home in a clean, sanitary, and safe environment.
8. Assisting the member to maintain employment. This may include someone to accompany and support the member in a competitive, customized, or self-employment setting. The employment supports are delivered informally.
9. Assisting the member to access services and opportunities available in community settings. This may include accompanying the member to and facilitating participation in general community activities and community volunteer work.

A member receiving Personal Supports may also receive Respite.

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A member receiving personal supports is self-directing this service with employer authority (either common law or agency with choice). Other waiver services that may overlap with the activities of the personal supports worker are prohibited. These include live in care giver services, adult companion, extended personal care services and homemaker.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

While a person may receive both Respite and Personal Supports they can't be billed for during the same timeframe.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Psychological Evaluation, Counseling and Consultation Services

Evaluation, Counseling and Consultation services are those services provided by a licensed psychologist, licensed professional counselor or a licensed clinical social worker within the scope of the practice of the respective professions.

Psychological and counseling services may include individual and group therapy; consultation with providers and care givers directly involved with the member; development and monitoring of behavior programs; participation in the member planning process; and counseling for primary care givers (i.e., family members and foster parents) when their needs are related to problems dealing with the member with the disability. Psychological and counseling services available under the Montana State Plan will be used before invoicing the waiver.

Psychological and counseling services under the State Plan are limited. Under the waiver, this service is available to adults when the service is recommended by a qualified treatment professional, approved by the planning team and written into the plan of care.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Remote Monitoring Equipment

The equipment used to operate systems such as live feed video, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the DDP. It also refers to the equipment used to engage in live two-way communication with the member being monitored.

Equipment must be leased at a maximum monthly amount of \$300. This service allows for the monthly lease of remote monitoring equipment and does not duplicate any equipment purchased under Specialized Medical Equipment and Supplies.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Remote Monitoring

The provision of oversight and monitoring within the residential setting of a member, age 18 and older, through off-site electronic surveillance by staff using one or more of the following systems: live video feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the DDP. It also allows live two-way communication with the person being monitored as described in the member's plan of care.

Remote monitoring shall be done in real time, not via a recording, by awake staff at a monitoring base using the appropriate connection. When remote monitoring is being provided, the remote monitoring staff shall not have duties other than remote monitoring.

The provider of remote monitoring shall have an effective system for notifying emergency personnel such as police, fire, and back up support staff.

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The member who receives the service and each person who lives with the member shall consent in writing after being fully informed of what remote monitoring entails. If the member or a person who lives with the member has a guardian, the guardian shall consent in writing. The member's service coordinator shall keep a copy of each signed consent form with the member's plan of care.

Remote Monitoring shall only be used in supported living settings and is only used for the purpose of reducing or replacing the amount of residential habilitation needed.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Retirement Services

Retirement services are available to a member who is of the typical retirement age (age 62 or older) or is limited due to health and safety issues. Members of this service are no longer able to maintain employment due to health and safety risks OR are of retirement age. Retirement services are structured services consisting of day activities and residential support.

Retirement services may be provided in a provider operated residence (licensed DD group home) or community day activity setting and may be provided as a continuous or intermittent service.

The outcome of Retirement services is to treat each member with dignity and respect, to the maximum extent possible maintain skills and abilities, and to keep the member engaged in their environment and community through optimal care and support. Retirement services are designed to actively stimulate, encourage and enable active participation; develop, maintain, and increase awareness of time, place, weather, persons, and things in the environment; introduce new leisure pursuits; establish new relationships; improve or maintain flexibility, mobility, and strength; develop and maintain the senses; and to maintain and build on previously learned skills.

Retirement services must be furnished in a way which fosters the independence of each member. Strategies for the delivery of Retirement services must be person centered and person directed to the maximum extent possible and is identified in the plan of care.

When Retirement services are delivered in a provider operated residence (licensed DD group home), staff must meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, to provide supervision, safety and security, and to provide activities to keep the member engaged in their environment.

The personal living space and belongings of individuals living at the provider operated residence (licensed DD group home) must not be utilized by those receiving Retirement services at the residence. Only shared living spaces such as the living room, kitchen, bathroom, and recreational areas may be utilized.

Payments for Retirement services are not made for room and board.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Specialized Medical Equipment and Supplies

Specialized Medical Equipment and Supplies include:

Devices, controls or appliances, specified in the plan of care, that enable members to increase their ability to perform activities of daily living; devices, controls or appliances that enable the member to perceive, control or communicate with the environment in which they live; items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the State plan that is necessary to address member functional limitations; and necessary medical supplies not available under State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards or manufacture, design and installation.

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Specialized Medical Equipment and Supplies purchases require prior approval by the DDP Regional Manager.

