



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

Developmental Disabilities
Program

0208 Comprehensive Waiver
Provider Manual

Effective July 1, 2024

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Chapter 1: Purpose and Definitions

Purpose

The Developmental Disabilities Program (DDP) administers long-term services through a Medicaid Home and Community-Based Services (HCBS) waiver. Waivers are approved, and partially funded by the Centers for Medicare & Medicaid Services (CMS). The DDP HCBS waiver is also called the 0208 Comprehensive Waiver. This waiver pays for support services to help Montanans with intellectual and developmental disabilities to live in their homes and communities, instead of an institution.

A person is eligible to be considered for the Medicaid 0208 Comprehensive HCBS Waiver Program if the person: (a) is determined by the DDP to be a person with a developmental disability in accordance with the criteria specified and approved in the waiver from the CMS and in accordance with the Administrative Rules of Montana (ARM) Title 37, chapter 34, subchapter 2; (b) applies for and meets the applicable Medicaid financial eligibility requirements found in ARM Title 37, chapter 82; and (c) requires the level of care provided in an intermediate care facility for persons with intellectual disability (ICF/IID), as determined by an evaluation of the person's service needs by the DDP.

Once a person is found to be eligible for the DDP and for the 0208 HCBS Waiver, they are entered onto a waiting list. This is because there is a limit to the number of participants for 0208 Comprehensive Waiver services. Medicaid eligibility and level of care criteria are determined once a person has been selected to participate in the 0208 Comprehensive Waiver.

0208 Comprehensive Waiver services are delivered by (a) community providers who are enrolled to deliver 0208 Comprehensive Waiver services; or (b) self-directed by the person receiving waiver services, or someone trusted by the waiver recipient. Targeted Case Management (TCM) Services assist a person in navigating waiver services, and work with providers and self-direct participants to coordinate and monitor plans of care to meet the person's assessed needs and goals.

This manual provides information to potential and current providers for 0208 Comprehensive Waiver services, self-direction requirements, and TCM services. Requirements contained herein pertain to all provider types participating in the provision of these services.

This manual is adopted and incorporated into the Administrative Rules of Montana (ARM) 37.34.912.

Definitions

Annual – Every twelve months.

Center for Medicare & Medicaid Services (CMS) – Federal authority for Waiver services.

MONA – The Montana Needs Assessment tool used to provide a cost estimate of 0208 Comprehensive Waiver services for people newly entering the Waiver or desiring to port to a different 0208 Comprehensive Waiver service and/or provider.

Personal Support Plan (PSP) – The PSP is the annual person-centered plan of care used by the DDP. People who receive either Targeted Case Management or 0208 Comprehensive Waiver services are required to have an active PSP.

Port or Porting – Refers to the desire and process of a person receiving 0208 Comprehensive Waiver Services to transfer one or more services to a different DDP Waiver Provider.

Self-direct Agency with Choice – Model of service delivery option in which the person receiving 0208 Comprehensive Waiver services, or their designee partners with a provider to hire and train qualified employees. The provider has the employer responsibilities.

Self-direct Employer Authority - Model of service delivery option in which the person receiving 0208 Comprehensive Waiver services, or their designee, chooses to be the employer and manage their services, including the hiring and training of employees.

Chapter 2: Administration

Developmental Disabilities Program Structure

DDP is a program within the Department of Public Health and Human Services (DPHHS) and is within the Behavioral Health and Developmental Disabilities Division (BHDD). BHDD also includes the Children’s Mental Health Bureau and Adult Mental Health services.

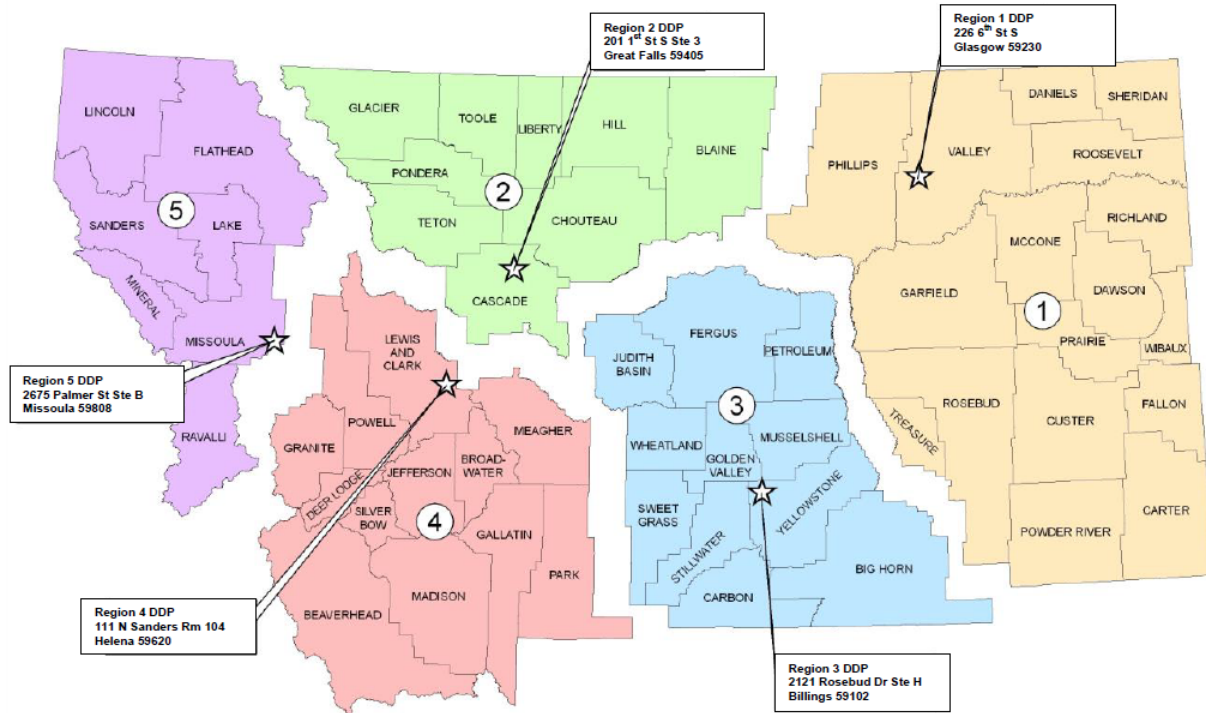
DDP maintains a Central Office in Helena. This office houses the Bureau Chief, and support staff responsible for the overall administration of programs administered by DDP.

DDP Central Office

111 N. Sanders, Room 305
PO Box 4210
Helena, MT 59604
PHONE: 406-444-2995

DDP Regional Offices are located throughout the state and consist of the Regional Manager, Quality Improvement Specialists, and in some cases, state-employed TCMs. The Regional Manager is the primary contact for prospective or existing providers and is also responsible to review and prior authorize waiver services for members. Quality Improvement Specialists are responsible for quality assurance, and level of care activities. Regional staff monitor incidents involving waiver recipients. Contracted TCM services are available statewide, while state-employed TCMs are available in limited areas.

