

# Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

## I. Request Information

- A. The State of **Massachusetts** 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. Waiver Title (optional): **Children's Autism Spectrum Disorder Waiver**
- C. CMS Waiver Number: **MA.40207**
- D. Amendment Number (Assigned by CMS):
- E.1 Proposed Effective Date: **3/1/2021**
- E.2 Approved Effective Date (CMS Use):

## II. Purpose(s) of Amendment

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

The purpose of this amendment is to add a new service, Home Delivered Meals, to the Children's Autism Spectrum Disorder waiver. In this entirely self-directed waiver, Home Delivered Meals is added as a self-directed service with budget authority only. The amendment also includes other technical changes to increase flexibility for service planning and case management to occur remotely/via telehealth by removing some references to specific modalities (i.e., "in person", "telephone") while maintaining operational integrity.

## III. 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*):

Component of the Approved Waiver		Subsection(s)
<input type="checkbox"/>	Waiver Application	
<input type="checkbox"/>	Appendix A – Waiver Administration and Operation	
<input checked="" type="checkbox"/>	Appendix B – Participant Access and Eligibility	B-6-a-ii
<input checked="" type="checkbox"/>	Appendix C – Participant Services	C-1-a, C-1/C-3
<input checked="" type="checkbox"/>	Appendix D – Participant Centered Service Planning and Delivery	D-1-d

Component of the Approved Waiver		Subsection(s)
x	Appendix E – Participant Direction of Services	E-1-g
<input type="checkbox"/>	Appendix F – Participant Rights	
<input type="checkbox"/>	Appendix G – Participant Safeguards	
x	Appendix I – Financial Accountability	I-2-a
x	Appendix J – Cost-Neutrality Demonstration	J-1, J-2-c, J-2-d

- B. Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

<input type="checkbox"/>	Modify target group(s)
<input type="checkbox"/>	Modify Medicaid eligibility
x	Add/delete services
<input type="checkbox"/>	Revise service specifications
<input type="checkbox"/>	Revise provider qualifications
<input type="checkbox"/>	Increase/decrease number of participants
x	Revise cost neutrality demonstration
<input type="checkbox"/>	Add participant-direction of services
x	Other (specify): Rate methodology information for the new service, Home Delivered Meals, is included in Appendix I-2-a.

#### IV. Contact Person(s)

- A.** The Medicaid agency representative with whom CMS should communicate regarding this amendment is:

<b>First Name:</b>	Amy
<b>Last Name</b>	Bernstein
<b>Title:</b>	Director of HCBS Waiver Administration
<b>Agency:</b>	MassHealth
<b>Address 1:</b>	One Ashburton Place
<b>Address 2:</b>	5 <sup>th</sup> Floor
<b>City</b>	Boston
<b>State</b>	MA
<b>Zip Code</b>	02108
<b>Telephone:</b>	(617) 573-1751
<b>E-mail</b>	<a href="mailto:Amy.Bernstein@mass.gov">Amy.Bernstein@mass.gov</a>
<b>Fax Number</b>	(617) 573-1894

- B. If applicable, the operating agency representative with whom CMS should communicate regarding this amendment is:

<b>First Name:</b>	Janet
<b>Last Name</b>	George
<b>Title:</b>	Assistant Commissioner of Policy, Planning and Children's Services
<b>Agency:</b>	Department of Developmental Services
<b>Address 1:</b>	500 Harrison Ave
<b>Address 2:</b>	
<b>City</b>	Boston
<b>State</b>	MA
<b>Zip Code</b>	02128
<b>Telephone:</b>	(617) 624-7766
<b>E-mail</b>	<a href="mailto:Janet.George@mass.gov">Janet.George@mass.gov</a>
<b>Fax Number</b>	(617) 624-7578

## V. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

**Signature:**

**Date:**

\_\_\_\_\_  
State Medicaid Director or Designee

<b>First Name:</b>	Daniel
<b>Last Name</b>	Tsai
<b>Title:</b>	Assistant Secretary and Director of MassHealth
<b>Agency:</b>	Executive Office of Health and Human Services
<b>Address 1:</b>	One Ashburton Place
<b>Address 2:</b>	11 <sup>th</sup> Floor
<b>City</b>	Boston
<b>State</b>	MA
<b>Zip Code</b>	02109
<b>Telephone:</b>	(617) 573-1600
<b>E-mail</b>	
<b>Fax Number</b>	(617) 573-1894

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

**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*):

<input type="checkbox"/>		<b>Hospital</b> ( <i>select applicable level of care</i> )
	<input type="radio"/>	<b>Hospital as defined in 42 CFR §440.10</b> If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:
	<input type="radio"/>	<b>Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160</b>
<input type="checkbox"/>		<b>Nursing Facility</b> ( <i>select applicable level of care</i> )
	<input type="radio"/>	<b>Nursing Facility as defined in 42 CFR §440.40 and 42 CFR §440.155</b> If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:
	<input type="radio"/>	<b>Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140</b>
<input checked="" type="checkbox"/>		<b>Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)</b> If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID facility level of care:
		N/A

**G. Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

<input checked="" type="radio"/>		<b>Not applicable</b>
<input type="radio"/>		<b>Applicable</b>
		Check the applicable authority or authorities:
	<input type="checkbox"/>	<b>Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I</b>
	<input type="checkbox"/>	<b>Waiver(s) authorized under §1915(b) of the Act.</b> <i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</i>
		Specify the §1915(b) authorities under which this program operates ( <i>check each that applies</i> ):

	<input type="checkbox"/>	§1915(b)(1) (mandated enrollment to managed care)	<input type="checkbox"/>	§1915(b)(3) (employ cost savings to furnish additional services)
	<input type="checkbox"/>	§1915(b)(2) (central broker)	<input type="checkbox"/>	§1915(b)(4) (selective contracting/limit number of providers)
	<input type="checkbox"/>	<b>A program operated under §1932(a) of the Act.</b> <i>Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:</i>		
	<input type="checkbox"/>	<b>A program authorized under §1915(i) of the Act.</b>		
<input type="checkbox"/>	<b>A program authorized under §1915(j) of the Act.</b>			
<input type="checkbox"/>	<b>A program authorized under §1115 of the Act.</b> Specify the program:			

**H. Dual Eligibility for Medicaid and Medicare.**

Check if applicable:

<input checked="" type="checkbox"/>	<b>This waiver provides services for individuals who are eligible for both Medicare and Medicaid.</b>
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## 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.

**Purpose:**

The purpose of the Children's Autism Spectrum Disorder Waiver (Waiver) is to allow children birth through age 8 to receive Expanded Habilitation, Education and other services to help ensure that they can remain in their homes and actively participate with their families and community. This Waiver serves a complex population that includes families with multiple siblings on the Autism Spectrum, families whose primary language is one other than English, and children who have experienced multiple adverse childhood events, among other factors.

**Goal:**

The goal of this Waiver is to provide intensive supports to children with autism spectrum disorders (ASD) and their families in their home communities to improve functioning.

**Organizational Structure:**

The Department of Developmental Services (DDS) is the state agency within the Executive Office of Health and Human Services responsible for the internal oversight of this Waiver and is tasked with the day-to-day operation of the Waiver. The Executive Office of Health and Human Services, the single state Medicaid Agency, through MassHealth, oversees DDS's operation of the Waiver. DDS administers the Waiver for Children with Autism Spectrum Disorders who meet the clinical and financial eligibility for waiver participation. DDS is organized into five geographical regions. DDS Autism Clinical Managers provide targeted case management, technical assistance and administrative oversight necessary to ensure that the quality assurance systems are adhered to on an on-going basis. DDS works with state funded Autism Support Centers (ASCs) to provider Support Brokerage services to families with children on the waiver.

**Service Delivery:**

The belief of DDS and the policy that will continue through the renewal of the Waiver and the delivery of services, is that families know what is best for their child and should be the ones directing their interventions and support needs. The Waiver uses an entirely Participant Directed service delivery method. The Autism Clinical Managers and the Autism Support Brokers help to educate families on their options for appropriate expanded habilitation and habilitative supports. DDS contracts with ASC's, which employ Autism Support Brokers. Autism Support Brokers assist family members in employing Autism Specialty Providers who deliver waiver services to the participant.

### 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*):

<input checked="" type="radio"/>	<b>Yes. This waiver provides participant direction opportunities.</b> <i>Appendix E is required.</i>
<input type="radio"/>	<b>No. This waiver does not provide participant direction opportunities.</b> <i>Appendix E is not required.</i>

- 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*):

<input checked="" type="radio"/>	<b>Not Applicable</b>
<input type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b>

- C. Statewide.** Indicate whether the State requests a waiver of the statewide requirements in §1902(a)(1) of the Act (*select one*):

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b>

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

<input type="checkbox"/>	<p><b>Geographic Limitation.</b> A waiver of statewide 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.</p> <p><i>Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:</i></p>
<input type="checkbox"/>	<p><b>Limited Implementation of Participant-Direction.</b> A waiver of statewide is requested in order to make <i>participant direction of services</i> as specified in <b>Appendix E</b> 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.</p> <p><i>Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:</i></p>



## 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 Improvement Act of 2004 (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/IID.
- 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 throughout the application and in **Appendix H**.

