

Application for a 1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in 1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for an Amendment to a 1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The State of Montana requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of 1915(c) of the Social Security Act.

B. Program Title:

Children's Autism Waiver

C. Waiver Number: MT.0667

D. Amendment Number: MT.0667.R01.01

E. Proposed Effective Date: (mm/dd/yy)

10/01/12

Approved Effective Date: 10/01/12

Approved Effective Date of Waiver being Amended: 01/01/12

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

1. The rule reference on page 105 is outdated. On page 105, 37.34.917 (1), delete item a, move item b up to a and item c up to b.

2. To replace the performance measures found on pages 110 of 194 and 112 of 194 with the performance measures found on pages 114 of 194 and 116 of 194. We believe this change will allow us to more effectively meet the subassurance on page 110.

3. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver	Subsection(s)
<input type="checkbox"/> Waiver Application	
<input type="checkbox"/> Appendix A <input type="checkbox"/> Waiver Administration and Operation	
<input checked="" type="checkbox"/> Appendix B <input type="checkbox"/> Participant Access and Eligibility	B-1.b.

Component of the Approved Waiver	Subsection(s)
Appendix C <input type="checkbox"/> Participant Services	
<input checked="" type="checkbox"/> Appendix D <input type="checkbox"/> Participant Centered Service Planning and Delivery	D-1: g; D.a.i.c. & d
Appendix E <input type="checkbox"/> Participant Direction of Services	
Appendix F <input type="checkbox"/> Participant Rights	
Appendix G <input type="checkbox"/> Participant Safeguards	
Appendix H	
Appendix I <input type="checkbox"/> Financial Accountability	
Appendix J <input type="checkbox"/> Cost-Neutrality Demonstration	

B. **Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (check each that applies):

- Modify target group(s)**
 - Modify Medicaid eligibility
 - Add/delete services
 - Revise service specifications
 - Revise provider qualifications
 - Increase/decrease number of participants
 - Revise cost neutrality demonstration
 - Add participant-direction of services

- Other**
 - Specify:
 - Update reference to Administrative Rules of Montana found on page 105.
 - Modify Performance Measures found on pages 110, 112, 114, and 116.

Application for a 1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

- A. The State of Montana requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of 1915(c) of the Social Security Act (the Act).
- B. **Program Title** (optional - this title will be used to locate this waiver in the finder):
Children's Autism Waiver
- C. **Type of Request:** amendment

Requested Approval Period: (For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)

3 years 5 years

Waiver Number: MT.0667.R01.01

Draft ID: MT.06.01.01

- D. **Type of Waiver** (select only one):

Regular Waiver

- E. **Proposed Effective Date of Waiver being Amended:** 01/01/12
- Approved Effective Date of Waiver being Amended:** 01/01/12

1. Request Information (2 of 3)

- F. **Level(s) of Care.** This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (check each that applies):

Hospital

Select applicable level of care

Hospital as defined in 42 CFR §440.10

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

[Empty text box with up/down arrows]

Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR §440.160

Nursing Facility

Select applicable level of care

Nursing Facility As defined in 42 CFR §440.40 and 42 CFR §440.155

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

[Empty text box with up/down arrows]

Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

The State of Montana DD eligibility determination process requires that persons found eligible for commitment to an ICF-MR and persons found eligible for placement in HCBS services meet the State definition of developmental disability (DD). The process and criteria used to establish DD eligibility are the same for both populations, as are the State staff who are authorized to interpret the State definition of DD.

Children served in Montana's DD Comprehensive Services Waiver must be determined to be developmentally disabled prior to their 8th birthday by a DDP QIS. Children will be transitioned out of the Children's Autism Waiver prior to their 8th birthday. In the absence of a formal diagnosis of DD using the State's DD eligibility determination protocol for children served in this waiver, and given the significant behavior challenges of many persons diagnosed with Autism Spectrum Disorder, the Department believes that children served in this waiver would, in the absence of comprehensive early intervention autism training services, be at risk of ICF-MR placement as adults.

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

Not applicable

Applicable

Check the applicable authority or authorities:

Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I Waiver(s) authorized under §1915(b) of the Act.

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

[Empty text box with up/down arrows]

Specify the §1915(b) authorities under which this program operates (check each that applies):

- §1915(b)(1) (mandated enrollment to managed care)
- §1915(b)(2) (central broker)
- §1915(b)(3) (employ cost savings to furnish additional services)
- §1915(b)(4) (selective contracting/limit number of providers)

A program operated under §1932(a) of the Act.