MONTANA DDP REGIONS



Region 1

Glasgow

Developmental Disabilities Program
226 6th St. S. PO Box 472
Glasgow, MT 59230
Phone: (406) 228-8264

Miles City

Developmental Disabilities Program
2200 Box Elder #7
Miles City, MT 59301
Phone: (406) 232-2595
Phone: (406) 232-1157

Region 2

Great Falls

Developmental Disabilities Program
201 First St So. Suite #3
Great Falls, MT 59405
Phone: (406) 454-6085

Region 3

Billings

Developmental Disabilities Program
2121 Rosebud Dr. Ste. H
Billings, MT 59102
Phone: (406) 655-7603

Region 4

Helena

Developmental Disabilities Program
111 Sanders, Rm 104 Helena, MT 59604
Phone: (406) 444-1714

Bozeman

Developmental Disabilities Program
220 W. Lamme Street
Bozeman, MT 59715
Phone: (406) 522-2299

Butte

Developmental Disabilities Program
700 Casey Ste A
Butte, MT 59701
Phone: (406) 496-4922

Region 5

Missoula

Developmental Disabilities Program
2675 Palmer, Suite B
Missoula, MT 59801
Phone: (406) 329-5415

Kalispell

Developmental Disabilities Program
121 Financial Drive Suite B
Kalispell, MT 59903
Phone; (406) 300-7389

Governance

ARM Chapter 37, Subchapter 34: Developmental Disabilities Program

ARM Chapter 86, Subchapter 36: Case Management Services for Persons Age 16 and Over with Developmental Disabilities

Chapter 3: 0208 Comprehensive Waiver

0208 Comprehensive Waiver services may be delivered by an 0208 Comprehensive Waiver provider who delivers services directly to the member, or sub-contracts with another entity to deliver approved items or services.

Many 0208 Comprehensive Waiver services may also be self-directed. Self-direction is a model of service delivery in which the Waiver recipient, or his/her authorized representative, exercises more control over the service delivery.

There are two types of self-direction:

Self-direct Agency with Choice involves working with a traditional DDP Provider who is the employer, but allows shared decision-making in the hiring of employees to work with the Waiver Recipient.

Self-direct Employer Authority means the Waiver recipient, or authorized representative, is the employer of record and is responsible for all aspects of services, including hiring, training, supervision and retention of staff, maintaining documentation of work completed by staff, other documentation requirements, and budget management. A fiscal intermediary assists with employee management activities such as completing employment eligibility verification, background checks, payroll activities, and tracking training requirements.

Acumen Fiscal Agent (<https://www.acumenfiscalagent.com/state/montana/>) is the current fiscal agent contracted by the Developmental Disabilities Program. The Acumen website contains resources for Self-direct employers and Targeted Case Managers, as well as employment related forms needed by employers and employees.

Enrolled 0208 Comprehensive Waiver Provider

Medicaid Provider Enrollment

Entities interested in delivering 0208 Comprehensive Waiver services must enroll as a Montana Medicaid Provider. The Montana Medicaid Provider

(<https://medicaidprovider.mt.gov/>) website provides resources, information, and support for current or prospective Montana Medicaid providers.

Home and Community-Based Services Settings Requirements

DDP administers Home and Community Based Services to help people with disabilities live in their own homes and communities instead of institutions. In 2014, CMS announced the HCBS Final Rule, or Settings Rule. The set of federal rules that providers, TCMs, and states must follow with regard to HCBS settings and the PSP process are detailed in [eCFR:: 42 CFR Part 441 Subpart G - Home and Community-Based Services: Waiver Requirements](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G) (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G>).

DDP is required to conduct initial and/or ongoing monitoring activities which may include a Provider Self-Assessment (PSA) and/or an on-site validation visit to ensure compliance with the Settings Rule in accordance with [ARM 37.34.702 - Adult Services: Performance Requirements](https://rules.mt.gov/gateway/ruleno.asp?RN=37%2E34%2E702) (<https://rules.mt.gov/gateway/ruleno.asp?RN=37%2E34%2E702>).

The PSA is completed electronically by the provider in the HCBS Provider Portal. DDP conducts on-site validation visits which may result in required follow-up activities by the provider and the DDP.

Additional information is available at the DPHHS [Home and Community Based Service \(mt.gov\)](https://dphhs.mt.gov/hcbs) (<https://dphhs.mt.gov/hcbs>) website.

Provider Addendum

In addition to completing the Montana Medicaid Provider enrollment process, the DDP requires a Provider Addendum as part of the provider enrollment process. The Provider Addendum is required upon initial enrollment, reviewed by DDP, and when one or more of the following apply:

- Provider Changes
 - Name change
 - Address/Contact Information changes
 - Ownership change
 - Management and/or Board Member changes
- Settings Changes
 - Addition of a new setting
 - Closure of a setting
 - Name change of a setting
 - Relocation of an existing setting (physical address change)
 - Capacity changes of a setting
- Changes in 0208 Comprehensive Waiver Services Offered

Business Requirements

In addition to state and federal business, labor and insurance requirements, DDP requires providers to maintain the following insurances:

- Commercial General Liability
- Automobile, if transporting Waiver recipients
- Business Interruption

Providers are required to maintain an emergency contact and response system. Contact information must be available to all participants and DDP.

Staff Training and Qualifications

This section is divided into two (2) categories for DDP 0208 Comprehensive Waiver services. The first section identifies training and qualification requirements for DDP Service Providers, their sub-contractors (when allowed), and Self-Direct Agency with Choice. The second section is for services delivered via Self-Direct Employer Authority.

New Providers will need to contact the DDP Regional Office to set up access to DDP's training module in Elsevier's College of Direct Supports. Each Provider identifies an Administrator who manages enrollment and disenrollment of learners, and the assignment of lessons.

Self-Direct Employer Authority users must contact the DDP Regional Office to manage learner enrollment and the assignment of lessons.

All DDP 0208 Comprehensive Waiver service providers, including Self-Direct with Employer Authority are encouraged to take advantage of modules and lessons beyond what DDP requires, and the ability to create lessons specific to the needs of their service recipients and employees.

Providers are required to assure compliance with ARM 37.34.2102 – Staffing: Staff Competencies. This rule applies to agency and self-direct employees.

A provider must document the completion of training in the personnel file of the staff or in the provider's staff training file including:

- (a) the date of the training;
- (b) name and title of trainer;
- (c) name and signature of person receiving the training;
- (d) type of training;
- (e) the agenda of the training; and
- (f) hours of training.

