

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

0208

## 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:**  
Home and Community-Based Waiver for Individuals with Developmental Disabilities
- C. **Waiver Number:** MT.0208  
**Original Base Waiver Number:** MT.0208.
- D. **Amendment Number:** MT.0208.R04.02
- E. **Proposed Effective Date:** (mm/dd/yy)

07/01/10

Approved Effective Date of Waiver being Amended: 07/01/08

### 2. Purpose(s) of Amendment

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

This waiver amendment request seeks to amend the waiver with an effective date of 7/1/10. Requested changes in the waiver follow:

1. Add Live-In Caregiver as a new waiver service option. This statutory service allows for the payment of additional costs that can be reasonably attributed to an unrelated live-in personal care giver who resides in the same household as the waiver participant. In exchange for reduced room and board expenses, the live in caregiver provides supervision and support to the service recipient.
2. Add Support Broker as a waiver service option for persons who self direct with employer authority. The DDP will use the definition from the CMS Version 3.5 Technical Guide. Briefly, this service assists the participant (or the participant's representative) in arranging for, directing and managing services. This service does not duplicate other waiver services, including case management.
3. Add Personal Supports as a new waiver service option for persons who self-direct with employer authority. Staff providing this service may provide homemaker, extended personal care and (for adults only) adult companion

services. Folding these services into one waiver service increases flexibility in meeting the changing needs of self-directing participants and simplifies documentation, billing and payment requirements.

4. Add new self-directed waiver service options for waiver recipients (or representatives acting on their behalf) who wish to function as the employer of staff providing waiver services to the recipient. New self-directed service options include community transition services, environmental modifications/adaptive equipment, individual goods and services, meals, personal emergency response system and transportation.
5. Modify the respite service definition to enable the delivery of respite services in licensed day care settings.
6. Modify the Average Length of Stay projections in Appendix I to more closely reflect the most currently available data from the Montana Management Information System.
7. Remove language specifically referencing the use of the Vineland adaptive behavior assessment. The DDP eligibility policy defines the required adaptive behavior assessments to be used in establishing eligibility for DDP-funded services; reference to the Vineland in waiver language is no longer needed.
8. Insert language addressing involuntary termination of participant direction. This language will help ensure persons choosing to self-direct services receive adequate advance notice that the self-directed service option is subject to termination, if the self-directing participant is not cooperating with the terms and conditions required for continued participation. In this event, services would not be interrupted; rather, services would be delivered via a provider agency with a DDP contract.
9. Correct a waiver language error relating to the age by which time a child's participation in the waiver requires a standardized psychological assessment for the purpose of obtaining an IQ test score (age 8).
10. Update Factor G and G' projections with more recent information from the Montana Management Information System, better ensuring the accuracy of projections of ICF-MR costs and state plan Medicaid costs for residents of Montana's ICF-MR.
11. Modify the eligibility determination process used to establish eligibility for DD services. The eligibility criteria have not changed, but a new Department position (Eligibility and Referral Specialist) has assumed primary responsibility for establishing DD eligibility. The DDP QIS and the CMHB program officer (for children served by the CMHB) will continue to have Department authority to establish DD eligibility, when needed.
12. Modify the service definition for adult companion services. Specifically, the word "individual" has been replaced with the "adult" in the first sentence of the service definition. This service option is not appropriate for children, but the current service definition leaves this option open to interpretation.

In Summary- The Factor D value was not increased in the Appendix I projection tables. Projected costs of newly requested services will be funded by a reduction in the projected costs for residential habilitation services.

### 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*):

<b>Component of the Approved Waiver</b>	
<input checked="" type="checkbox"/> <b>Waiver Application</b>	1. Request Information, 2. Purpose of the Amendment Request. 3. Nature of the
<input type="checkbox"/> <b>Appendix A - Waiver Administration and Operation</b>	

<input checked="" type="checkbox"/> Appendix B – Participant Access and Eligibility	B-6:c., B-6:d.,
<input checked="" type="checkbox"/> Appendix C – Participant Services	C-1/C-3 Live in Caregiver, Respite, Personal Supports, Supports Brokerage, Cor
<input checked="" type="checkbox"/> Appendix D – Participant Centered Service Planning and Delivery	D-2:a.
<input checked="" type="checkbox"/> Appendix E – Participant Direction of Services	E-1 (3, 4, 5, 6, 9,11,12 of 13) E-2 ( of 6) E-2 (6 of 6)
<input type="checkbox"/> Appendix F – Participant Rights	
<input checked="" type="checkbox"/> Appendix G – Participant Safeguards	G-3.ii
<input type="checkbox"/> Appendix H	
<input checked="" type="checkbox"/> Appendix I – Financial Accountability	I-2:b, I-6
<input checked="" type="checkbox"/> Appendix J – Cost- Neutrality Demonstration	J-1 Composite Overview, J-2 (2 of 9), J-2 Derivation of Estimates, Waiver Years