**I. Public Input.** Describe how the State secures public input into the development of the waiver:

Massachusetts outreached broadly to the public and to interested stakeholders to solicit input on this Autism waiver renewal. The Department of Developmental Services (DDS) has worked with its stakeholders to develop the application for the renewal, including working with the lead advocacy organization, who in turn worked with a network of stakeholders to provide input into this process. In addition, DDS has worked with the Autism Support Centers, the Support Brokers, DDS staff and family participants to gather input about how to improve the application. DDS solicited feedback from its Statewide Advisory Council (SAC) and the Statewide Family Support Council.

The draft waiver renewal application, information on how to request a hard copy of the renewal application, and a summary of major changes proposed in the renewal application were posted to MassHealth's website (<https://www.mass.gov/service-details/home-and-community-based-services-waiver-renewal-applications-public-input-process>). Public notices were issued in multiple newspapers, including: the Boston Globe, Worcester Telegram and Gazette, and the Springfield Republican. In addition, emails were sent on March 13, 2020 to key advocacy organizations as well as the Native American tribal contacts. The newspaper notices and emails provided the link to the MassHealth website, the dates of the public comment period (March 13, 2020 – April 15, 2020), and both email and mailing addresses for the submission of written comments. The state also held a public listening session on April 8, 2020 at which oral comments were received.

The state incorporated feedback regarding suggested changes to the family training service definition adding increased focus on cultural/linguistic complexities and updated language regarding training on the impact of childhood trauma within the provider qualifications section. The state did not incorporate a suggestion to require waiver program training for interpreters, due to operational challenges. While the state did not incorporate a suggestion to have one Autism Support Broker handle all of the cases that have Department of Children and Families (DCF) involvement, due to the geographic spread of the waiver population, DDS is exploring the feasibility of requiring supervisor-level child welfare expertise at multiple Autism Support Centers as a way to address this concern. In terms of support for the growth in slot capacity, the state projected modest growth in overall waiver capacity. Should the state determine that additional capacity is needed and can be sustained with available resources the state may amend waiver capacity through an amendment at a later time. Lastly, the state confirmed the prohibition of restraints and assured that deleted language pertaining to monitoring provisions is contained elsewhere in the renewal application.

MassHealth has outreached to and communicated with the Tribal governments about the Autism waiver renewal at the regularly scheduled tribal consultation quarterly meetings. The tribal consultation quarterly meetings have afforded MassHealth the opportunity for direct discussions with Tribal government contacts about this waiver renewal.

**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 as 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)

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

<b>Last Name:</b>	Bernstein				
<b>First Name:</b>	Amy				
<b>Title:</b>	Director of HCBS Waiver Administration				
<b>Agency:</b>	MassHealth				
<b>Address :</b>	One Ashburton Place				
<b>Address 2:</b>	5 <sup>th</sup> Floor				
<b>City:</b>	Boston				
<b>State:</b>	MA				
<b>Zip:</b>	02108				
<b>Phone:</b>	(617) 573-1751	<b>Ext:</b>		<input type="checkbox"/>	<b>TTY</b>
<b>Fax:</b>	(617) 573-1894				
<b>E-mail:</b>	Amy.Bernstein@state.ma.us				

- B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

<b>Last Name:</b>	George				
<b>First Name:</b>	Janet				
<b>Title:</b>	Assistant Commissioner of Policy, Planning and Children's Services				
<b>Agency:</b>	Department of Developmental Services				
<b>Address:</b>	500 Harrison Avenue				
<b>Address 2:</b>					
<b>City:</b>	Boston				
<b>State:</b>	Massachusetts				
<b>Zip :</b>	02128				
<b>Phone:</b>	(617) 624-7766	<b>Ext:</b>		<input type="checkbox"/>	<b>TTY</b>
<b>Fax:</b>	(617) 624-7578				
<b>E-mail:</b>	Janet.George@mass.gov				

## 8. Authorizing Signature

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:**

\_\_\_\_\_  
State Medicaid Director or Designee

**Submission  
Date:**

**Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.**

<b>Last Name:</b>	Tsai				
<b>First Name:</b>	Daniel				
<b>Title:</b>	Assistant Secretary and Director of MassHealth				
<b>Agency:</b>	Executive Office of Health and Human Services				
<b>Address:</b>	One Ashburton Place				
<b>Address 2:</b>	11th Floor				
<b>City:</b>	Boston				
<b>State:</b>	MA				
<b>Zip:</b>	02108				
<b>Phone:</b>	(617) 573-1600	<b>Ext:</b>		<input type="checkbox"/>	<b>TTY</b>
<b>Fax:</b>	(617) 573-1894				
<b>E-mail:</b>					

### Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ Replacing an approved waiver with this waiver.
- ☐ Combining waivers.
- ☐ Splitting one waiver into two waivers.
- ☐ Eliminating a service.
- ☐ Adding or decreasing an individual cost limit pertaining to eligibility.
- ☐ Adding or decreasing limits to a service or a set of services, as specified in Appendix C.
- ☐ Reducing the unduplicated count of participants (Factor C).
- ☐ Adding new, or decreasing, a limitation on the number of participants served at any point in time.
- ☐ Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.
- ☐ Making any changes that could result in reduced services to participants.

Specify the transition plan for the waiver:

N/A

### Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

*Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.*

*To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.*

*Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.*

*Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.*

Completed.

### Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

N/A.



# Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

<input checked="" type="radio"/>	The waiver is operated by the State Medicaid agency. Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program ( <i>select one</i> ):	
	<input type="radio"/> The Medical Assistance Unit ( <i>specify the unit name</i> ) ( <i>Do not complete Item A-2</i> )	
	<input checked="" type="radio"/> Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit. Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency. ( <i>Complete item A-2-a</i> )	Department of Developmental Services (DDS). While DDS is organized under EOHHS and subject to its authority, it is a separate agency established by and subject to its own enabling legislation.
<input type="radio"/>	The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency. Specify the division/unit name:	
	In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. ( <i>Complete item A-2-b</i> ).	

2. **Oversight of Performance.**

**a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities.

The Executive Office of Health and Human Services (EOHHS) is the single state Medicaid agency in Massachusetts. MassHealth is a division within EOHHS; DDS, while established by and subject to its own enabling legislation, is organized under EOHHS and subject to its authority.

a) MassHealth and DDS have entered into an Interdepartmental Service Agreement (ISA) which outlines the responsibilities of the parties. DDS performs functions related to operation of the waiver, including case management, clinical eligibility determinations, needs assessments, service plan development, and service authorization. DDS is responsible for oversight and monitoring of its contracted entities, the Fiscal Employer Agent/Fiscal Management Service (FEA/FMS) and the

Autism Support Centers, that perform certain waiver administrative functions. DDS will ensure that contractors adhere to the contractual obligations imposed on them, will work with the contractors regarding their performance of waiver functions and will collect and report information on waiver participant's utilization and experience with waiver enrollment.

b) The DDS - MassHealth ISA documents the responsibilities for performing and reporting on these functions.

c) MassHealth meets routinely with DDS staff regarding the performance of these activities and to collect data and other information for reporting to CMS as necessary and appropriate.

d) The Medicaid Director reviews and signs all waiver applications, amendments and waiver reports to CMS.

**b. Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

**As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the State. Thus this section does not need to be completed.**

3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

<input checked="" type="radio"/>	<p><b>Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).</b> Specify the types of contracted entities and briefly describe the functions that they perform. <i>Complete Items A-5 and A-6.</i></p> <p>Non-profit Autism Support Centers, organizations that have already demonstrated an ability to work with children with autism and meet the provider qualifications to contract with DDS, provide limited waiver operational and administrative functions. These functions include supporting families of waiver participants by helping them create an Autism Support Planning Document, assisting in the recruitment of providers, disseminating information concerning the waiver to potential participants, assisting individuals in waiver enrollment, and conducting training and technical assistance concerning waiver requirements while taking into account linguistic and cultural differences of families.</p> <p>Financial Management Services (FMS) are furnished as an administrative activity under a contract between DDS and its Fiscal Employer Agent FEA/FMS entity, Public Partnerships Limited (PPL). PPL charges a monthly management fee for each participant; the management fee is administrative expense and is not assessed to participants. PPL reports budget status to DDS and to participants on a monthly basis. PPL executes individual provider contracts for FEA/FMS with each participant and provider of direct services and supports.</p>
<input type="radio"/>	<p><b>No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).</b></p>



4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select one*):

<input checked="" type="radio"/>	<b>Not applicable</b>
<input type="radio"/>	<b>Applicable</b> - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:
<input type="checkbox"/>	<b>Local/Regional non-state public agencies</b> conduct waiver operational and administrative functions at the local or regional level. There is an <b>interagency agreement or memorandum of understanding</b> between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state agency that sets forth the responsibilities and performance requirements of the local/regional agency. The interagency agreement or memorandum of understanding is available through the Medicaid agency or the operating agency (if applicable). <i>Specify the nature of these agencies and complete items A-5 and A-6:</i>
<input type="checkbox"/>	<b>Local/Regional non-governmental non-state entities</b> conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The <b>contract(s)</b> under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Specify the nature of these entities and complete items A-5 and A-6:</i>

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

DDS is responsible for assessing the performance of contracted entities.