Staff training and qualification requirements are as follows:

DDP Service Provider, including Sub-Contracted services, and Self-Direct Agency with Choice

Adult Foster Support

DDP Service Provider and/or subcontracting for Residential Training Support Only

Background Check

18+ Years of Age

Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)

Client Confidentiality (within 30 days)

First Aid and CPR (within 30 days and maintained thereafter)

Special Training Outlined in PSP (within 30 days)

College of Direct Supports Tier 1 (within 6 months)

12 Hours Annual Training (after the first year)

Compliance with Med Rule (ARM 37.34.114)

Compliance with Staffing Rule (ARM 37.34.21)

DDP Service Provider and/or subcontracting for Adult Foster Supports

Background Check

18+ Years of Age

Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)

Client Confidentiality (within 30 days)

First Aid and CPR (within 30 days and maintained thereafter)

Special Training Outlined in PSP (within 30 days)

College of Direct Supports Tier 1 (within 6 months)

12 Hours Annual Training (after the first year)

Compliance with Med Rule (ARM 37.34.114)

Compliance with Staffing Rule (ARM 37.34.21)

Assisted Living

Licensed Assisted Living Facility enrolled as a Montana Medicaid provider and a DDP Provider

Must be licensed in accordance with MCA 50-5-101, MCA title 50, chapter 5, part 2, ARM Title 37, chapter 100, subchapter 1, ARM Title 37, chapter 34 subchapter 21, and ARM 37.34.114.

Behavioral Support Services

An individual enrolled as a Montana Medicaid DDP Provider

Background Check

Level 1 and Level 2 –

- Board Certified Behavior Analyst-Doctoral (BCBA-D) licensed in the State of Montana, or
- Board Certified Behavior Analyst (BCBA) licensed in the State of Montana, or
- Board Certified assistant Behavior Analyst (BCaBA) licensed in the State of Montana, or
- a person certified by the Institute for Applied Behavior Analysis (IABA); or an
- Intermediate Applied Behavior Analysis (ABA) Professional.

Level 1 – Degree in:

- Applied Behavior Analysis (ABA), or
- Psychology, or
- Special Education with documentation of training and experience in ABA as approved by the Department.

DDP Service Provider and/or sub-contracting for Behavioral Support Services

Background Check

Level 1 and Level 2 –

- Board Certified Behavior Analyst-Doctoral (BCBA-D) licensed in the State of Montana, or
- Board Certified Behavior Analyst (BCBA) licensed in the State of Montana, or
- Board Certified assistant Behavior Analyst (BCaBA) licensed in the State of Montana, or
- a person certified by the Institute for Applied Behavior Analysis (IABA); or an
- Intermediate Applied Behavior Analysis (ABA) Professional.

Level 1 - Degree in:

- Applied Behavior Analysis (ABA), or
- Psychology, or
- Special Education with documentation of training and experience in ABA as approved by the Department.

Level 2 –

First Aid and CPR (within 30 days and maintained thereafter):

- Registered Behavior Technician (RBT), or
- Intensive Behavior Assistant (IBA) trained in Intellectual or Developmental Disability/Mental Illness (IDD/MI) Dual Diagnosis for Direct Support Professional (DSP) certification from NADD or additional training in specific coursework listed by the American Association on Intellectual and Developmental Disabilities (AAIDD) and first 3 tiers of MANDT curriculum.

Caregiver Training and Support (CTS)

DDP Service Provider and/or subcontracting for CTS services to persons and/or offering Agency with Choice Employer Authority

Background Check

17+ Years of Age

Compliance with Staffing Rule (ARM 37.34.21)

Companion Services

DDP Service Provider
Background Check
17+ Years of Age
Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
First Aid and CPR (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
College of Direct Supports Tier 1 (within 6 months)
12 Hours Annual Training (after the first year)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)

Day Supports and Activities

DDP Service Provider
Background Check
17+ Years of Age
Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
First Aid and CPR (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
College of Direct Supports Tier 1 (within 6 months)
12 Hours Annual Training (after the first year)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)

Environmental Modifications

DDP Service Provider and/or subcontracting for Environmental Modifications
A provider designated to either reimburse the individual for the procurement of environmental modifications, or for providing the requested environmental modifications is responsible for meeting the provider requirements.
Compliance with Staffing Rule (ARM 37.34.21)
Independent Contractor qualified to perform environmental modifications, enrolled as a Montana Medicaid DDP provider
A provider designated to either reimburse the individual for the procurement of environmental modifications, or for providing the requested environmental modifications is responsible for meeting the provider requirements.

Homemaker

Homemaker entity enrolled as a Montana Medicaid Provider and authorized as a DDP provider

Background Check (if requested by family)

17+ Years of Age

DDP Service Provider and/or subcontracting for Homemaker Services

Background Check

17 + Years of Age

Compliance with Staffing Rule (ARM 37.34.21)

Individual Goods and Services

DDP Service Provider and/or subcontracting for Individual Goods and Services

A provider designated to either reimburse the individual for the procurement of individual goods and services, or for providing the requested goods and services is responsible for meeting the DDP provider requirements.

Meals

Meals service provider enrolled as a Montana Medicaid DDP provider and/or subcontracting for meal services

A provider designated to either reimburse the subcontractor for Meals services, or for providing the requested Meals services is responsible for meeting the DDP provider service requirements

Nutritionist Services

DDP Service Provider and/or subcontracting for Nutritionist service

Licensed Nutritionist - ARM title 24, chapter 156, subchapter 13 and MCA title 37, chapter 25, part 1 through part 3

Licensed Nutritionist enrolled as a Montana Medicaid DDP provider

Licensed Nutritionist - ARM title 24, chapter 156, subchapter 13 and MCA title 37, chapter 25, part 1 through part 3

Occupational Therapy

DDP Service Provider; and/or subcontracting for Occupational Therapy

Licensed in accordance with applicable ARM title 24, chapter 165, subchapter 4 through 23 and MCA title 37, chapter 24, part 1 through 3.

Licensed Occupational Therapist enrolled as a Montana Medicaid DDP provider

Licensed in accordance with applicable ARM title 24, chapter 165, subchapter 4 through 23 and MCA title 37, chapter 24, part 1 through 3.

Personal Care

DDP Service Provider

Background Check

17+ Years of Age

Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)

Client Confidentiality (within 30 days)

First Aid and CPR (within 30 days and maintained thereafter)

Special Training Outlined in PSP (within 30 days)

Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)
DDP Service Provider and/or subcontracting for Personal Care services
Background Check
17+ Years of Age
Compliance with Staffing Rule (ARM 37.34.21)

Personal Emergency response System

DDP Service Provider and/or subcontracting for Personal Emergency Response and/or offering agency with choice employer authority

A provider designated to either reimburse the member for the procurement of specialized medical equipment and supplies, or for providing the requested goods and services is responsible for meeting DDP service provider requirements.

