

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, Colorado 80202-4967



*CENTERS for MEDICARE & MEDICAID SERVICES*

**Region VIII**

MT.0371.R02.02; DF

June 14, 2011

Ms. Mary Dalton  
Medicaid and Health Services Manager  
Department of Public Health and Human Services  
P.O. Box 4210  
Helena, MT 59604-4210

Dear Ms. Dalton,

This letter is to inform you that your request to amend the Montana Home and Community-Based Services Community Supports Waiver, as authorized solely under section 1915(c) of the Social Security Act, has been approved. The waiver serves individuals eighteen years of age and older with intellectual and/or developmental disabilities who, but for the provision of waiver services, would require the level of care provided in an Intermediate Care Facility for persons with Mental Retardation and related conditions (ICF/MR). The amendment has been assigned control number MT.0371.R02.02, which should be used in all future correspondences regarding this waiver program.

The amendment is approved effective July 1, 2010, and serves to implement the following changes: 1) Added new waiver services: Live-In Caregiver, Support Broker, Personal Supports, and Individual Goods and Services; 2) Added the Medicaid Buy-In eligibility group; 3) Added new self-directed waiver service options; 4) Modified Respite service definition; 5) Modified average length of stay projections to be more accurate with actual experience; 6) Removed references and uses of the Vineland adaptive behavior assessment; 7) Added clarifying language about involuntary termination for self-direction; 8) Updated Factor G and G' projections with more recent data; 9) Revised eligibility determination process due to a new Departmental position; and, 10) Removed State's W-5 Freedom of Choice Form and substituted language instead.

The following are the waiver services: Day Habilitation; Homemaker; Personal Care; Live-In Caregiver; Personal Care; Residential Habilitation; Respite; Supported Employment; Personal Supports; Supports Brokerage; Adult Companion; Educational Services; Environmental Modifications/Adaptive Equipment/Specialized Medical Equipment and Supplies; Health/Health Maintenance/Safety Supports; Individual Goods and Services; Personal Emergency Response System (PERS); Private Duty Nursing; Social, Leisure and Recreational Supports; and Transportation.

The waiver includes the following approved estimates of utilization and costs:

	Unduplicated Recipients (Factor C)	Estimated Community Costs Per Person (Factors D+D' )	Estimated Institutional Costs Per Person (Factors G+G')	Total Waiver Costs
<b>Year 2</b>	420	\$13,492.48	\$183,798.89	\$2,587,878.50
<b>Year 3</b>	420	\$14,329.01	\$189,940.82	\$2,808,368.68
<b>Year 4</b>	420	\$14,768.66	\$196,288.68	\$2,856,603.79
<b>Year 5</b>	420	\$15,136.15	\$202,849.41	\$2,868,739.00

We appreciate the time and cooperation provided by your staff. If you have any questions, please feel free to contact Di Friedli at (303) 844-7112 or via e-mail at [Diana.Friedli@cms.hhs.gov](mailto:Diana.Friedli@cms.hhs.gov).

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division of Medicaid, CHIP and Survey & Certification

C: Jeff Sturm, DDP  
Joli Schroader, DDP  
Ondrea Travis, CMS