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

DDS Autism Division staff assesses contracted entities' (Autism Support Centers and the Fiscal Employer Agent/Fiscal Management Service) performance of assigned waiver operational and administrative functions in accordance with waiver requirements, as part of routine contract management functions. DDS's contracts with the Autism Support Centers (ASCs) and the Fiscal Employer Agent/Fiscal Management Service (FEA/FMS) set forth terms and conditions and scope of work, including requirements for assigned waiver-related functions.

The Autism Division Director/designee conducts on-site reviews of the ASC's at least annually. In the event areas of concern are identified a corrective action plan is developed that includes a monitoring

component to ensure improved performance.

The FEA/FMS maintains monthly individual budgets on a management information system and provides monthly financial reports to both participants and DDS. Monthly invoices contain specific line items identifying the disbursements made on behalf of the participants. Monthly FEA/FMS reports reconcile expenditures for a participant with that participant's approved budget. Quarterly reports by the FEA/FMS analyze expenditures by 1) types of goods and services purchased, 2) similar categories of supports and services plans and reconciliation reports. There are also reports that analyze accuracy and timeliness of payments to providers and the accurate and timely invoicing for goods. Reports examine the monthly spending and track this against the allocation. DDS Autism Clinical Managers, with oversight from the DDS Autism Division Director, review the FEA/FMS reports. The FEA/FMS is also required to maintain a log of complaints and to have an available line of credit as part of its contract to ensure that waiver participants do not experience any disruption in their waiver services. .

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Contracted Entity
Participant waiver enrollment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver enrollment managed against approved limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver expenditures managed against approved levels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Level of care evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Review of Participant service plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior authorization of waiver services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Utilization management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Qualified provider enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Execution of Medicaid provider agreements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Establishment of a statewide rate methodology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rules, policies, procedures and information development governing the waiver program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Quality Improvement: Administrative Authority of the Single State Medicaid Agency

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

### **a. Methods for Discovery: Administrative Authority**

*The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities..*

### **i Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver*
- Equitable distribution of waiver openings in all geographic areas covered by the waiver*
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014).*

*Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure:</b>	<i>Percent of contracted entity reviews that are conducted in accordance with waiver policies and procedures. (Number of contracted entity reviews that are conducted in accordance with waiver policies and procedures/Total number of contracted entity reviews due during the period.)</i>		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Contract performance monitoring/management			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify:
	Every two years



<b>Performance Measure:</b>	Percent of Autism Support Centers that are qualified to provide services. (Number of Autism Support Centers that have been reviewed and approved to provide services/Total number of Autism Support Centers.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Contract performance monitoring/management			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of participants supported effectively by competent and qualified Autism Clinical Managers. (Number of Autism Clinical Managers with a rating of "meets expectations" or "exceeds expectations" on their performance evaluations/The number of Autism Clinical Managers.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Autism Clinical Manager Performance Evaluations			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

**b. Methods for Remediation/Fixing Individual Problems**

- i. *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

The State Medicaid agency is responsible for ensuring effective oversight of the waiver program, including administrative and operational functions performed by DDS. In the event that problems are discovered with the management of the waiver program processes at Autism Support Centers, the Fiscal Employer Agent/the Fiscal Management Services (FEA/FMS) entity, or waiver service providers, DDS and MassHealth are responsible for ensuring that a corrective action plan is created, approved, and implemented within appropriate timelines. Further, MassHealth and DDS are responsible for identifying and analyzing trends related to the operation of the waiver and determining strategies to address quality-related issues.

**ii Remediation Data Aggregation**

***Remediation-related Data Aggregation and Analysis (including trend identification)***

<b><i>Responsible Party (check each that applies)</i></b>	<b><i>Frequency of data aggregation and analysis: (check each that applies)</i></b>
<input checked="" type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	<input type="checkbox"/> <i>Annually</i>
	<input checked="" type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i> <i>Specify:</i>

**c. Timelines**

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.*

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b>

*Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*

# Appendix B: Participant Access and Eligibility

## Appendix B-1: Specification of the Waiver Target Group(s)

- a. **Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

SELECT ONE WAIVER TARGET GROUP	TARGET GROUP/SUBGROUP	MINIMUM AGE	MAXIMUM AGE	
			MAXIMUM AGE LIMIT: THROUGH AGE –	NO MAXIMUM AGE LIMIT
<input type="checkbox"/>	<b>Aged or Disabled, or Both - General</b>			
	<input type="checkbox"/> Aged (age 65 and older)			<input type="checkbox"/>
	<input type="checkbox"/> Disabled (Physical)			
	<input type="checkbox"/> Disabled (Other)			
<input type="checkbox"/>	<b>Aged or Disabled, or Both - Specific Recognized Subgroups</b>			
	<input type="checkbox"/> Brain Injury			<input type="checkbox"/>
	<input type="checkbox"/> HIV/AIDS			<input type="checkbox"/>
	<input type="checkbox"/> Medically Fragile			<input type="checkbox"/>
	<input type="checkbox"/> Technology Dependent			<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Intellectual Disability or Developmental Disability, or Both</b>			
	<input checked="" type="checkbox"/> Autism	0	8	<input type="checkbox"/>
	<input type="checkbox"/> Developmental Disability			<input type="checkbox"/>
	<input type="checkbox"/> Mental Retardation			<input type="checkbox"/>
<input type="checkbox"/>	<b>Mental Illness (check each that applies)</b>			
	<input type="checkbox"/> Mental Illness			<input type="checkbox"/>
	<input type="checkbox"/> Serious Emotional Disturbance			

- b. **Additional Criteria.** The State further specifies its target group(s) as follows:

Children age birth through age 8 who have autism spectrum disorders who 1) meet the ICF/ID level of care, 2) have severe behavioral and or social/communication deficits that interfere with the participant's ability to remain in the home and participate in the community, 3) are determined to be able to be served safely in the community and 4) who have a legally responsible representative willing and able to direct the services and supports of the waiver.

- c. **Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

<input type="radio"/>	Not applicable.
<input checked="" type="radio"/>	<p>The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit. <i>Specify:</i></p> <p>When a child reaches an age when they are no longer eligible for waiver enrollment, the DDS Autism Clinical Manager will work with the child and family to develop a transition plan, inclusive of available MassHealth covered services, which may vary depending on the member's coverage type. The Autism Clinical Manager provides assistance to the child and his/her family to access medical, educational, social and other services. Transition planning begins no less than six months prior to the anticipated transition date.</p>

## Appendix B-2: Individual Cost Limit

- a. Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual (*select one*). Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

<input checked="" type="radio"/>	<b>No Cost Limit.</b> The State does not apply an individual cost limit. <i>Do not complete Item B-2-b or Item B-2-c.</i>		
<input type="radio"/>	<b>Cost Limit in Excess of Institutional Costs.</b> The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. <i>Complete Items B-2-b and B-2-c.</i> The limit specified by the State is ( <i>select one</i> ):		
<input type="radio"/>	%		A level higher than 100% of the institutional average Specify the percentage:
<input type="radio"/>	Other ( <i>specify</i> ):		
<input type="radio"/>	<b>Institutional Cost Limit.</b> Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. <i>Complete Items B-2-b and B-2-c.</i>		
<input type="radio"/>	<b>Cost Limit Lower Than Institutional Costs.</b> The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver. <i>Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.</i>		
The cost limit specified by the State is ( <i>select one</i> ):			
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:		
The dollar amount ( <i>select one</i> ):			
<input type="radio"/>	<b>Is adjusted each year that the waiver is in effect by applying the following formula:</b> Specify the formula:		

	<input type="radio"/>	May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.	
	<input type="radio"/>	The following percentage that is less than 100% of the institutional average:	
	<input type="radio"/>	Other: Specify:	

- b. Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

--

- c. Participant Safeguards.** When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant (*check each that applies*):