Personal Supports

A member or a representative self-directing the service with common law employer authority

Background Check
17+ Years of Age
Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
First Aid and CPR (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
Service Documentation Requirements (within 30 days)
College of Direct Supports Tier 1 (within 6 months)
12 Hours Annual Training (after the first year)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)
DDP Service Provider and/or subcontracting for personal supports, and or offering agency with choice employer authority
Background Check
17+ Years of Age
Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
First Aid and CPR (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
Service Documentation Requirements (within 30 days)
College of Direct Supports Tier 1 (within 6 months)
12 Hours Annual Training (after the first year)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)

Physical Therapy

DDP Service Provider and/or subcontract for Physical Therapy Services

Licensed in accordance with ARM title 24, chapter 177, subchapter 1 through 24 and MCA title 37, chapter 11, part 1 through 3.

Licensed Physical Therapist enrolled as a Montana Medicaid DDP provider

Licensed in accordance with ARM title 24, chapter 177, subchapter 1 through 24 and MCA title 37, chapter 11, part 1 through 3.

Private Duty Nursing

DDP Service Provider and/or subcontracting for Private Duty Nursing services

Licensed in accordance with ARM title 24, chapter 159, subchapter 1 through 23 and MCA title 37, chapter 8, part 1 through 4.

An individual providing LPN or RN services and enrolled as a Montana Medicaid DDP provider

Licensed in accordance with ARM title 24, chapter 159, subchapter 1 through 23 and MCA title 37, chapter 8, part 1 through 4.

Psychological Evaluation, Counseling, and Consultation Service

Licensed Psychologist enrolled as a Montana Medicaid DDP provider

Licensed in accordance with ARM title 24, chapter 189, subchapter 1 through 24 and MCA title 37, chapter 17, part 1 through 3.

Licensed Clinical Social Worker enrolled as a Montana Medicaid DDP provider

Licensed in accordance with ARM title 24, chapter 219, subchapter 1 through 6 and MCA title 37, chapter 22, part 1 through 4.

Licensed Professional Counselor enrolled as a Montana Medicaid provider and authorized as a DDP Service Provider

Licensed in accordance with ARM title 24, chapter 219, subchapter 1 through 6 and MCA title 37, chapter 23, part 1 through 3.

DDP service provider and/or subcontracting for Psychological Evaluation, Counseling and Consultation Services

Licensed in accordance with ARM title 24, chapter 219, part 5 through 6.

Remote Monitoring

DDP Service Provider and/or subcontracting for Remote Monitoring services

Background Check

17+ Years of Age

Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)

Client Confidentiality (within 30 days)

Special Training outlined in PSP (within 30 days)

Remote Monitoring Equipment

DDP Service Provider and/or subcontracting for Remote Monitoring Equipment

A provider designated to either reimburse the subcontractor for the procurement of remote monitoring equipment, or for providing the requested remote monitoring equipment is responsible for meeting DDP service provider requirements.

Residential Habilitation

DDP Service Provider and/or subcontracting for Residential Habilitation

Background Check

17+ Years of Age

Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)

First Aid and CPR (within 30 days and maintained thereafter)

Client Confidentiality (within 30 days)

Special Training Outlined in PSP (within 30 days)

College of Direct Supports Tier 1 (within 6 months)

12 Hours Annual Training (after the first year)

Licensed in accordance with ARM 37.100.301 through 37.100.340 and MCA 53.20.301 through 583.20.307

Compliance with Med Rule (ARM 37.34.114)

Compliance with Staffing Rule (ARM 37.34.21)

Respite

DDP Service Provider and/or subcontracting for Respite, and/or offering agency with choice employer authority

Background Check

17+ Years of Age

First Aid and CPR (within 30 days and maintained thereafter)

Special Training Outlined in PSP (within 30 days)

Compliance with Med Rule (ARM 37.34.114)

Compliance with Staffing Rule (ARM 37.34.21)

Retirement Services

DDP Service Provider

Background Check

17+ Years of Age

Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)

Client Confidentiality (within 30 days)

First Aid and CPR (within 30 days and maintained thereafter)

Special Training Outlined in PSP (within 30 days)

College of Direct Supports Tier 1 (within 6 months)

12 Hours Annual Training (after the first year)

Licensed in accordance to ARM 37.100.301 through 37.100.340 and MCA 53.20.301 through 53.20.307

Compliance with Med Rule (ARM 37.34.114)

Compliance with Staffing Rule (ARM 37.34.21)

Specialized Medical Equipment and Supplies

DDP Service Provider and/or subcontracting for Specialized Medical Equipment and Supplies and/or offering agency with choice employer authority
No qualifications in Waiver

Speech Therapy

Licensed Speech Language Pathologist enrolled as a Montana Medicaid DDP provider
Licensed in accordance with ARM title 24, chapter 222, subchapter 1 through 2 and MCA title 37, chapter 15, part 1 through 3.

DDP Service Provider and/or subcontracting for Speech Therapy services

Licensed in accordance with ARM title 24, chapter 222, subchapter 1 through 2 and MCA title 37, chapter 15, part 1 through 3.

Supported Employment - Follow Along Support

DDP Service Provider and/or subcontracting for Supported Employment - Follow Along Support, and/or offering agency with choice employer authority

Background Check

17+ Years of Age

Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)

Client Confidentiality (within 30 days)

First Aid and CPR (within 30 days and maintained thereafter)

Special Training Outlined in PSP (within 30 days)

Compliance with Med Rule (ARM 37.34.114)

Compliance with Staffing Rule (ARM 37.34.21)

Supported Employment - Co-Worker Support

DDP Service Provider and/or offering agency with choice employer authority

Background Check

17+ Years of Age

Special Training outlined in PSP (within 30 days)

Compliance with Staffing Rule (ARM 37.34.21)

Employer enrolled as a Montana Medicaid provider and authorized as a DDP Qualified Service Provider

Background Check

17+ Years of Age

Special Training Outlined in PSP (within 30 days)

Compliance with Staffing Rule (ARM 37.34.21)

Supported Employment - Individual Employment Support

DDP Service Provider and/or offering agency with choice employer authority

Background Check

17+ Years of Age

Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
Service Documentation Requirements (within 30 days)
First Aid Certification (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)

Supported Employment - Small Group Employment Support

DDP Service Provider and/or offering agency with choice employer authority
Background Check
17+ Years of Age
Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
Service Documentation Requirements (within 30 days)
Special Training Outlined in PSP (within 30 days)
College of Direct Supports Tier 1 (within 6 months)
12 Hours Annual Training (after the first year)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)

Supports Brokerage

DDP Service Provider offering agency with choice employer authority
Support Broker Certification
Background Check
18+ Years of Age
Compliance with Staffing Rule (ARM 37.34.21)

Transportation

DDP Service Provider and/or subcontracting for transportation services, and/or offering Agency with Choice Employer Authority
17+ Years of Age
Valid Driver's License
Adequate Vehicle Insurance
Current Vehicle Registration
Compliance with Staffing Rule (ARM 37.34.21)
Dedicated transportation provider agency enrolled as a Montana Medicaid provider and authorized as a DDP service provider
17+ Years of Age
Valid Driver's License
Adequate Vehicle Insurance
Current Vehicle Registration

Self-Direct Employer Authority

Services that customarily do not have persons delivering the service do not have training requirements. OHCDs services that have persons delivering services are required to meet training requirements.

