

Montana's Developmental Disabilities Program

Community Services for Children and Adults

Presented by Lindsey Carter, Bureau Chief



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Developmental Disabilities Program (DDP)

Department of Public Health and Human Services

- Medicaid Branch
 - Behavioral Health and Developmental Disabilities Division
 - Children's Mental Health Bureau
 - Adult Mental Health
 - Developmental Disabilities Program
 - Fiscal (financial) Services



Developmental Disabilities Program (DDP)

- Program Support
 - Medicaid Program Officers
 - Eligibility Specialist
 - Transition Specialist
- Community Services
 - Regional Managers
 - Quality Improvement Specialists (QIS)
 - Case Management Services (limited areas)



Community Services

Who Are Your DDP Regional Office Staff?

Bureau Chief (DDP)

- Oversees Developmental Disabilities Program

Community Support Supervisor

- Oversees 5 Regional Offices

Regional Manager (RM)

- DDP has 4 Regional Managers for 5 Regions.
- Regions 1 and 2 share an RM
- Provides Oversight to Contracted Providers
- Authorizes Cost Plans
- Reviews Critical Incidents and Investigations

Quality Improvement Specialist (QIS)

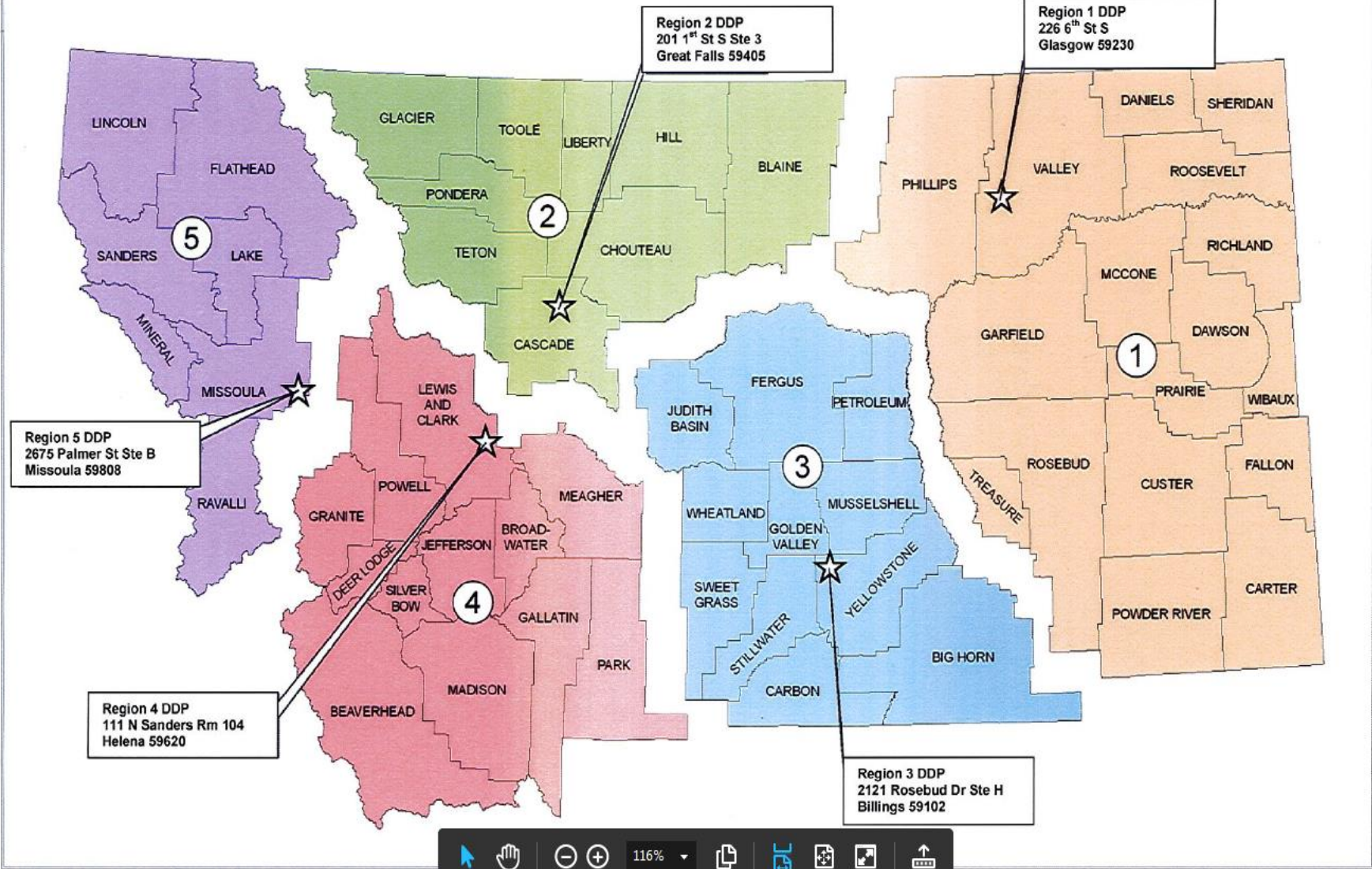
- Completes provider reviews for required federal reporting.
- Helps with Incident Management Investigations to protect health and safety of waiver members
- Monitor to make sure Level of Care is met for waiver members
- Provides technical assistance to teams in crisis situations