**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:

**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):  
Home and Community-Based Waiver for Individuals with Developmental Disabilities

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

Original Base Waiver Number: MT.0208

Waiver Number: MT.0208.R04.02

Draft ID: MT.04.04.02

D. Type of Waiver (select only one):

Regular Waiver

E. Proposed Effective Date of Waiver being Amended: 07/01/08

Approved Effective Date of Waiver being Amended: 07/01/08

**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:

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:

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

Intermediate Care Facility for the Mentally Retarded (ICF/MR) (as defined in 42 CFR §440.150)

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

**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:

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:

**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:

#### 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.

The purpose of this waiver is to provide the necessary support options to help Montanans with developmental disability achieve and maintain a good quality of life. This goal hasn't changed since the fall of 1981 when this waiver was initially approved. Residential supports for persons in natural homes, group homes, foster homes and apartments account for more than half the annual waiver expenditures. Other highly utilized services, in order of expense, include congregate work/day, transportation, respite, caregiver training and support and waiver-funded children's case management.

Over the years, DDP has expanded the menu of services available to persons served in the waiver. Currently, the waiver is approved for the provision of a comprehensive services package. This waiver currently serves over 2,000 Montanans with developmental disability of all ages.

The agency responsible for administering the waiver is the Developmental Disabilities Program (DDP) of the Department of Public Health and Human Services. The DDP maintains nine field offices in five regions, and a central office in Helena. DDP staff are responsible for establishing eligibility for all services for children aged 8 and older (and verifying eligibility for children younger than age eight), completing annual Level of Care (LOC) activities, conducting screenings for service openings, processing invoices, contracting, attending planning meetings as needed and generally ensuring service provider compliance with the rules, policies and laws governing DDP waiver funded services.

Services are delivered by more than 60 contracted providers to persons in a variety of settings. Case management is funded under the waiver for all children under the age of sixteen. Between the ages of 16 and 21, service recipients may choose

either State Plan adult targeted case management or waiver-funded children's case management. All persons aged 22 years and older receive State Plan Targeted Case Management (TCM). About 1/3 of these case managers are DDP employees. The rest are employees of corporations contracting with the DDP for the provision of case management services.

The Developmental Disabilities Program is working with CMS to expand the array of services available for persons who wish to self-direct their services with employer authority. This will give service recipients increased control over who will provide their services and the scheduling of service delivery.

### 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. **Statenidness.** Indicate whether the State requests a waiver of the statenidness requirements in §1902(a)(1) of the Act (*select one*):

No

Yes

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

**Geographic Limitation.** A waiver of statenidness 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 statenidness 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/MR.

- 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 DDP is responsible for chairing numerous workgroups involved in many aspects of the service delivery system. The purpose of these workgroups is to gain input from stakeholders prior to making changes in the DD service system. Workgroups are typically comprised of members involved in all facets of the DD service system. Copies of the various workgroups membership lists and meeting minutes (e.g., pertaining to quality assurance, incident management, case management, sex offender treatment, child and family services, personal supports planning (PSP), rates setting advisory committee, Agency Wide Accounting and Client System (AWACS) rewrite, training systems for direct care staff, et. al.) are available upon request.
- The Strategic Planning Across Montana (SPAM) workgroup is used to gather input for the purpose of enhancing the DD service system. This workgroup was very active during calendar year 2007 in developing a working document serving to map the future of DD services. Public participation in this process was encouraged by public awareness campaigns, including statewide public service announcements in local newspapers and television. A copy of the SPAM outcomes and system change implementation schedule is available upon request.
- DDP management staff remain open to consumers, families, provider and State staff input and ideas for improving services. An e-file is maintained by the waiver specialist and these ideas are reviewed by DDP management prior to waiver renewal and waiver amendment requests.
- 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)**

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

Last Name: Jones

First Name: Perry

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: pjones@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**

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This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure

and certification requirements) are *readily* available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature: Jo Thompson  
State Medicaid Director or Designee

Submission Date: Jun 8, 2011

Last Name: Dalton  
First Name: Mary  
Title: Medicaid and Health Services Manager  
Agency: Montana Department of Public Health and Human Services  
Address: PO Box 4210  
Address 2: 111 North Sanders  
City: Helena  
State: Montana  
Zip: 59604  
Phone: (406) 444-4458  
Fax: (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):