<input type="checkbox"/>	The participant is referred to another waiver that can accommodate the individual's needs.
<input type="checkbox"/>	Additional services in excess of the individual cost limit may be authorized. Specify the procedures for authorizing additional services, including the amount that may be authorized:
<input type="checkbox"/>	Other safeguard(s) ( <i>Specify</i> ):

## Appendix B-3: Number of Individuals Served

- a. Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this

table is basis for the cost-neutrality calculations in Appendix J:

<b>Table: B-3-a</b>	
<b>Waiver Year</b>	<b>Unduplicated Number of Participants</b>
<b>Year 1</b>	400
<b>Year 2</b>	410
<b>Year 3</b>	420
<b>Year 4</b>	430
<b>Year 5</b>	440

- b. Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: (*select one*):

<input type="radio"/>	<b>The State does not limit the number of participants that it serves at any point in time during a waiver year.</b>
<input checked="" type="radio"/>	<b>The State limits the number of participants that it serves at any point in time during a waiver year.</b>

The limit that applies to each year of the waiver period is specified in the following table:

<b>Table B-3-b</b>	
<b>Waiver Year</b>	<b>Maximum Number of Participants Served At Any Point During the Year</b>
<b>Year 1</b>	300
<b>Year 2</b>	310
<b>Year 3</b>	320
<b>Year 4</b>	330
<b>Year 5</b>	340

- c. Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State (*select one*):

<input type="radio"/>	<b>Not applicable. The state does not reserve capacity.</b>
-----------------------	---



●	<b>The State reserves capacity for the following purpose(s).</b> Purpose(s) the State reserves capacity for:	
	<b>Table B-3-c</b>	
		<b>Purpose</b> (provide a title or short description to use for lookup):
		Children Transitioning from Early Intervention
		<b>Purpose</b> (describe):
		The state reserves capacity for children transitioning from Early Intervention who require waiver supports. The state will set aside capacity for these children who are a priority for enrollment. All participants enrolled in the waiver will have comparable access to all services offered in the waiver.
		<b>Describe how the amount of reserved capacity was determined:</b>
		The reserved capacity is based on the Department's experience in managing children transitioning from Early Intervention as well as research that demonstrates the efficacy of providing intensive interventions to young children.
	<b>Waiver Year</b>	<b>Capacity Reserved</b>
	<b>Year 1</b>	30
	<b>Year 2</b>	30
	<b>Year 3</b>	30
<b>Year 4</b>	30	
<b>Year 5</b>	30	

- d. **Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule (*select one*):

●	<b>The waiver is not subject to a phase-in or a phase-out schedule.</b>
○	<b>The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an <i>intra-year</i> limitation on the number of participants who are served in the waiver.</b>

- e. **Allocation of Waiver Capacity.**

*Select one:*

○	<b>Waiver capacity is allocated/managed on a statewide basis.</b>
●	<b>Waiver capacity is allocated to local/regional non-state entities. Specify: (a) the</b>

**entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:**

The slots reserved for children transitioning from Early Intervention are allocated on a statewide basis. The remaining waiver capacity is allocated to the five DDS regions with each of the five DDS Regions allocated one-fifth of total waiver capacity, excluding slots reserved for children transitioning from Early Intervention. In order to achieve similar waiver access across the regions, in the event that there is/are unused slots in one or more regions, the state may adjust the allocation of slots based on the needs of the regional populations. Statewide enrollment is monitored at a minimum on a monthly basis. The policy allows for applicants to move from one region to another without loss of services as a direct result of the move. Reserved waiver capacity is managed on a statewide basis.

- f. Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

To be eligible for participation in the waiver an applicant must be a child between birth through age 8, who has an autism spectrum disorder diagnosis and who 1) meets the ICF/ID level of care, 2) has severe behavioral and or social/communication deficits that interfere with their ability to remain in the home and participate in the community, 3) is determined to be able to be safely served in the community, and 4) has a legally responsible representative willing and able to direct the services and supports of the waiver.

A thorough review of the applicant's psychosocial history, interview with family/guardian and the applicant's current service providers are conducted to determine appropriateness for the waiver program. All applicants are initially assessed using the MASSCAP (Massachusetts Comprehensive Assessment Profile). The MASSCAP includes a functional assessment of the applicant and an assessment of the caregiver's capacity to provide care to assist in the determination of whether the applicant can be safely served in the community. The Autism Clinical Manager (DDS staff) is responsible for performing the MASSCAP.

The state will hold a solicitation of interest period and consider all submissions received during that time period to be received at the same time. Submissions received during the solicitation of interest period will then be assigned a random number within each region. (Note that applications are not submitted and assessments are not conducted during the solicitation of interest period, but are when there is available capacity in the waiver and the individual is contacted as their random assigned number is reached.) All submissions received during the solicitation of interest period are kept by DDS. Individuals who have submitted indications of interest will be considered for entrance into the waiver on an ongoing basis as capacity in the waiver becomes available. Submissions from multiple family members will be reviewed at the same time. Individuals meeting both the clinical and financial eligibility criteria will be enrolled by region based on the random number they are assigned within each region. DDS will reserve capacity for applicants transitioning from Early Intervention separately from the geographic randomization process. The state will hold one regularly scheduled solicitation of interest period per year. Frequent solicitation of interest periods will ensure that newly diagnosed applicants have an opportunity to participate

in the waiver. The Waiver is managed centrally and participants are enrolled geographically. Enrollment decisions are reviewed centrally by the Department staff prior to enrollment to ensure that the waiver requirements are met and that families understand the nature of the waiver program.

## Appendix B-4: Medicaid Eligibility Groups Served in the Waiver

- a. **1. State Classification.** The State is a (*select one*):

<input checked="" type="radio"/>	§1634 State
<input type="radio"/>	SSI Criteria State
<input type="radio"/>	209(b) State

- 2. Miller Trust State.**

Indicate whether the State is a Miller Trust State (*select one*).

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

- b. **Medicaid Eligibility Groups Served in the Waiver.** Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply:*

<b><i>Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)</i></b>		
<input type="checkbox"/>	Low income families with children as provided in §1931 of the Act	
<input checked="" type="checkbox"/>	SSI recipients	
<input type="checkbox"/>	Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121	
<input checked="" type="checkbox"/>	Optional State supplement recipients	
<input type="checkbox"/>	Optional categorically needy aged and/or disabled individuals who have income at: ( <i>select one</i> )	
<input type="radio"/>	100% of the Federal poverty level (FPL)	
<input type="radio"/>	%	of FPL, which is lower than 100% of FPL Specify percentage:
<input type="checkbox"/>	Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act	
<input type="checkbox"/>	Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)	
<input type="checkbox"/>	Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)	
<input type="checkbox"/>	Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)	
<input type="checkbox"/>	Medically needy in 209(b) States (42 CFR §435.330)	
<input type="checkbox"/>	Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)	

<input checked="" type="checkbox"/>	Other specified groups (include only the statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver) <i>specify</i> :		
	Infants and children under age 19 as defined in 42 CFR 435.118.		
<b><i>Special home and community-based waiver group under 42 CFR §435.217) Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed</i></b>			
<input type="radio"/>	<b>No.</b> The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. Appendix B-5 is not submitted.		
<input type="radio"/>	<b>Yes.</b> The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. <i>Select one and complete Appendix B-5.</i>		
<input type="radio"/>	All individuals in the special home and community-based waiver group under 42 CFR §435.217		
<input type="radio"/>	Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217 ( <i>check each that applies</i> ):		
<input type="checkbox"/>	A special income level equal to (select one):		
	<input type="radio"/>	300% of the SSI Federal Benefit Rate (FBR)	
	<input type="radio"/>	%	A percentage of FBR, which is lower than 300% (42 CFR §435.236) Specify percentage:
	<input type="radio"/>	\$	A dollar amount which is lower than 300% Specify percentage:
<input type="checkbox"/>	Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)		
<input type="checkbox"/>	Medically needy without spend down in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)		
<input type="checkbox"/>	Medically needy without spend down in 209(b) States (42 CFR §435.330)		
<input type="checkbox"/>	Aged and disabled individuals who have income at: ( <i>select one</i> )		
	<input type="radio"/>	100% of FPL	
	<input type="radio"/>	%	of FPL, which is lower than 100%
<input type="checkbox"/>	Other specified groups (include only the statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver) <i>specify</i> :		

## Appendix B-5: Post-Eligibility Treatment of Income

*In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.*

- a. Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217.

*Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.*

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

- b. Regular Post-Eligibility Treatment of Income: SSI State.**

*Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.*

- c. Regular Post-Eligibility Treatment of Income: 209(B) State.**

*Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.*

- d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

*Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.*

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

- e. Regular Post-Eligibility Treatment of Income: SSI State and §1634 state – 2014 through 2018.**

*Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.*

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

- f. Regular Post-Eligibility: 209(b) State – 2014 through 2018.**

*Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.*

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

- g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules – 2014 through 2018**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

*Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.*

## Appendix B-6: Evaluation / Reevaluation of Level of Care

*As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.*

- a. Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for waiver services:

<b>i.</b>	<b>Minimum number of services.</b>	The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is:
	1	
<b>ii.</b>	<b>Frequency of services.</b> The State requires (select one):	
	<input type="radio"/>	<b>The provision of waiver services at least monthly</b>
	<input checked="" type="radio"/>	<b>Monthly monitoring of the individual when services are furnished on a less than monthly basis</b> If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:
		Waiver services must be scheduled on at least a monthly basis. The Autism Clinical Manager is responsible for monitoring on at least a monthly basis when the participant doesn't receive scheduled services for longer than one month (for example when absent from the home due to hospitalization). Monitoring may include in person, <del>or</del> telephone, <del>contact</del> video-conferencing, text messaging, and/or e-mail contacts with the parent or guardian and may also include collateral contact with formal or informal supports.

- b. Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (*select one*):

<input checked="" type="radio"/>	<b>Directly by the Medicaid agency</b>
<input type="radio"/>	<b>By the operating agency specified in Appendix A</b>
<input type="radio"/>	<b>By a government agency under contract with the Medicaid agency.</b> Specify the entity:
<input type="radio"/>	<b>Other</b> Specify:



- c. **Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

DDS Autism Waiver staff or regional DDS Staff including state eligibility specialists and licensed doctoral level psychologists who will supervise the eligibility team members' administration of the level of care for the waiver applicant.

Staff qualification requirements are:

Psychologist IV or higher level. Applicants must also have (A) at least three years of full-time, or equivalent part-time, professional experience as a Licensed Psychologist in the application of psychological principles and techniques in a recognized agency providing psychological services or treatment, of which (B) at least one year must have included supervision over Post-doctoral Psychologists-in-training and/or Psychological Assistants.

Clinical Social Worker

Required work experience: At least two years of full-time or equivalent part-time, professional experience as a clinical social worker after earning a Master's degree in social work.

Substitutions:

- o A Doctorate in social work, psychology, sociology, counseling, counseling education, or human services may be substituted for the required experience on the basis of two years of education for one year of experience.

- o One year of education equals 30 semester hours. Education toward a degree will be prorated on the basis of the proportion of the requirements actually completed.

Required education: A Master's or higher degree in social work is required.

Licenses:

- o Licensure as a Licensed Certified Social Worker by the Massachusetts Board of Registration in Social Work is required

State Eligibility Specialists and State Service Coordinators (Autism Clinical Managers)

Applicants must have at least (A) three years of full-time or equivalent part-time, professional experience in human services; (B) of which at least one year must have been spent working with people with disabilities (intellectual disability; developmental disabilities;) or (C) any equivalent combination of the required experience and the substitution below.

Substitutions:

1. A Bachelor's degree with a major in social work, social casework, psychology, sociology, counseling, counselor education, rehabilitation counseling may be substituted for a maximum of one year of the required (A) experience.\*

2. A Master's degree with a concentration in social work, psychology, sociology, counseling, counselor education, rehabilitation counseling may be substituted for a maximum of two years of the required (A) experience.

3. Applicants who meet all federal requirements for Qualified Intellectual Disability

Professional (commonly referred to as “Qualified Mental Retardation Professional,” or QMRP) may substitute those requirements for three years of the required combined (A) and (B) experience.

\*Education toward such a degree will be prorated on the basis of the proportion of the requirements actually completed.

- d. **Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State’s level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

To determine the initial level of care, DDS created a process and an instrument called Massachusetts Comprehensive Assessment Profile for Children with Autism (MASSCAP). The MASSCAP consists of a functional assessment of the child, an assessment of the specialized characteristics of the child, and the capacity of the caregiver to provide care (using the Child/Caregiver Assessment (CCA)). To assess the functional limitations of the child, DDS administers the Vineland III at the time of eligibility to establish the child’s level of adaptive functioning. The domains assessed by the Vineland III include communication, daily living skills, socialization, and motor skills. Other reliable information that is evaluated in making this determination includes, but is not limited to, psychological, or behavioral assessments, additional functional and adaptive assessments, educational, health, mobility, safety and risk assessments. The CCA further evaluates the child’s specific physical, mental and behavioral issues and also evaluates the caregiver’s capacity to provide care. A shortened version of the assessment process will be used to reevaluate the participant’s level of care on an annual basis. In the event the abbreviated MASSCAP assessment is inconclusive, or the planning team feels that the participant’s needs have changed dramatically, the full MASSCAP will be re-administered.

- e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

<input checked="" type="radio"/>	<b>The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.</b>
<input type="radio"/>	<b>A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.</b> Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

- f. **Process for Level of Care Evaluation/Reevaluation.** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the

waiver. If the reevaluation process differs from the evaluation process, describe the differences:

Initially, the level of care will be determined from the information gathered through the MASSCAP. A shortened version of the MASSCAP will be used to reevaluate the participant's level of care on an annual basis because of its ease of administration. In the event the abbreviated assessment process is inconclusive, or the planning team feels that the participant's needs have changed dramatically, the full MASSCAP will be re-administered. The Autism Clinical Manager (DDS staff) is responsible for performing the MASSCAP.

- g. Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule  
(select one):

<input type="radio"/>	<b>Every three months</b>
<input type="radio"/>	<b>Every six months</b>
<input checked="" type="radio"/>	<b>Every twelve months</b>
<input type="radio"/>	<b>Other schedule</b> Specify the other schedule:

- h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations (select one):

<input checked="" type="radio"/>	<b>The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.</b>
<input type="radio"/>	<b>The qualifications are different.</b> Specify the qualifications:

- i. Procedures to Ensure Timely Reevaluations.** Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care (specify):

The Department of Developmental Services automated consumer information system will generate reports on level of care reevaluations.

- j. Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

A hard copy of the evaluation will be on file in the child's record at DDS and at the Autism Support Centers. Reevaluation documentation will be stored in DDS's electronic database system, Meditech, and hard copies will be on file in the child's record at DDS and at the Autism Support Centers.

## Quality Improvement: Level of Care

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

a. Methods for Discovery: **Level of Care Assurance/Sub-assurances**

*The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID-DD.*

i. **Sub-assurances:**

*a. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.*

*i. Performance Measures*

*For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure:</b>	Percent of individuals who receive an initial Level of Care determination within 90 days of their identification for review based on their random number assignment. (Number of individuals identified for review based on their random number assignment who receive a Level of Care Assessment within 90 days/Total number of applicants identified for review based on their random number assignment.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Record reviews, on-site			
If 'Other' is selected, specify:			
Consumer Database			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid	<input type="checkbox"/> Weekly	100% Review

	Agency		
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	✓ Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	✓ Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**b Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.**

<b>Performance Measure:</b>	This sub-assurance is no longer required in new QM system.
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other	
If 'Other' is selected, specify: N/A	

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval = <input type="checkbox"/> Stratified: Describe Group: <input checked="" type="checkbox"/> Other Specify: N/A
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
N/A	<input type="checkbox"/> Continuously and Ongoing		
		<input checked="" type="checkbox"/> Other Specify:	
		N/A	
			N/A

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
N/A	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify:
	N/A

**c Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine the initial participant level of care.**

<b>Performance Measure:</b>	Percent of initial Level of Care evaluations that were applied appropriately and according to DDS policies and procedures. (Total
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	number of initial level of care evaluations reviewed minus the number of evaluations returned for cause/Total number of initial level of care evaluations reviewed.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Record reviews, on-site			
If 'Other' is selected, specify:			
<b>Level of Care Tracking Sheet</b>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	✓ Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	✓ Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

**b. Methods for Remediation/Fixing Individual Problems**

- i *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

The State Medicaid agency is responsible for ensuring effective oversight of the waiver program, including administrative and operational functions performed by DDS. In the event problems are discovered with the management of the waiver program processes at Autism Support Centers, the Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) entity, or waiver service providers, DDS and MassHealth are responsible for ensuring that a corrective action plan is created, approved, and implemented within appropriate timelines. Further, MassHealth and DDS are responsible for identifying and analyzing trends related to the operation of the waiver and determining strategies to address quality- related issues.

ii **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis: (check each that applies)</b>
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Other: Specify:	<input checked="" type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

**c. Timelines**

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.*

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

*Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*



## Appendix B-7: Freedom of Choice

**Freedom of Choice.** *As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

- i. informed of any feasible alternatives under the waiver; and*
  - ii. given the choice of either institutional or home and community-based services.*
- a. Procedures.** Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The eligibility process determines whether the applicant meets the financial and clinical eligibility criteria for the waiver. The MASSCAP is conducted to assess whether the applicant meets the ICF/ID requirements for entrance into the waiver. Based on both the applicant's Medicaid eligibility status and the applicant's level of care, the family is provided information regarding the waiver and their rights as it pertains to service delivery options. This includes providing the participant and family an oral explanation along with printed material regarding waiver services. Prior to waiver enrollment, the parent or guardian is informed about the choice of institutional or home and community based care; the freedom of choice provision explanation is provided by the Autism Clinical Manager. The parent or guardian then documents their selection of waiver services by signing the Waiver Choice Form.