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

[Empty text box with up/down arrow icons]

A program authorized under §1915(i) of the Act.

A program authorized under §1915(j) of the Act.

A program authorized under §1115 of the Act.

Specify the program:

[Empty text box with up/down arrow icons]

H. Dual Eligibility for Medicaid and Medicare.

Check if applicable:

This waiver provides services for individuals who are eligible for both Medicare and Medicaid.

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.
OVERVIEW OF PROPOSED DDP CHILDREN'S AUTISM WAIVER

Montana is seeking approval for a waiver designed to serve young children aged from 15 months through seven years who are diagnosed with Autism Spectrum Disorder and who have deficits in adaptive behaviors. Services are designed to improve skills in receptive and expressive communication, social interaction and activities of daily living, while reducing the inappropriate or problematic behaviors often associated with autism, using training techniques based on applied behavioral analysis.

Program Design and Monitoring Specialists will design, monitor and modify the formal training plan, a component of the IFSP. The training plan governs the activities of the autism trainer and is based on the assessed needs of the child.

Services to children in this waiver will not exceed three years in duration. The basis for limiting services to three years follows:

It is the intention of the Developmental Disabilities Program to serve as many qualifying children as possible, using a service model designed to yield a high level of benefit for the incurred costs. Eligible children aging out of the waiver after 3 years will be placed on the waiting list for alternative DD waiver services at the request of the family.

Eligible children must be diagnosed with Autism Spectrum Disorder (ASD), based on the definition of ASD as defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders in effect at the time of the Department's initial five year Children's Autism Waiver renewal request and will have training needs based on meeting the required criteria for Vineland II adaptive behavior assessment scores and Temperament Atypical Behavior Scale. Children would be diagnosed at the age of 15 months through their fourth birthday. Eligible children will be placed on the waiting list. Children will transition out of this waiver prior to their eighth birthday. The eligible child might not have a diagnosis of mental retardation. Parents of children in this waiver must agree to follow through with assigned objectives as outlined in the plan of care as a precondition of enrollment and continued participation in the waiver.

Waiver services include case management, program design and monitoring, children's autism training, and limited ancillary services. Ancillary supports are limited as outlined in Appendix C-4:a (Additional Limits on Amount of Waiver Services) and may include one or more of the following services: adaptive equipment/environmental modifications, respite, transportation (including a self-directed option for respite and self-directed transportation reimbursement option for self-directed respite workers), individual goods and services (limited to \$2,000) and speech therapy, occupational therapy or physical therapy not otherwise covered under the Montana State Plan.

Cost: Service cost projections may be reviewed in Appendix J-2. Services are available for a maximum of three years per child. An estimated 60 unduplicated children per year are projected to be served in waiver year 2.

In Summary

The State of Montana, including the Montana legislature remains very supportive of the Department's Children's Autism Waiver. Significant gains in adaptive behaviors, including increased skills in socialization, communication and activities of daily living have been realized by enrolled children according to feedback from parents of children served in this waiver.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

- A. Waiver Administration and Operation.** Appendix A specifies the administrative and operational structure of this waiver.
- B. Participant Access and Eligibility.** Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.
- C. Participant Services.** Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.
- D. Participant-Centered Service Planning and Delivery.** Appendix D specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).
- E. Participant-Direction of Services.** When the State provides for participant direction of services, Appendix E specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):
 - **Yes.** This waiver provides participant direction opportunities. *Appendix E is required.*
 - **No.** This waiver does not provide participant direction opportunities. *Appendix E is not required.*
- F. Participant Rights.** Appendix F specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.
- G. Participant Safeguards.** Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.
- H. Quality Improvement Strategy.** Appendix H contains the Quality Improvement Strategy for this waiver.
- I. Financial Accountability.** Appendix I describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.
- J. Cost-Neutrality Demonstration.** Appendix J contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

- A. Comparability.** The State requests a waiver of the requirements contained in 1902(a)(10)(B) of the Act in order to provide the services specified in Appendix C that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in Appendix B.
- B. Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of 1902(a)(10)(C)(i) (III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):
 - Not Applicable
 - No
 - Yes
- C. Statewide.** Indicate whether the State requests a waiver of the statewide requirements in 1902(a)(1) of the Act (*select one*):
 - No

Yes

If yes, specify the waiver of statewideness that is requested (*check each that applies*):

Geographic Limitation. A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.

Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

Limited Implementation of Participant-Direction. A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.

Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

- A. Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:
1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
 2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
 3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.
- B. Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.
- C. Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.
- D. Choice of Alternatives:** The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:
1. Informed of any feasible alternatives under the waiver; and,
 2. Given the choice of either institutional or home and community based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

- E. Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.
- F. Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.
- G. Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.
- H. Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.
- I. Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- J. Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR □440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR □ 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

- A. Service Plan.** In accordance with 42 CFR □441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.
- B. Inpatients.** In accordance with 42 CFR □441.301(b)(1) (ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.
- C. Room and Board.** In accordance with 42 CFR □441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.
- D. Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.
- E. Free Choice of Provider.** In accordance with 42 CFR □431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of □1915(b) or another provision of the Act.

- F. FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.
- G. Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.
- H. Quality Improvement.** The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.
- I. Public Input.** Describe how the State secures public input into the development of the waiver:
The need for services for children with autism is well documented in national literature and in other media, including frequent national television advertisements, newspaper and magazine articles. In addition to the increasing national awareness of the prevalence of Autism Spectrum Disorder (ASD) and the associated financial and emotional impacts on individuals and families, the Developmental Disabilities Program (DDP) has been under increasing pressure to develop services and to secure funding for these services for Montanans affected by ASD.
- This waiver application represents the outcome of many meetings of the Statewide Children's Autism Waiver Workgroup. This workgroup is comprised of parents, child and family provider staff, evaluation and diagnostic clinic staff, representatives from the Office of Public Instruction and DDP staff. The workgroup was formed in response to public pressure by parents of children with autism, advocacy groups, and child and family service providers funded by the DDP.
- The workgroup committed itself to researching autism literature related to treatment approaches and the efforts taken by other states in developing autism-specific waivers. Additionally, Disability Services Division (DSD) staff were sent out of State to visit services provided to persons with autism, for the purpose of developing best practices for DDP-funded providers serving both children and adults with ASD. This waiver reflects a concerted effort by many stakeholders to provide cost effective, outcome-based services to children with ASD and their families using proven training and intervention strategies.
- J. Notice to Tribal Governments.** The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.
- K. Limited English Proficient Persons.** The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

Martin

First Name:

Novelene

Title:

Developmental Disabilities Program DD Waiver Specialist

Agency:

Department of Public Health and Human Services

Address:

PO Box 4210

Address 2:

111 Sanders

City:

Helena

State:

Montana

Zip:

59604

Phone:

(406) 444-5662

Ext:

TTY

Fax:

(406) 444-0230

E-mail:

nomartin@mt.gov

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State:

Montana

Zip:

Phone:

Ext:

TTY

Fax:

E-mail:

8. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature:

Jo Thompson

State Medicaid Director or Designee

Submission Date:

Aug 10, 2012

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name:

Dalton

First Name:

Mary

Title:

State Medicaid Director

Agency:

Department of Public Health and Human Services

Address:

PO Box 4210

Address 2:

111 Sanders

City:

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State:

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Zip:

59604

Phone:

(406) 444-4458

Ext:

TTY

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(406) 444-1970

E-mail:

mdalton@mt.gov

Attachment #1: Transition Plan

Specify the transition plan for the waiver:

N/A

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

GLOSSARY OF FREQUENTLY USED TERMS AND ACRONYMS

ARM- Administrative Rules of Montana

AWACS- Agency Wide Accounting and Client System. This non MMIS system is used by the DDP to enable billing and payments, as well as maintain client demographic information.

CFR- Code of Federal Regulations

C&F Providers- These are DDP-funded agencies providing services to children in home settings. C&F providers employ Family Support Specialists. The FSS functions as the waiver-funded children's case manager (see FSS, below). FSS's may also provide Program Design and Monitoring Services, if the additional qualified provider standards for this service have been met.

Child- A person either enrolled in or seeking waiver-funded services.

Client- A child enrolled in the waiver.

Consumer- Same as a client, service recipient or a child enrolled in the waiver.

CPS- Child Protective Services

DD- developmental disability, or, developmental disabilities

DDP- Developmental Disabilities Program of the Disability Services Division of the Department of Public Health and Human Services of the State of Montana.