Community Transition Services

No qualifications in Waiver

Environmental Modifications

A person or representative choosing to self-direct with employer authority may elect to purchase environmental modifications from an approved vendor, in accordance with the requirements outlined in the service definition and receive reimbursement from the FMS.

Upon hiring of a person the FMS must review the list of excluded individuals and entities maintained at the System for Award Management maintained by the federal General Services Administration (GSA) to determine whether the person appears on the list and if the person appears on the list, must report the listing to the department and the employer immediately.

Individual Goods and Services

A person, or the representative choosing to self-direct with employer authority may elect to purchase goods and services, in accordance with the requirements outlined in the service definition, and receive reimbursement from the FMS.

Upon hiring of a person the FMS must review the list of excluded individuals and entities maintained at the System for Award Management maintained by the federal General Services Administration (GSA) to determine whether the person appears on the list and if the person appears on the list, must report the listing to the department and the employer immediately.

Meals

A member or representative choosing to self-direct with employer authority may elect to purchase meals from an approved vendor for the member, in accordance with the requirements outlined in the service definition and receive reimbursement from the FMS.

Personal Emergency response System

A person or representative choosing to self-direct with employer authority may elect to purchase personal emergency response goods and service, in accordance with the requirements outlined in the service definition and receive reimbursement from the FMS.

Personal Supports

Background Check
17+ Years of Age
Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
First Aid and CPR (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
Service Documentation Requirements (within 30 days)
College of Direct Supports Tier 1 (within 6 months)
12 Hours Annual Training (after the first year)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)

Respite

Background Check (optional)
16+ Years of Age (18+ if service is medical in nature)
First Aid and CPR (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
Compliance with Med Rule if individual is 18 years or older (ARM 37.34.114)

Specialized Medical Equipment and Supplies

No qualifications in Waiver

Supported Employment - Co-Worker Support

Background Check
17+ Years of Age
Special Training Outlined in PSP

Supported Employment - Follow Along Support

Background Check
17+ Years of Age
Abuse Reporting (within 30 days)
Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
Service Documentation Requirements (within 30 days)
First Aid Certification (within 30 days and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
Compliance with Med Rule (ARM 37.34.114)
Compliance with Staffing Rule (ARM 37.34.21)

Supported Employment - Individual Employment Support

Background Check
17+ Years of Age
Abuse Reporting (within 30 days)

Incident Reporting (within 30 days)
Client Confidentiality (within 30 days)
Service Documentation Requirements (within 30 days)
First Aid Certification (within 30 and maintained thereafter)
Special Training Outlined in PSP (within 30 days)
Compliance with Med Rule (ARM 37.34.114)

Supports Brokerage

Support Broker Certification
Background Check
18+ Years of Age
Compliance with Staffing Rule (ARM 37.34.21)

Transportation

17+ Years of Age
Valid Driver's License
Adequate Vehicle Insurance
Current Vehicle Registration

Quality Assurance

Right to Entry

The State of Montana and any other legally authorized governmental entity, or their authorized representatives, must be afforded the right to enter the premises or other settings where services are delivered to inspect, monitor, or otherwise evaluate performance. The Provider shall assure reasonable access, and assistance for the safety and convenience of the persons performing these duties. Reasonable efforts will be made by Department staff for inspection, monitoring, and evaluation to be performed in such a manner as not to unduly interfere with service delivery activities.

Access to Records, Personnel and Service Recipients

The Provider must grant the State of Montana and any other legally authorized governmental entity, or their authorized representative's access to records, personnel, and service recipients in a timely manner, and at all reasonable times to inspect, monitor or otherwise evaluate performance.

Provider Termination

Prior to termination or closure as a Provider, there shall be an orderly transfer of responsibilities, and the continued delivery of services by the Provider to other Providers qualified to meet the needs of, and approved by, service recipients. DDP shall be afforded access to the Provider's facilities, records, and materials to assure the fulfillment of these requirements.

Confidentiality

It is the policy of the Department of Public Health and Human Services to comply with all applicable requirements of the Health Insurance Portability and Accountability Act (HIPAA). Information is exchanged in accordance with all applicable federal and state laws and regulations, as well as with the ethical and professional standards of the professions involved in conducting utilization management (UM) activities. These confidentiality policies govern all forms of information about beneficiaries, including written records, electronic records, facsimile mail, and electronic mail. The above-described policy is applied to all aspects of the UM process.

Systems Requirements

Providers must maintain reliable internet services, access to and use of browsers supported by the various systems, sufficient equipment, and operating systems to allow necessary personnel access to electronic systems, which minimally include:

- Care Management
- Visit Verification
- Incident Management
- Home and Community Based Settings Web-based Application

Providers must deactivate access to systems containing member information immediately upon termination of roles or employment for which access was required.

***If operating systems and software are not updated, certain functions maybe disabled.**

Targeted Case Management

People receiving DDP 0208 Comprehensive Waiver services or determined eligible for these services and age 16 or older are entitled to receive Targeted Case Management (TCM) services. TCM services assist people in gathering and submitting required documents for DDP eligibility determination, and support people who are either waiting for or receiving 0208 Comprehensive Waiver services. There is no waiting list for people eligible for TCM services.

TCM services are available across the entire state at no cost. These services are delivered primarily by a contracted TCM provider. In some areas of the state these services may also be available from state-employed TCMs. People have a choice of who provides their TCM services.

There are four primary TCM activities:

Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, or other services. These assessment activities include:

- gathering historical information;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

- activities that help link the individual with medical, social, educational providers, or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan; and

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan; and
 - services in the care plan are adequate; and changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Education/Experience Requirements:

- A bachelor's degree in social work or a related field from an accredited college;
- One year of experience in human services;
- Experience providing TCM services, comparable in scope and responsibility to that provided by targeted case managers, to person with a developmental disability for at least five years.