- b. Maintenance of Forms.** Per 45 CFR § 92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

Copies of these files are held in the participant's record at DDS.

## Appendix B-8: Access to Services by Limited English Proficient Persons

**Access to Services by Limited English Proficient Persons.** Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the 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):

DDS has developed multiple approaches to promote and help ensure access to the waiver for Limited English Proficient persons. To help ensure access for individuals and families documents are typically translated into nine languages which are most commonly spoken by residents in Massachusetts. This includes Spanish, Haitian Creole, Portuguese, Chinese, Russian, Vietnamese, French, Arabic and Khmer. The demographics of the state are routinely reviewed to ensure that translation of documents reflects the current Massachusetts population. DDS through a state procurement has selected translation and interpretation agencies to provide both oral and written translations. The state has also selected a telephonic interpretation service which is available statewide for DDS staff to use. All of the translation and interpretation contractors as well as the telephonic service have a roster of translators and interpreters for multiple languages so that DDS can respond to the need of families who speak languages beyond those listed previously, such as Swahili or Amharic. In addition to providing translated information, interpreters are made available when needed to enable individuals and family members to fully participate in planning meetings. These interpreters can be made available through providers under state contract.

There are a number of key junctures where DDS offers families the opportunity to request additional supports. The initial application used during the open enrollment period permits families to indicate their primary language. Once selected for participation, those families whose primary language is not English are provided with written and verbal notice in their primary language offering to provide written communications, meetings, and waiver services as described in the plan of care in the family’s primary language at no cost. Finally at the time of the Autism Support Planning meeting, families are again provided with written and verbal notice in their primary language offering to provide written communications, meetings, and waiver services as described in the plan of care in the family’s primary language at no cost.

Another important method DDS utilizes to promote access to Waiver services is by working to build capacity among service providers to become more culturally responsive in their delivery of services. One central effort involves building in contractual requirements stipulating that providers must be responsive to the specific ethnic, cultural, and linguistic needs of families in the geographic area they serve. It is expected that this is addressed in multiple ways including outreach efforts, hiring of bi-lingual and bi-cultural staff, providing information in the primary languages of the individuals and families receiving services, and developing working relationships with other multi-cultural community organizations in their communities. Another approach involves working collaboratively with minority community organizations that provide an array of social services to help in outreach to identify individuals and families who may be eligible for services from DDS and through the Waiver, as well as to build their capacity to provide waiver services. This is especially relevant in certain communities in which the presence of a “trusted member” from that particular ethnic and linguistic community is critical for individuals and families to be open to accepting disability related support services, such as

in the Vietnamese, Cambodian, and Haitian communities.

DDS is committed to continue to develop and enhance efforts to provide meaningful access to waiver services by individuals with Limited English Proficiency.

# Appendix C: Participant Services

## Appendix C-1/C-3: Summary of Services Covered and Services Specifications

**C-1-a. Waiver Services Summary.** Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Statutory Services (check each that applies)		
Service	Included	Alternate Service Title (if any)
Case Management	<input type="checkbox"/>	
Homemaker	<input checked="" type="checkbox"/>	
Home Health Aide	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	
Adult Day Health	<input type="checkbox"/>	
Habilitation	<input type="checkbox"/>	
Residential Habilitation	<input type="checkbox"/>	
Day Habilitation	<input type="checkbox"/>	
Prevocational Services	<input type="checkbox"/>	
Supported Employment	<input type="checkbox"/>	
Education	<input checked="" type="checkbox"/>	Expanded Habilitation, Education
Respite	<input checked="" type="checkbox"/>	
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	
Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	<input type="checkbox"/>	
Other Services (select one)		
<input type="radio"/>	Not applicable	
<input checked="" type="radio"/>	As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute ( <i>list each service by title</i> ):	
	Assistive Technology	
	Behavioral Supports and Consultation	
	Community Integration	

	Family Training
	<u>Home Delivered Meals</u>
	Home Modifications and Adaptations
	Individual Goods and Services
	Vehicle Modification
<b>Extended State Plan Services</b> <i>(select one)</i>	
<input checked="" type="radio"/>	Not applicable
<input type="radio"/>	The following extended State plan services are provided <i>(list each extended State plan service by service title)</i> :
<b>Supports for Participant Direction</b> <i>(check each that applies)</i>	
<input type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services.
<input checked="" type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E.
<input type="radio"/>	Not applicable

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other					
<b>Service Name: Community Integration</b>					
<b>Alternative Service Title (if any):</b>					
<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.					
<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.					
<input type="checkbox"/> Service is not included in approved waiver.					
<b>HCBS Taxonomy</b>					
Category 1:			Sub-Category 1:		
08 Home-Based Services			08010 home-based habilitation		
Category 2:			Sub-Category 2:		
04 Day Services			04070 community integration		
<b>Service Definition (Scope):</b>					
Community Integration is designed to assist participants in acquiring, improving and retaining self-help, socialization and adaptive skills necessary to successfully reside in the family home and participate in community settings. Community Integration is primarily delivered in the community. Community integration provides the participant an opportunity to utilize skills in more natural environments where other children typically socialize. Activities focus on improving socialization skills, decreasing behavioral issues and increasing communication skills. The activities must support identified goals in the Autism Support Planning Document and may include the additional staff necessary to assist the participant. The amount of supervision the participant requires must be based on assessed need. One to one assistance may not replace the normal responsibilities of the caregiver. Service providers are expected to collaborate with the participant's family, providers of other Autism waiver services and the professionals working with the participant in the home or other community settings. Activities should be designed to support the goals identified in the Autism Support Planning Document.					
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>					
This service is limited to no more than two different activities per month.					
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/> Legal Guardian
<b>Provider Specifications</b>					
Provider Category(s) (check one or	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Therapist		Autism Specialty Providers	
		Direct Support Professional		Community Organizations	

<i>both</i> ):			
Provider Qualifications			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
<b>Therapist</b>			<p>Master's Degree in Psychology, education, or related field and 2000 hours of relevant training, including course work in child development, principles of learning and behavior theory, positive behavior supports, and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Two (2) years of relevant experience in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Experience using data based decision making, including data collection and analysis. Maintenance of professional skills through eight (8) hours of on-going training about ASD and supervision annually.</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field and 800 hours of course work, training, or a combination of coursework and training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience in development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Five (5) years supervised, post degree experience; and maintenance of professional skills through ten (10) hours of on-going training about ASD and supervision annually.</p> <p>OR</p> <p>Bachelor's Degree in non-related field and 800 hours of training about the characteristics, therapies, curriculum, assessments and documentation involving children with ASD. Experience in development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Seven (7) years supervised, post degree experience; maintenance of professional skills through fifteen (15) hours of on-going training about ASD and supervision annually.</p> <p>AND</p> <p>All Therapists must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional</p>

			or personal references as evidence of qualifications.
<b>Direct Support Professional</b>			<p>Bachelor's degree plus 120 hours of supervised training, of which 30 hours must be direct supervision in the implementation of positive behavior support interventions for children with ASD. Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter.</p> <p>OR</p> <p>Bachelor's degree plus 160 hours of supervised training. Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter.</p> <p>AND</p> <p>Direct Support Professionals must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</p> <p>Direct Support Professionals must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</p>
<b>Autism Specialty Providers</b>			<p>- Autism Specialty Provider agency staff providing Community Integration, which includes Therapist and Direct Support Professional, must meet the same provider qualifications as an individual provider of this service. In addition, Autism Specialty Provider agencies may employ Registered Behavior Technicians (RBTs) to deliver Community Integration. RBT staff must meet the following qualifications:</p> <p>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</p>



