

# DDP 0208 DD Comprehensive Waiver Service Definitions

Effective 7/1/13

## 32. Supports Brokerage

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

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

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

- \* person centered planning and how it is applied;
- \* the range and scope of individual choices and options;
- \* the process for changing the plan of care and individual budget;
- \* the grievance process;
- \* risks and responsibilities of self-direction;
- \* freedom of choice of providers;
- \* individual rights;
- \* the reassessment and review schedules; and,
- \* such other subjects pertinent to the individual and/or family in managing and directing services.

Assistance may be provided to the individual with:

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

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

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

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

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

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

### **33. Transportation**

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

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

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

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

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

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

The following are excluded:

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

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

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

#### **34. WCCM- Waiver-funded Children's Case Management**

Waiver funded children's case management (WCCM) services are services furnished to assist individuals in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

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

- Taking client history;
- 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 individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- 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:

- to help an eligible individual obtain needed services including activities that help link an individual with medical, social, educational providers or
- other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, 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;
- services in the care plan are adequate; and
- there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities. Billing for services is limited to a maximum of 60 days prior to the HCBS placement, and provider reimbursement follows waiver enrollment.

Level of care activities: Case management is responsible for assisting the Department, as requested, in scheduling meetings and providing information as requested to

Department staff responsible for completing initial and ongoing level of care activities. Crisis Supports: Case management will provide assistance to the individual and family, as necessary, in locating suitable alternative placement when the individual's health or safety is at risk.

**Limitations:**

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Waiver-funded children's case management services are available to persons from 0 through 21 years of age, inclusive.

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