Training/Knowledge Requirements:

- Knowledge of Medicaid, Medicaid Waivers, and other community resources;
- Knowledge of Targeted Case Management methods, procedures, and practices;
- Ability to assess and reassess continuing needs of people receiving or waiting for 0208 Comprehensive Waiver services;
- Ability to develop and implement plans, and determine the services most appropriate to meet assessed need(s);
- Ability to monitor and implement plans of care;
- Ability to promote self-determination;
- Ability to provide guidance to assist people in utilizing community services effectively and appropriately;
- Understand and adhere to reporting requirements for Adult and Child Protective Services and the DDP Incident Management Policy Manual.

Member Services

0208 Comprehensive Waiver

Services administered by DDP for Montanans with intellectual or developmental disabilities who meet eligibility requirements is the 0208 Comprehensive Waiver.

DDP Eligibility

A person may be eligible for the 0208 Comprehensive Waiver if determined by the DDP to be a person with a developmental disability in accordance with ARM 37.34. Subchapter 2. A person's eligibility outcome is documented in the person's record in the Care Management System. The Determining Eligibility for Persons with Developmental Disabilities in Montana: A Staff Reference Manual (<https://dphhs.mt.gov/assets/BHDD/DDP/HomePage/EligibilityReferenceManual.pdf>) details information required, criteria, and processes used in eligibility determination.

Medicaid Eligibility

A person must obtain and maintain Montana Medicaid eligibility to receive DDP 0208 Comprehensive Waiver services. The Medical Assistance Policy Manual (<https://dphhs.mt.gov/HCS/mamanual>) provides information on Montana Medicaid. Applications may be submitted on the Coverage Assistance (<https://apply.mt.gov/>) website.

Providers are responsible to assure Medicaid coverage prior to the delivery of prior authorized services. Medicaid eligibility issues shall be addressed with the service recipient and representative payee, if applicable.

Waiver Selection

DDP selects people to participate in the 0208 Comprehensive Waiver from the waiting list of people who meet the DDP eligibility criteria and are placed on the

waiting list. Selections are made based on length of time on the waiting list, with a few exceptions. DDP reserves the right to select people out of order when identified criteria are met. These exceptions include eligible individuals transitioning from an institutional setting to the community, children who are aging out of state custody or who require a higher level of care to remain in the community, and individuals who have a crisis or emergency situation which can be addressed through the delivery of 0208 Comprehensive Waiver services as defined in ARM 37.34.907.

Once a person is selected to participate in 0208 Comprehensive Waiver services the TCM assists the person in assessing needs and identifying potential DDP Qualified Providers or Self-Direction options to meet the person’s needs and service preferences. Referrals are sent by the TCM to potential providers in the care management system. Providers then have up to 90 days in which to review the referral information and select whether to accept or decline the referral. A provider’s access to a person’s referral information is terminated when the provider declines to serve the person or when 90 days is reached.

Waiver Services

0208 Comprehensive Waiver services may be delivered by enrolled DDP Providers. Many services are also available via Self-Direct Agency with Choice by DDP Qualified Providers, or by Self-Direct with Employer Authority.

Approved 0208 Comprehensive Waiver service definitions are available in ARM 37.34.Subchapter 9, with a brief description below. One may also review Appendix C of the 0208 Comprehensive Waiver available on the DDP Medicaid Waiver (<https://dphhs.mt.gov/bhdd/DisabilityServices/developmentaldisabilities/ddpmediicaidwaivers>) page.

Waiver Service	Overview	Traditional Provider	Self - Direction
Adult Foster	Provides payment for extraordinary care and support to the caregiver of a person living in a licensed adult foster home.	X	
Assisted Living	Provides payment for a person with a developmental disability to live in a licensed assisted living setting.	X	
Behavior Support Services	Highly skilled assessment, and teaching others to carry out effective behavior interventions based on a written plan that uses positive approaches.	X	
Caregiver Training and Support	Training and support to caregivers who are not paid to provide training/teaching, companionship, or supervision.	X	

Community Transition Services	One-time set-up expenses when a person transitions from an institution to an 0208 Waiver funded residential service.	X	X
Companion	Available to people 14 years old and older who live with family, friends, or on their own and need assistance with care, support, and socialization.	X	
Day Supports & Activities	Teaching/training of skills and support provided in a day activity setting or the community.	X	
Environmental Modifications	Physical adaptations that are required by the member in order to live safely and have more independence at home.	X	X
Homemaker	General household activities such as meal preparation, cleaning, simple household repairs, laundry, shopping for food and supplies, and routine household care.	X	
Individual Goods and Services	Services or supplies that enhance the person's opportunities to achieve goals and be included in the community.	X	X
Meals	Meal services that help ensure a person receives adequate nourishment.	X	X
Nutritionist	Meal planning, consultation and training provided by a registered dietician or licensed nutritionist.	X	
Occupational Therapy	Evaluation, consultation, treatment, and training to staff and caregivers by a licensed occupational therapist.	X	
Personal Care	Assistance with hygiene, dressing, eating, supervision for health and safety reasons, and household tasks.	X	
Personal Emergency Response System	An electronic device that a member can use to access help in an emergency.	X	X
Personal Supports	Assistance with homemaking, personal care, general supervision, and community integration.		X
Physical Therapy	Screening, evaluation, treatment, consultation and training to staff and caregivers by a licensed physical therapist.	X	

Private Duty Nursing	Medically necessary nursing services such as medical management, treatment, consultation and training for the person or their caregiver. Services are delivered by a registered nurse (RN) or licensed practical nurse (LPN), and are available only to people age 21 and older.	X	
Psychological Services	Evaluation, treatment, and consultation services delivered by a licensed psychologist, licensed professional counselor, or a licensed clinical social worker.	X	
Remote Monitoring	Electronic surveillance to provide oversight and monitoring within a supported living residence of a person, age 18 and older. Cameras are not permitted in bedrooms or bathrooms.	X	
Remote Monitoring Equipment	Equipment or devices used to provide remote monitoring, and equipment used to engage in live two-way communication with the person being monitored.	X	
Residential Habilitation – Congregate Living	Services to assist people in acquiring, retaining, and improving self-help, socialization, and adaptive skills in a licensed group home.	X	
Residential Habilitation – Supported Living	Services to assist people in acquiring, retaining, and improving self-help, socialization, and adaptive skills for people living in their own, or family’s home.	X	
Residential Training Support	Services to assist people in acquiring, retaining, and improving self-help, socialization, and adaptive skills for people living in a licensed adult foster home.	X	
Respite	Provides for the safety, and daily care needs of a person while the primary caregiver takes a break.	X	X
Respite – Other	Provides for the safety, and daily care needs of a person in a licensed day care while the primary caregiver takes a break.	X	X
Retirement Services	Keeps people, who are of retirement age, engaged in their environment and community.	X	
Specialized Medical Equipment & Supplies	Devices, controls or appliances that help people maintain or increase their independence; or items and supplies to address physical conditions that are not covered through Medicaid State Plan.	X	X