			<ul style="list-style-type: none"> <li>- RBTs must be 18 years of age, possess a minimum of a high school diploma or a general education development (GED), and have three months experience working with persons with developmental disabilities and children/adolescents/transition-age youth and families.</li> <li>- RBTs must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</li> <li>- RBTs must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</li> </ul> <p>Autism Specialty Provider agencies must meet the following requirements:</p> <ul style="list-style-type: none"> <li>- Education, Training, Supervision: Autism Specialty Provider agencies must ensure effective training of staff members in all aspects of their job duties, including handling emergency situations. Providers are responsible for ensuring staff are trained on applicable regulations and policies governing waiver service delivery, reporting of abuse, and the principles of participant centered care. Agencies must have established procedures for appraising staff performance and for effectively modifying poor performance where it exists.</li> <li>- Adherence to Continuous QI Practices: Autism Specialty Provider agencies must have established strategies to prevent, detect, and correct problems in the quality of services provided and to achieve service plan goals with individual participants by providing effective, efficient services. Providers must have the ability to meet all quality improvement requirements as specified by DDS's Autism Division and ability to provide program and participant quality data and reports, as required.</li> <li>- Policies/Procedures: Autism Specialty Provider agencies must have policies and procedures in place that comply with the applicable standards under 115 CMR 13.00 (DDS regulations for</li> </ul>
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			<p>incident reporting).</p> <ul style="list-style-type: none"> <li>- Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</li> <li>- Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</li> <li>- State and national criminal history background checks: Autism Specialty Provider agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</li> </ul>
<b>Community Organizations</b>			<ul style="list-style-type: none"> <li>- Community Organization agency staff providing Community Integration, which includes Therapist and Direct Support Professional, must meet the same provider qualifications as an individual provider of this service. In addition, Community Organization agencies may employ Registered Behavior Technicians (RBTs) to deliver Community Integration. RBT staff must meet the following qualifications: <ul style="list-style-type: none"> <li>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</li> <li>- RBTs must be 18 years of age, possess a minimum of a high school diploma or a general education development (GED), and have three months experience working with persons with developmental disabilities and children/adolescents/transition-age youth and families.</li> <li>- RBTs must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</li> <li>- RBTs must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</li> </ul> </li> </ul>

			<p>Community Organization agencies must meet the following requirements:</p> <ul style="list-style-type: none"> <li>- Education, Training, Supervision: Community Organization agencies must ensure effective training of staff members in all aspects of their job duties, including handling emergency situations. Providers are responsible for ensuring staff are trained on applicable regulations and policies governing waiver service delivery, reporting of abuse, and the principles of participant centered care. Agencies must have established procedures for appraising staff performance and for effectively modifying poor performance where it exists.</li> <li>- Adherence to Continuous QI Practices: Community Organization agencies must have established strategies to prevent, detect, and correct problems in the quality of services provided and to achieve service plan goals with individual participants by providing effective, efficient services. Providers must have the ability to meet all quality improvement requirements as specified by DDS's Autism Division and ability to provide program and participant quality data and reports, as required.</li> </ul> <p>Policies/Procedures: Community Organization agencies must have policies and procedures in place that comply with the applicable standards under 115 CMR 13.00 (DDS regulations for incident reporting).</p> <ul style="list-style-type: none"> <li>- Responsiveness: Community Organization agencies must be responsive to family requests for information and services.</li> <li>- Confidentiality: Community Organization agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</li> <li>- State and national criminal history background checks: Community Organization agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</li> </ul>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>Therapist</b>	Department of Developmental Services.		Annually or prior to utilization of service and annually thereafter

<b>Direct Support Professionals</b>	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter
<b>Autism Specialty Providers</b>	Department of Developmental Services.	Prior to utilization of service and every 2 years thereafter.
<b>Community Organizations</b>	Department of Developmental Services.	Prior to utilization of service and every 2 years thereafter.

Service Specification	
Service Type: <input checked="" type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input type="checkbox"/> Other	
<b>Service Name: Habilitation</b>	
<b>Alternative Service Title (if any): Expanded Habilitation, Education</b>	
	<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.
	<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.
	<input type="checkbox"/> Service is not included in approved waiver.
<b>HCBS Taxonomy</b>	
Category 1:	Sub-Category 1:
08 Home-Based Services	08010 home-based habilitation
Category 2:	Sub-Category 2:
13 Participant Training	13010 participant training
<b>Service Definition (Scope):</b>	
<p>Expanded Habilitation, Education is designed to help participants who demonstrate significant deficits in the areas of behavioral, social, and communication skills, and activities of daily living and independent living skills, become more effective in functioning and participating in their home and community. Expanded Habilitation, Education consists of one-to-one interventions that are described within the Autism Support Planning Document developed by professionals with clinical expertise in autism spectrum disorders. These interventions are often used in combination across settings and are designed to improve skills across settings; however, Expanded Habilitation, Education is delivered primarily in the family home where the participant resides. Goals that are consistent with building basic adaptive skills, building elementary verbal skills, establishing appropriate play or interactive skills with other children, establishing appropriate expression of emotions and behaviors, developing self-regulatory and self-management skills are appropriate uses of this waiver service. Expanded Habilitation, Education must be coordinated with services provided by Medicaid State Plan Services, other supports and services, Early Intervention and Special Education. Waiver funding may not be used for special education and related services that are included in the IEP as defined in Sections (22) and (25) of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (20 U.S.C. 1401 et seq.) or services that are included in the Individual Family Support Plan for participants in Early Intervention. Documentation is maintained in the file of each individual receiving this service that the service is not otherwise available under section 110 of the Rehabilitation Act of 1973 or the IDEA. Participants may receive Expanded Habilitation, Education during non-school hours, evenings and weekends and services may occur in the home or in other natural environments of the participant. In order to receive this service, health and safety must be maintained in the home and the participant must be living in a home setting with a caregiver who is legally responsible for the participant. While</p>	

the participant is receiving Expanded Habilitation, Education, the Senior Therapist is responsible for working with the family around the participant's Positive Behavior Support (PBS) Plan a minimum of at least two hours per month. Services provided by therapists, direct support workers, or Autism Specialty Providers are designed to be provided at least six hours per week in the home or in the other natural environments of the participant.

Expanded Habilitation, Education uses behaviorally oriented models, developmental and social pragmatic models and communication models. All expanded habilitation services use Positive Behavior Supports and Interventions as the framework for service delivery. PBS is an evidenced-based, person-centered approach that is holistic in nature; providers of services are expected to use PBS as the organizing principle for service delivery. This approach aligns with the framework many schools in the state are using and is the construct embedded in Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (20 U.S.C. 1401 et seq).

Positive Behavior Supports integrates behavioral techniques, psychosocial and biomedical interventions to design the specific interventions to be delivered to the participant; it focuses heavily on antecedent management, naturalistic teaching, visual supports, rituals, and schedules to support young children with autism as well as cognitive behavioral interventions. PBS addresses the needs of the waiver participant within the context of his/her family and community. Prior to the development of a positive behavior support plan, a functional assessment is conducted. PBS focuses on teaching new skills, and preventing the development of problem behaviors. Because PBS adopts a holistic approach to services it may include developmental and relations models of intervention as best suited to a specific participant's assessed needs as well as a thorough grounding in understanding that all behavior has communicative value. The goal of the interventions is to ensure that the professionals understand the meaning of the behavior and provide the participant with more socially appropriate means of communication for the purpose of enhancing the quality of life for the participant. This may include the use of technology, assistive and augmentative communication devices as well as specific treatment models of communication. Antecedent Package, Comprehensive Behavioral Treatment of Young Children, Joint Attention, Modeling, Naturalistic Teaching, Schedules, Self-Management, Story-based Interventions, Floor time, Relational Developmental Interventions, Modeling and Imitation, and Visual Supports are interventions covered by Expanded Habilitation, Education.

Models of Expanded Habilitation, Education must be evidenced based. Models of intervention that do not have any clinical support are expressly forbidden and include the following: Facilitated Communication, Auditory Integration Training, Gluten and Casein Free Diet, Sensory Integrative Package and other interventions in which the efficacy of the intervention(s) have not been verified by sound scientific research in the treatment of the core symptoms of autism spectrum disorders.

Newer interventions for which there is currently no evidence may not be employed until such time as there is at least emerging evidence to support the intervention's use.

A participant's Autism Plan of Care cannot include both: Expanded Habilitation, Education and Behavioral Supports and Consultation.

Limits that apply to this waiver service do not apply when provided to EPSDT eligible individuals under the age of 21, pursuant to EPSDT provisions of the federal Medicaid Act (42 U.S.C. 1396d(a)(4)(b) and (r) and 42 CFR 441.50). Participants who receive this self-directed waiver service may also receive services provided under the state plan via EPSDT to the extent services are not duplicative.