Targeted Case Manager (TCM)

- Works one on one with eligible individuals who are in services or on the waiting list for services
- Helps to complete the Plan of Care
- Provides monitoring, referral, plan development and assessment



MONTANA DDP REGIONS



Office Locations

- Central Office: Helena
- Region 1: Glasgow
 - Satellite Office: Miles City
- Region 2: Great Falls
- Region 3: Billings*
- Region 4: Helena*
 - Satellite Offices: Bozeman and Butte
- Region 5: Missoula*
 - Satellite Office: Kalispell

*State delivered Case Management available



Regional Office Contact Information

Region 1: Glasgow

406-228-8264

Regional Manager: Amy Sundstrom

amy.sundstrom@mt.gov

Region 2: Great Falls

406-454-6091

Regional Manager: Amy Sundstrom

amy.sundstrom@mt.gov

Region 3: Billings

406-259-8122

Regional Manager: Stephanie Marquis

Stephanie.Marquis@mt.gov

Region 4: Helena

406-444-2695

Regional Manager: Melinda Cummings

Melinda.Cummings@mt.gov

Region 5: Missoula

406 329-5425

Regional Manager: Paula Tripp

pmiskuly@mt.gov



DDP Eligibility – Montana Codes Annotated (MCA*) 53-20-202

- (3) “Developmental Disabilities” means disabilities attributable to intellectual disability, cerebral palsy, epilepsy, autism, or any other neurologically disabling condition closely related to intellectual disability & requiring treatment similar to that required by intellectually disabled individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, & results in the person having a substantial disability.

*The Montana Code Annotated (MCA) is a compilation of the Montana State Constitution and all state laws, also called statutes. It can be found at: <https://leg.mt.gov/bills/mca/index.html>

General Eligibility Requirements

- Under the age of 8
 - Determined by Eligibility Review Panel (ERP)*
 - *Diagnosis of physical/mental condition with high probability of resulting in developmental disability
- or-
 - *50% delay in 1 or 25% delay in 2 or more of the following areas:
 - cognitive (thinking, reasoning skills) development
 - physical development (including vision, hearing)
 - speech/language development
 - social/emotional development
 - self help skills
- In order to remain on waiting list, child must be determined eligible by DDP Eligibility Specialist before their 8th birthday
- If found not eligible by DDP Eligibility Specialist, or not completed before they turn 8, child's name will be removed from the waiting list.

*Eligibility Review Panels occur at regional agencies that are contracted to provide FES/Part C services

General Eligibility Requirements

- Above the age of 8
 - DDP Eligibility Specialist determines eligibility (can be made as early as age 6)
 - Required documents include current psychological evaluation, Vineland, and Part 1 of Eligibility Determination Form; extra documentation (school, medical, other assessments, etc.) may be requested
 - Upon contact, Regional Offices send interested parties a checklist that lists all required documents
 - If found eligible, automatically add the individual to the waiting list
 - If individual on waiting list is found not eligible by DDP:
 - his/her name will be removed from waiting list
 - if currently in waiver services, he/she will lose their waiver slot.

<https://dphhs.mt.gov/assets/dsd/DDP/HomePage/EligibilityReferenceManual.pdf>

State Plan Medicaid Services

- Targeted Case Management- means case management services to a targeted population
 - Service is available for eligible individuals 16 and older, who are not receiving other case management service.
 - Service is available for those under age 16 if enrolled in the 0208 Comprehensive Waiver
 - There is no waitlist for case management services.
 - Four key activities
 - Comprehensive assessment and periodic reassessment
 - Development and periodic changes of a specific care plan
 - Referral and related activities
 - Monitoring and follow-up activities
 - AWARE, inc. provides case management services state-wide
 - DDP provides case management services in regions 2 (limited), 3, 4 and 5



Applied Behavioral Analysis Services Replaces Autism Treatment Services

Applied Behavioral Analysis (ABA) is a type of therapy that can improve social, communication, and learning skills through positive reinforcement. This therapy is provided by a licensed Board-Certified Behavior Analyst (BCBA).

ABA Services Include:

- Assessment
- Treatment Plan Development
- Service Delivery by a Registered Behavior Technician
- Clinical Supervision by a BCBA



Applied Behavioral Analysis (ABA) Services

ABA Services occur face-to-face and may be delivered to the person in the:

- home,
- community, or
- clinical (BCBA's office) setting.

Services may also be delivered to:

- Two or more people at the same time, or
- Multiple people receiving ABA services in a group setting.