Speech Therapy	Screening, evaluation, treatment, consultation and training to staff and caregivers by a licensed speech and language pathologist.	X	
Supported Employment – Co-Worker Support	Job support provided by a person’s co-worker.	X	X
Supported Employment – Follow-Along Support	Services and supports to maintain employment in a competitive, customized, or self-employment setting.	X	X
Supported Employment – Individual Employment Support	Services and supports needed by a person to acquire or advance in a job or career in a competitive, customized, or self-employment setting.	X	
Supported Employment – Small Group	Teaching and supports for groups of two to eight people with developmental disabilities working together in the general workforce.	X	
Supports Broker	Assistance in arranging for, directing, and managing self-directed services.		X
Transportation – Commute	Transportation for the person to get to and from work or day services.	X	
Transportation – Mileage Reimbursement	Reimburses a driver for some of the operational expenses of a vehicle when used to transport a person to/from work or day services, or community activities.	X	X
Transportation – Other	Reimburses for the cost of community transit such as bus passes or taxi fees for a person to get to and from work or day services, or community activities.	X	X
Transportation – Residential Integration	Transportation from a person’s residence to and from community activities.	X	
Transportation – Work/Day Integration	Transportation from a person’s work or day setting to and from community activities.	X	

Chapter 4: Procedures

Behavior Support Services

Level II Behavior Support Services (BSS) focus on developing effective behavior management strategies for individuals whose challenging behavioral issues put them at imminent risk of placement in a more restrictive residential or institutional setting. These services are designed to reduce an individual's behaviors and improve independence and inclusion in the community. BSS provides assessment, behavior plan development, training, and treatment for a range of individualized behavioral intervention needs. BSS teach and implement effective behavior intervention plans based on principles of positive behavior support. All behavior intervention procedures developed and implemented by the BSS staff are part of the Person-Centered Plan and follow the Home and Community Based Settings Regulations and Administrative Rules of Montana governing the use of Positive Behavioral Supports.

Level II BSS Request form must be completed and prior-authorized by the Department and re-authorized every 180 days.

Community Treatment Plan

A court may order a respondent, age 18 years or older, to be placed in a community treatment plan (CTP) as a less restrictive alternative to commitment to a residential facility.

- The TCM submits a letter to the court, copying the DDP Program Officer, requesting a petition for the creation or renewal of a CTP.
- The court petitions the Residential Facility Screening Team (RFST) to make a recommendation back to the court based on current documentation.
- The court renders a decision based on the report and recommendation of the RFST.
- If the court imposes a CTP, it is developed by the TCM with the involvement of the person and treatment team.
- CTPs are valid for up to twelve months.

Cost Plan

Each person enrolled in the DDP 0208 Comprehensive Waiver has an annual cost plan developed by the TCM with input from the person's team and based on the needs and supports identified in the PSP. Each service line of the cost plan is reviewed by the DDP Regional Manager (RM). Service lines approved by the RM will create the prior authorization necessary for the provider to bill for services rendered.

Consult the Help User Guide available in the care management system for detailed guidance on cost plan creation, editing, and closure.

Documentation Requirements

Refer to appropriate manuals, which include:

Montana Medicaid Provider General Information for Providers Manual

(<https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual>)

DDP Incident Management Manual on the DDP Policies and Procedures

(<https://dphhs.mt.gov/bhdd/DisabilityServices/developmentaldisabilities/DDPpolproced>)
web page.

PSP Procedure Manual on the DDP Policies and Procedures

(<https://dphhs.mt.gov/bhdd/DisabilityServices/developmentaldisabilities/DDPpolproced>)
web page.

Rates and Billing Manual on the DDP Rates Information

(<https://dphhs.mt.gov/bhdd/DisabilityServices/developmentaldisabilities/ddpratesinf>)
web page.

Electronic Visit Verification

Electronic Visit Verification (EVV) is a federal requirement under the 21st Century Cures Act which requires certain home and community-based services to electronically capture:

- The type of service(s) performed;
- The location where services were performed;
- The person receiving the service(s);
- The person providing the service(s);
- The date of the service(s); and
- The time the service(s) begins and ends.

Information regarding Montana's implementation of EVV, programs and services requiring compliance is available on the Department's Electronic Visit Verification

(<https://dphhs.mt.gov/sltc/EVV>) web page.

Emergency Commitment

An emergency admission to the Intensive Behavior Center (IBC) may be requested when there is concern for a person believed to be seriously developmentally disabled and in need of protection for the person and/or others from death or serious bodily injury.

Emergency admission can only be authorized by a Certified Developmental Disabilities Professional (DD Pro) once they have received a request for emergency admission to IBC and the following conditions are present:

- The person being referred must be at least 18 years of age and have documentation of a developmental disability, as defined by 53-20-102 (9) (a-e).
- An emergency placement must be to protect the person and/or others from death or serious bodily injury. Please note that “serious bodily injury” is defined as creating a substantial risk of death or causing/expected to cause serious permanent disfigurement, protracted loss or impairment of function. 45-2-101 66 (a) (i-iii) MCA.
- IBC has confirmed in writing that they can meet the person’s needs and have a bed available. 53-20-129 MCA.

To request an emergency admission, the documents referenced on the Emergency Commitment Checklist must be submitted to a designated DD Pro. The DD Pro will render a decision and respond to the referring party and the DDP Program Officer in writing.

Should emergency admission be authorized by the DD Pro, arrangements between the sending team/referring party and IBC must be made prior to admission. Following emergency admission, the following steps must be initiated:

- A county attorney must file the petition for emergency commitment by 5 pm of the next judicial day following emergency admission.
- If the petition for emergency commitment is not filed on the next judicial day, the sending team/referring party and IBC are responsible for arranging the person’s return to the community.
- An emergency commitment to IBC may not continue longer than 30 days after placement unless a petition for re-commitment has been filed.

The Emergency Admission Checklist is available on the DDP Commitment Resources (<https://dphhs.mt.gov/bhdd/DisabilityServices/developmentaldisabilities/CommitmentResources>) web page.

Emergency Request for 0208 Comprehensive Waiver Services

If a person who has been determined eligible for 0208 Comprehensive Waiver services, and is on the waiting list for these services experiences a crisis situation as identified in ARM 37.34.907, Medicaid Home and Community-Based Services Program: Selection and Entry, the TCM may complete an Emergency Waiver Services Request form in the care management system and submit it to the DDP Regional Manager for consideration.

The Regional Manager then reviews and makes a recommendation to the DDP Bureau Chief. If the Bureau Chief approves the emergency request for 0208 Comprehensive Waiver services, DDP Program Support staff complete the selection and notification process.