The following represents a non-inclusive list of non-permissible Specialized Medical Equipment and Supplies:

1. Specialized Medical Equipment and Supplies provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA), home-based schooling, or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.
2. Specialized medical equipment or supplies benefiting persons other than the member
3. Room and board
4. Personal items and services not related to the disability
5. Gifts, gift certificates, or gift cards for any purpose
6. Items used solely for entertainment or recreational purposes
7. Personal hygiene items
8. Discretionary cash
9. General clothing, food, or beverages (not specialized diet or clothing)
10. Household furnishings
11. Household cleaning supplies
12. Home maintenance

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

The Department requires all other funding sources be utilized, such as Vocational Rehabilitation, or a denial from other funding sources before this service is entered into the cost plan and approved by the Regional Manager.

Supported Employment – Co-Worker Support

Co-Worker Support allows the DD Program and DD provider agencies to contract with a business to provide co-worker provided job supports as a part of the natural workplace. The supports will be provided directly to the member and may include:

1. the development of positive work-related habits, attitudes, skills,
2. work etiquette directly related to their specific employment,
3. health and safety aspects/requirements of their particular job,
4. assisting the member to become a part of the informal culture of the workplace,
5. job skill maintenance or assistance with incorporating new tasks,
6. facilitation of other supports at the work site such as employer sponsored employee activities beyond job tasks,
7. assistance during breaks and/or lunch.

Members participating in this service are employed by a business and are paid at or above the state's minimum wage, with a goal of not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. This service differs from Supported Employment – Follow along Support in that it creates opportunity for services/supports to be provided by the local business' employee where the member is employed. Receiving mentoring from a

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fellow employee increases opportunities for acceptance into and thus success in the workplace community. This service is intended to provide ongoing Co-Worker Support allowing Follow along Support to be decreased.

Members may utilize, Individual and Small Group Employment Support, Follow along Support and Day Supports & Activities in conjunction with Co-Worker Support.

The activities of this service are over and above the obligations an employer has for an employee without a disability, and does not duplicate nor supplant those provided under the provisions of the Individuals with Disabilities Education Improvement Act, or Section 110 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act.

Co-Worker Support and Follow-Along Support cannot be billed for during the same time but could be billed for during the same day.

The Department requires all other funding sources be utilized, such as Vocational Rehabilitation, or a denial from other funding sources before this service is entered into the cost plan and approved by the Regional Manager.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Supported Employment – Individual Employment Support

Individual Employment Support consists of habilitation services and staff supports needed by a person to acquire a job/position or career advancement in the general workforce at or above the state's minimum wage, with a goal of not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported Employment - Individual Employment Support is delivered in a competitive, customized, or self-employment setting.

The outcome of this service is paid employment in a competitive, customized, or self-employment setting within the general workforce that meets personal and career goals, as documented in the plan of care. Supported Employment –Individual Employment Support services are person-centered to address the person's employment needs and interests.

REIMBURSABLE ACTIVITIES: Individual Employment Support:

1. Person-centered employment planning (assisting an individual in identifying wants and needs for supports and in developing a plan for achieving integrated employment),
2. Job development,
3. Negotiation with prospective employers,
4. Job carving,
5. Job placement,
6. Career advancement activities,
7. Job analysis,
8. Training, support, coordination and communication in related skills needed to obtain and retain employment such as using community resources and public transportation,
9. Job coaching,
10. Job loss - the person may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, concurrent reimbursement for Supported Employment – Individual Employment Support and Vocational Rehabilitation Services will not be allowed,
11. Benefits planning support,

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Members may utilize, Small Group Employment Support, Follow Along Support, Co Worker Support, and Day Supports & Activities in conjunction with Individual Employment Support.

ACTIVITIES NOT REIMBURSABLE: Individual Employment Support:

1. Ongoing transportation of a member to and from the job site once the person has been hired.
2. Any service that is otherwise available under the Rehabilitation Act of 1973.
3. Employment activities taking place in a group, i.e., work crews or enclaves.
4. Public relations activities.
5. Staff continuing education - In-service meetings, department meetings, individual staff development.
6. Incentive payments made to an employer to subsidize the employer's participation in a supported employment program.
7. Payments that are passed through to users of supported employment programs.
8. Payments for vocational training that is not directly related to a member's supported employment program.
9. Any other activities that are non-member specific, i.e., the member has the job and can't work their scheduled hours so the job coach is working the job instead of the member.
10. Any activities which are not directly related to the member's career plan.
11. Services furnished to a minor by a parent(s), step-parent(s) or legal guardian.
12. Services furnished to a member by the member's spouse.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

The waiver will not cover vocational rehabilitation services, which are otherwise available under section 110 of the Rehabilitation Act of 1973. Therefore Documentation is required to ensure that the service is not available or is no longer available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

Income from customized home-based businesses may not be commensurate with minimum wage requirements with other employment.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

The Department requires all other funding sources be utilized, such as Vocational Rehabilitation, or a denial from other funding sources before this service is entered into the cost plan and approved by the Regional Manager.