E&D Providers- DDP-funded providers of evaluation and diagnostic services. The E&D providers establish if a child is eligible for the Children's Autism Waiver based on a diagnosis of ASD and qualifying adaptive behavior scores.

FMS- Fiscal Management Service. The FMS performs functions outlined in Appendix E for families who choose to self-direct services.

FSS- Family Support Specialist. This position is responsible for providing Waiver-funded Children's Case Management (WCCM). The FSS with an Autism Endorsement may also provide Program Design and Monitoring services.

GF- State general funds

ICP- Individual Cost Plan. This document is a summary of the DDP-funded services, costs, units of service, funding sources and other information related to AWACS billing and payments. This document is the annual summary of DDP-funded services as approved by the child's planning team at the IFSP meeting.

IEP- Individual Education Plan. This is the school public education planning document summarizing the goals, objectives and other school-funded activities planned for the child's school year.

IFSP- Individualized Family Service Plan. This is the waiver-funded plan of care document, developed by a waiver-funded children's case manager (WCCM), also referred to as a Family Support Specialist. Services and supports paid under the waiver are referenced in the IFSP. The IFSP is also referred to as the plan of care (POC). The IEP and IFSP may be combined once per year at the request of the parent and with the cooperation of the school district. This option helps ensure optimal service coordination.

ISR- Individual Service Record. This document opens service recipients in AWACS. It is also used to document changes in service status.

IR- Incident report

LTCPEA- Long Term Care Patient Evaluation Abstract. A form documenting the brief medical history of the client, completed onsite by a Registered Nurse.

MEDS- Medicaid Eligibility Disability Services process. MEDS reviews are performed by an SSA contracted service provider. The contract is designed to shorten turn around times for a Medicaid eligibility determination. A Public Assistance Bureau MEDS Guide was developed specific to the Children's Autism Waiver, to ensure that parents have the information they need to ensure a timely SSA Medicaid eligibility determination.

MPQHF- Mountain Pacific Quality Health Foundation, also, The Foundation. DDP contracts with the Foundation for the provision of RNs, for the purpose of completing initial LOC medical forms, including the LTCPEA and the Waiver-1 Medical Needs form.

OHCDs- Organized Health Care Delivery System- A provider designation enabling an enrolled Medicaid provider delivering at least one Medicaid service to subcontract with a qualified provider, in accordance with the terms of a written agreement. DDP designates providers as OHCDs, in the DDP provider contract.

PERM- Payment Error rate Measurement System, implemented by CMS.

Plan of Care (POC)- The same thing as the waiver-funded IFSP.

QAOS sheet- Quality Assurance Observation Sheet. This document is used as part of ongoing DDP QIS quality assurance efforts with DDP-funded service providers. The QAOS sheet is used to negotiate the corrections of findings, in accordance with agreed upon time frames.

QAD- Quality Assurance Division of DPHHS. QAD audit staff performs SURS reviews.

QIS- A DDP Quality Improvement Specialist. The QIS is a state employee working in a DDP field office. Primary responsibilities outlined in the waiver include the implementation of quality assurance activities, the development of written quality assurance reports, and responsibility for level of care activities.

QP- Qualified Provider

SABHRS- Statewide Accounting, Budgeting& Human Resource System

SSA- Social Security Administration

SURS- Service Utilization Review System, conducted by QAD staff. This review validates the billing and payment methodologies.

Service Recipient- A child receiving waiver-funded services.

TABS- Temperament Atypical Behavior Scale.

Treatment Plan- This document consist of written training protocols and procedures designed to ensure quality and consistency in the training provided by the waiver-funded Children's Autism Trainer. The treatment plan may also provide guidance to others who live with or work with the child. The treatment plan is based on the training goals and objectives approved by the planning team at the IFSP meeting. The development of the treatment plan is the responsibility of the staff person providing waiver-funded Program Design and Monitoring services.

WCCM- Waiver-funded Children's Case Management (WCCM). This service is provided by a Family Support Specialist (FSS).

WL- Waiting list for waiver services.

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

- **The waiver is operated by the State Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

The Medical Assistance Unit.

Specify the unit name:

(Do not complete item A-2)

- **Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

Developmental Disabilities Program of the Disability Services Division of the Department of Public Health and Human Services

(Complete item A-2-a).