Environmental Modifications

0208 Comprehensive Waiver recipients may require a physical modification to a qualifying residential setting. When this is the case, the TCM accesses the Environmental Modifications/Specialized Medical Equipment and Supplies Guide, completes, and saves the form in the care management system.

Individual Goods and Services

The TCM completes and saves the Individual Goods and Services – Prior Approval for Purchase and Reimbursement form in the care management system for any items/goods or services required to support assessed health and safety needs that have been identified in the plan of care. RM prior approval is required if anticipated costs exceed \$1000 aggregate for the fiscal year.

Personal Support Plan

Each person enrolled in the DDP 0208 Comprehensive Waiver, as well as individuals receiving only TCM services, has a person-centered annual plan of care, and mid-year review. The DDP plan of care is known as the Personal Supports Plan (PSP). CMS requires an active plan of care be in place from the first day of delivery of any Waiver service. The DDP Regional Manager approved service proposal fulfills this requirement as an Interim PSP for any person newly enrolled in the 0208 Comprehensive Waiver, or porting from one provider to another. The Interim PSP is valid for up to 45 calendar days and replaced with an Initial PSP developed by the person and team.

Detailed information about the requirements and process, including additional requirements for individuals self-directing via employer authority are available in the Personal Support Plan Procedure Manual on the DDP Policies Procedures (<https://dphhs.mt.gov/bhdd/DisabilityServices/developmentaldisabilities/DDPpolproced>) web page.

Porting

Individuals receiving DDP 0208 Comprehensive Waiver services exercise choice in the Provider(s) which is documented on the Freedom of Choice form, at least annually. Individuals indicating a desire to port services to a different provider are placed on the Port List. This report is disseminated to 0208 Waiver Providers weekly. Providers interested in considering a person from the Port List should contact the TCM for referral information.

People choosing to port to a different 0208 Comprehensive Waiver service are required to have an updated MONA completed to determine if the person's current cost plan amount is sufficient for the desired service(s).

Rates and Billing

Providers shall consult the Montana Developmental Disabilities Program Rates and Billing Manual for details on 0208 Waiver Services and rates. Reimbursement for services must comply with respective provider type reimbursement rules.

0208 Comprehensive Waiver Services are entered into the Care Management cost plan system by the TCM and must be prior authorized by the DDP Regional Manager. A prior authorization of services does not guarantee payment, the person must also be determined Medicaid eligible for the benefit. Payment is subject to the eligibility and applicable benefit provisions of the person at the time the service was rendered. It is the responsibility of the provider to verify the Medicaid eligibility of the person. Medicaid eligibility can be verified at: Montana Access to Health (<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>) web portal. For information about how to submit claims, please refer to: Provider Information Website or Provider Relations at: 1.800.624.3958 or (406) 442.1837 (Helena only). All services are subject to retrospective review for appropriateness by the Department or the Utilization Review Contractor.

Specialized Medical Equipment and Supplies

0208 Comprehensive Waiver recipients may require specialized medical equipment and supplies to address assessed health needs beyond what is available via State Plan Medicaid. When this is the case, the TCM accesses the Environmental Modifications/Specialized Medical Equipment and Supplies Guide, completes, and saves the form in the care management system.

Transitions from Institutional Settings

Providers are encouraged to work with DDP to transition people from institutional settings to community services based on current assessments, documentation, and needs.

A provider interested in delivering services to a member will be sent a referral in the care management system. A provider may respond by requesting more information, declining, or accepting the referral. Acceptance will prompt the DDP Program Officer to organize meetings and coordinate potential provider visits to the person at the facility.

A provider then creates a service proposal to meet the person's assessed needs. The proposal will identify selected 0208 Comprehensive Waiver services and units/amounts, anticipated start date and draft transition plan. The proposal is reviewed by DDP and must be approved by the DDP Bureau Chief prior to the person transitioning to the provider for 0208 Comprehensive Waiver services.

Urgent Need Request

If a person who is currently enrolled in the 0208 Comprehensive Waiver has an ongoing need that cannot be addressed within the current cost plan amount, and is not resolved through a Temporary Service Increase (TSI), the Provider may request the TCM complete

an Urgent Need for Enhanced Services for Persons Receiving Waiver Services request in the care management system for a permanent increase to the member's cost plan. Once completed, the TCM messages the Regional Manager.

The information is reviewed by the Regional Manager team then either approved, returned for additional information, or declined if criteria is not met.

Chapter 5: Grant Funds

DDP offers several grant funds to DDP enrolled providers and individuals self-directing with employer authority. Below is a brief summary of funds available.

Temporary Service Increase

A Temporary Service Increase (TSI) are for crisis situations when a person enrolled in the 0208 Comprehensive Waiver experiences a crisis that requires support that is beyond current funding but is expected to resolve and not be an on-going need.

When such a situation arises, the Provider or Targeted Case Manager when the person is self-directing, submits a request in writing for a TSI to the DDP Regional Manager (RM). The request must contain information describing why the additional funds are necessary, which 0208 Comprehensive Waiver Service(s) is requested, the amount requested, anticipated start and end dates, and the rationale for the request.

The RM reviews the request, and if approved, creates, and authorizes the TSI in the person's cost plan. The Provider bills for the TSI Service(s) in accordance with instructions in the DDP Rates Manual.

Training

Current available training grant information is posted at:

<https://dphhs.mt.gov/bhdd/DisabilityServices/developmentaldisabilities/ddptraining>

Transition from Institutional Placements

Amount

Up to \$25,000 per individual per transition from an institution (Intensive Behavior Center, Montana State Hospital, Montana Mental Health Nursing Care Center, Skilled

Nursing Facility, Psychiatric Residential Treatment Facility, or other institutional setting).

Description

Non-recurring expenses for individuals transitioning from an institution to a DDP waiver funded HCBS service. Client must be served by the provider for at least 1 year or grant funds need to be returned to the state.

Allowable expenses are those necessary to enable a person's health and safety needs and to assist with successful transition into community services. Examples of permissible uses of transition grant funds include but are not limited to:

- A. Environmental modifications or specialized Medical Equipment that is not reimbursable through Medicaid State Plan or Waiver.
- B. Staff training prior to placement specific to the person's unique care needs as identified in the care plan as a transition need.
- C. Reimbursement for providers to pay for shadowing staff at the residential facility prior to placement for the purpose of cross training provider staff on the person's specific needs identified in the care plan and necessary for a successful transition.

Process

1. Provider requests transition grant, including details of grant fund usage, from Regional Manager through service proposal.
2. Regional Manager will send request to Community Services Supervisor.
3. Approved proposals will be sent to DDP Program Officer.
4. DDP Program Officer will reach out to provider to obtain any additional required information.
5. DDP Program Officer email required information to contract staff for contract creation.
6. Contract staff will create & email the acknowledgement letter to the provider for signature(s).
7. Provider will submit invoices for payment.