Supported Employment – Small Group Employment Support

Supported Employment - Small Group Employment Support consists of habilitation services and staff supports needed for groups of two (2) to eight (8) workers with disabilities to maintain a job/position in the general workforce at or above the state's minimum wage, with a goal of not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Small Group Employment examples include enclaves, mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Small Group Employment Support must be provided in a manner that promotes integration into the workplace and interaction between people with and without disabilities in those workplaces. Work occurs in business settings and hours typical for the industry.

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REIMBURSABLE ACTIVITIES: Small Group Employment Support:

1. Person-centered employment planning with or on behalf of the member supported,
2. Job development,
3. Negotiation with prospective employers,
4. Job carving,
5. Job placement,
6. Job analysis,
7. Training and support in related skills needed to obtain and retain employment such as using community resources and public transportation,
8. Job coaching,
9. Benefits planning support,
10. Job promotion support,
11. Career advancement support.

People may utilize Individual Employment Support, Co Worker Support and Day Supports & Activities in conjunction with Small Group Employment Support.

ACTIVITIES NOT REIMBURSABLE: Small Group Employment Support

1. Transportation of a person to and from the job site.
2. Any service that is otherwise available under the Rehabilitation Act of 1973.
3. Public relations activities.
4. Staff continuing education - In-service meetings, department meetings, individual staff development.
5. Incentive payments made to an employer to subsidize the employer's participation in a supported employment program.
6. Payments that are passed through to members of supported employment programs.
7. Payments for vocational training that is not directly related to a member's supported employment program.
8. Any activities which are not directly related to the member's career plan.
9. Services furnished to a minor by a parent(s), step-parent(s) or legal guardian.
10. Services furnished to a member by the member's spouse.

Total hours for a member's attendance shall not include time spent during transporting to/from the member's residence.

The waiver will not cover vocational rehabilitation services, which are otherwise available under section 110 of the Rehabilitation Act of 1973. Therefore Documentation is required to ensure that the service is not available or is no longer available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

The Department requires all other funding sources be utilized, such as Vocational Rehabilitation, or a denial from other funding sources before this service is entered into the cost plan and approved by the Regional Manager.

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Transportation

Service offered in order to enable members served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.

Legally responsible persons, relatives, legal guardians and other persons who are not employees of agencies with a DDP contract may be reimbursed for the provision of rides. In these cases, reimbursement will be less than or equal to the mileage rate set by the Department for a State employee operating a personal vehicle. The mileage rate is based on the operational expense of a motor vehicle and does not include reimbursement for work performed, or the driver's time. Reimbursement for rides provided by legally responsible persons or others must be related to the specific disability needs of a member, as outlined in the plan of care. Persons providing transportation must be licensed, insured and drive a registered vehicle, in accordance with the motor vehicle laws of the State of Montana.

Reimbursable transportation expenses may also include assistance with reasonable (as determined by the department) costs related to one or more of the following areas: operator training and licensure, insurance, registration or other costs associated with an individual's dependence on the use of a personal vehicle owned by the person in accessing work or other community integration activities as outlined in the plan of care.

Transportation as a self-directed services with employer authority (either common law or agency with choice):

Mileage reimbursement at the lowest current state plan rate is available when the member is transported to an approved community functions, in accordance with the plan of care and the individual cost plan. Mileage reimbursement paid by the FMS is contingent upon the FMS receiving documentation that transportation was provided in accordance with Montana state requirements for operating a motor vehicle. Reimbursement is contingent upon vehicles being registered and insured, and the operator of the vehicle must have a valid driver's license. Mileage reimbursement does not pay for a person's time, rather, the mileage reimbursement partially offsets the cost of operating a motor vehicle. Mileage reimbursement may also available to the owner of the vehicle when friends and non-employees provide transportation services to the member for approved community functions, when all the requirements for operating a motor vehicle have been met, and the mileage reimbursement provision is approved in the plan of care. Mileage reimbursement is not available for medically necessary transportation reimbursable under the state plan.

Rates for services in residential settings and work/day settings in which paid, on-site primary care givers provide routine, non-medically necessary transportation (community outings, picnics, etc.) may include cost of these integrated transportation services.

The following are excluded:

- 1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the member;
- 2) Purchase or lease of a vehicle; and
- 3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of any modifications.

Transportation services are not reimbursable in residential and work/day settings, if the transportation service is folded into the rates for these residential and/or work/day settings. Under no circumstances will medically necessary transportation (transportation to medical services reimbursed under the State Plan) be reimbursed under the waiver if the service is reimbursable under State Plan transportation.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.