The BCBA may also discuss the person's treatment plan or provide instruction to:

- The parent, guardian, or caregivers, or
- Multiple sets of parents, guardians, or caregivers at the same time.



Applied Behavioral Analysis (ABA) Services

ABA services have been available to people who are Medicaid eligible with a diagnosis of an Autism Spectrum Disorder (ASD) and no older than age 20.

ABA services may now also be available for people who are Medicaid eligible and:
were already found eligible for the Developmental Disabilities Program and are no older than age of 20; or

Have a qualifying mental health diagnosis* and are no older than age 17, or no older than age 20 and enrolled in a high school program.

Other Changes include waiving initial prior authorization process, expanding CPT codes available, providing more flexibility to the BCBA provider

Home and Community-Based Waiver for Individuals with Developmental Disabilities

0208 Comprehensive Waiver

- Provide Home and Community-Based (HCBS) Services to individuals who otherwise would be eligible to be in an institution;
- Individuals must be Medicaid eligible to receive HCBS services;
- The number of people served can be limited;
- The individual resource allocations (cost plan) can have limits;
- Cannot cover room and board costs;
- Cannot cover special education and related services;
- Require Vocational Rehabilitation to cover costs first;
- Must access and use State plan services before using waiver services
 - For example, must try to use Medicaid Durable Medical Equipment before Waiver funded Specialized Medical Equipment)



0208 Comprehensive Waiver

Serves persons with intellectual disabilities throughout the lifespan.

Currently serves
2,550
Individuals

Approximately 70
enrolled providers
throughout the State

32 different waiver
services available

Services delivered by:
Traditional Provider Agencies and/or
Self Direct Options (direct hire of
non-agency workers by family)

Individualized Cost
Plan Averages:
\$55,000



0208 Comprehensive Waiver Available Services

- Day Supports and Activities/Retirement
- Retirement Services
- Supported Employment Services
- Residential Habilitation (Group Home and Supported Living)
- Homemaker
- Adult Foster Support
- Assisted Living
- Personal Care
- Meals
- Individual Goods and Services
- Companion Services



0208 Comprehensive Waiver Available Services

- Specialized Medical Equipment
- Environmental Modification
- Personal Emergency Response System
- Respite
- Behavioral Support Services
- Caregiver Training and Support
- Personal Supports
- Private Duty Nursing
- Remote Monitoring
- Nutritionist
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Speech Therapy
- Transportation



Plan of Care

Personal Supports Plan (PSP)

- Individuals 16 and older receiving case management
- Individuals of any age receiving waiver services
- Annual (once a year) Plan of Care Required
- Mid-Year meeting to Review Plan of Care



0208 Comprehensive Waiver Selection Process

- Waiting List is approximately 1700 individuals
- Selection into the waiver is based on the length of time on waiting list, except in several situations (called reserve capacity)

Selection Into the Waiver

- When a person is selected into the waiver, the person and their Case Manager will receive a letter.
- The person and their case manager have 10 working days to reply and accept or decline services. The person then has 90 days to enroll with a provider agency or begin the self direct enrollment process.
- The Case Manager meets with the person and their parent/guardian to review service provider information and to review which waiver services may meet the person's needs.
- The Case Manager sends information to providers and helps set up meeting the person and their family and any interested providers.
- The provider agency may decline to serve an individual if they do not think that they can meet the person's needs.

MONA

What is a MONA?

- The **M**ontana **N**eeds **A**ssessment = MONA
- Assessment of people's essential needs for health/safety/living and work supports

Why is the MONA completed?

- The MONA provides an estimate of what the cost of services would be to meet the person's essential needs

Who completes it?

- The Targeted Case Manager with the person or those who know him or her best

When is it completed?

- Anytime the person has a major life change, moves to different setting, change of primary caregivers, etc.
- When a person is offered services



Developing a Cost Plan

Once a provider or self direction has been chosen:

- The Case Manager works with the individual and provider to determine service options
- An initial Personal Support Plan (PSP) must be developed 30 days from the start of services
- The Case Manager is responsible to complete the cost plan based on assessment and team decisions
- The Regional Manager is responsible to authorize the cost plan



Urgent Needs Process

- If a person's needs change, or their caregiver can no longer care for them, Case Managers can use a process to request an increase in funding (cost plan).
- All four Regional Managers review these requests with staff from DD Central Office to determine if increased funding is necessary to meet health and safety needs. DD Waiver must be the payer of last resort.
- If additional funds are determined to be necessary to meet the person's health and safety needs the cost plan is increased.



What We CAN NOT Do!

- Require individuals to accept services in a home and community-based waiver
- Require a provider to serve an individual they are not already serving
- Provide housing/shelter
- Become a person's guardian



Contact Information

<http://dphhs.mt.gov/dsd/developmentaldisabilities>

Developmental Disabilities Program

111 Sanders, Room 305

Helena, MT 59604

Phone: 406-444-2779

Fax: 406-444-0230

Bureau Chief: Lindsey Carter



Questions?



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