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

Expanded Habilitation, Education services are limited to three years of service as outlined in the Autism Plan of Care. After three years of Expanded Habilitation, Education services, continuity of programming is maintained through both the ongoing participation and consultation of the Senior Therapist as well as the ongoing presence

<p>of direct support workers to implement the program. The Autism Clinical Manager (ACM) as well as the Autism Support Broker continue to support the families in the step-down portion of the program. If the family's or participant's needs change, the ACM and the Broker, in concert with the Senior Therapist and the family, brainstorm potential solutions. These may include additional supports, support around the child's educational benefits, and access to other DDS state services. Finally, all participants at age 9 are transitioned from the waiver to the DDS state agency services including another program for older children which can continue to support skill development in the community.</p>							
<b>Service Delivery Method</b> <i>(check each that applies):</i>		<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/>	Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>							
<b>Provider Category(s)</b> <i>(check one or both):</i>		<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
			Senior Therapist			Autism Specialty Providers	
			Therapist				
			Direct Support Professional				
<b>Provider Qualifications</b>							
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>				
<b>Senior Therapist</b>	State licensure required for the specific discipline.		<p>Doctoral degree in psychology, medicine, or related discipline and 1500 hours of relevant training, including course work in principles of child development, learning and behavior theory, positive behavior supports, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of an advanced degree program. Two (2) years of relevant experience in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Experience using data based decision making to inform service plan decisions including data collection and analysis.</p> <p>OR</p> <p>Master's degree in psychology, education, or related field and 2000 hours of relevant training, including course work in child development, principles of learning and behavior theory, positive behavior supports, and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Three (3) years (or four (4) if the Master's program is one year of relevant experience) in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Experience using data based decision making to inform</p>				

			<p>service plan decisions, including data collection and analysis. Maintenance of professional skills through eight (8) hours of on-going training about ASD and supervision annually.</p> <p>AND</p> <p>All Senior Therapists must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</p>
<b>Therapist</b>			<p>Master's Degree in Psychology, education, or related field and 2000 hours of relevant training, including course work in child development, principles of learning and behavior theory, positive behavior supports, and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Two (2) years of relevant experience in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Experience using data based decision making, including data collection and analysis. Maintenance of professional skills through eight (8) hours of on-going training about ASD and supervision annually.</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field and 800 hours of course work, training, or a combination of coursework and training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience in development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Five (5) years supervised, post degree experience; and maintenance of professional skills through ten (10) hours of on-going training about ASD and supervision annually.</p> <p>OR</p> <p>Bachelor's Degree in non-related field and 800 hours of training about the characteristics, therapies, curriculum, assessments and documentation involving children with ASD. Experience in development and implementation of developmentally appropriate positive behavior support</p>



			<p>interventions for children with ASD. Seven (7) years supervised, post degree experience; maintenance of professional skills through fifteen (15) hours of on-going training about ASD and supervision annually.</p> <p>AND</p> <p>All Therapists must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</p>
<b>Direct Support Professional</b>			<p>Other Standard:</p> <p>Bachelor's degree and 120 hours of supervised training, of which 30 hours must be direct supervision in the implementation of positive behavior support interventions for children with ASD. Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Level Therapist, with monthly supervision by a Senior Therapist thereafter.</p> <p>OR</p> <p>Bachelor's degree and 160 hours of supervised training. Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Level Therapist, with monthly supervision by a Senior Therapist thereafter.</p> <p>AND</p> <p>All Direct Support Professionals must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</p> <p>All Direct Support Professionals must demonstrate compliance with state and national criminal history</p>



			background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.
<b>Autism Specialty Provider</b>			<p>- Autism Specialty Provider agency staff providing Expanded Habilitation, Education, which includes Senior Therapist, Therapist, and Direct Support Professional, must meet the same provider qualifications as an individual provider of this service. In addition, Autism Specialty Provider agencies may employ Registered Behavior Technicians (RBTs) to deliver Expanded Habilitation, Education. RBT staff must meet the following qualifications:</p> <p>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</p> <p>- RBTs must be 18 years of age, possess a minimum of a high school diploma or a general education development (GED), and have three months experience working with persons with developmental disabilities and children/adolescents/transition-age youth and families.</p> <p>- RBTs must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</p> <p>- RBTs must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</p> <p>Autism Specialty Provider agencies must meet the following requirements:</p> <p>- Education, Training, Supervision: Autism Specialty Provider agencies must ensure effective training of staff members in all aspects of their job duties, including</p>

			<p>handling emergency situations. Providers are responsible for ensuring staff are trained on applicable regulations and policies governing waiver service delivery, reporting of abuse, and the principles of participant centered care. Agencies must have established procedures for appraising staff performance and for effectively modifying poor performance where it exists.</p> <p>- Adherence to Continuous QI Practices: Autism Specialty Provider agencies must have established strategies to prevent, detect, and correct problems in the quality of services provided and to achieve service plan goals with individual participants by providing effective, efficient services. Providers must have the ability to meet all quality improvement requirements as specified by DDS's Autism Division and ability to provide program and participant quality data and reports, as required.</p> <p>Policies/Procedures: Autism Specialty Provider agencies must have policies and procedures in place that comply with the applicable standards under 115 CMR 13.00 (DDS regulations for incident reporting).</p> <p>- Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</p> <p>- Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</p> <p>- State and national criminal history background checks: Autism Specialty Provider agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</p>
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Senior Therapist</b>	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
<b>Therapist</b>	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
<b>Direct Support</b>	Department of Developmental Services.	Annually or prior to utilization

<b>Professional</b>		of service and annually thereafter.
<b>Autism Specialty Providers</b>	Department of Developmental Services.	Prior to utilization of service and every 2 years thereafter.

Service Specification					
Service Type: <input checked="" type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input type="checkbox"/> Other					
<b>Service Name: Homemaker</b>					
<b>Alternative Service Title (if any):</b>					
<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.					
<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.					
<input type="checkbox"/> Service is not included in approved waiver.					
<b>HCBS Taxonomy</b>					
Category 1:			Sub-Category 1:		
08 Home-Based Services			08050 homemaker		
<b>Service Definition (Scope):</b>					
<p>This service consists of performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the caregiver regularly responsible for these activities is temporarily absent or unable to manage the home and care.</p> <p>A participant may not receive Respite and Homemaker services on the same day.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Homemaker services up to 2 episodes per month as designated in the Autism Plan of Care and reviewed quarterly.					
<b>Service Delivery Method</b> (check each that applies):		<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative	<input type="checkbox"/> Legal Guardian
<b>Provider Specifications</b>					
Provider Category(s) (check one or both):		<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Individual Qualified Homemaker		Homemaker Agencies
<b>Provider Qualifications</b>					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
<b>Individual Qualified Homemaker</b>	N/A		<p>Taxpayer identification, 18 years of age or older, must have two personal and/or professional references. Must maintain confidentiality and privacy of consumer information, must be respectful and accepting of different values, nationalities, races, religions, cultures and standards of living.</p> <p>Must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</p>		
<b>Homemaker Agencies</b>	N/A		<p>Taxpayer identification number required. Homemaker Agency staff providing Homemaker services must be at least 18 years of age; have two personal and/or professional references; maintain</p>		

			confidentiality and privacy of consumer information; be respectful and accepting of different values, nationalities, races, religions, cultures and standards of living; and demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>Individual Qualified Homemaker</b>	Department of Developmental Services.		Annually or prior to utilization of service and annually thereafter.
<b>Homemaker Agencies</b>	Department of Developmental Services.		Prior to utilization of service and every 2 years thereafter.

Service Specification			
Service Type: <input checked="" type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input type="checkbox"/> Other			
<b>Service Name: Respite</b>			
<b>Alternative Service Title (if any):</b>			
	<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.		
	<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.		
	<input type="checkbox"/> Service is not included in approved waiver.		
<b>HCBS Taxonomy:</b>			
Category 1:		Sub-Category 1:	
09 Caregiver Support		09012 respite, in-home	
Category 2:		Sub-Category 2:	
09 Caregiver Support		09011 respite, out-of-home	
<b>Service Definition (Scope):</b>			
<p>Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of family/informal caregivers, who normally provide care for the participant. Services are either provided a) in the home of the participant or b) in the home of an individual care provider. Respite care may be available to participants who receive other services on the same day, but payment will not be made for respite at the same time when other services that include care and supervision are provided. Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p> <p>A participant may not receive Respite and Homemaker services on the same day.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Out-of-home respite stays may not exceed 30 consecutive days.			
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s) ( <i>check one or both</i> ):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Individual Qualified Respite Provider		Respite Provider Agency		
<b>Provider Qualifications</b>						
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )			
<b>Individual Qualified Respite Provider</b>	N/A	High School Diploma, GED, or other relevant equivalencies or competencies.	All individual providers must: Possess appropriate qualifications as evidenced by resume review or interview(s), two personal or professional references, must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), be age 18 years or older, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect, have the ability to effectively communicate in the language and communication style of the participant, maintain confidentiality and the privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Specific competencies needed by the individual provider to meet the support needs of the participant will be delineated in the Autism Support Planning Document.			
<b>Respite Provider Agency</b>	Department of Early Care and Education.	High School Diploma, GED, or relevant competencies or equivalencies.	<p>All Respite Provider Agency staff providing Respite services must: Possess appropriate qualifications as evidenced by resume review or interview(s), two personal or professional references, be age 18 years or older, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect, have the ability to effectively communicate in the language and communication style of the participant, maintain confidentiality and the privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Specific competencies needed by the individual provider to meet the support needs of the participant will be delineated in the Autism Support Planning Document.</p> <p>Respite Provider Agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</p>			
<b>Verification of Provider Qualifications</b>						
Provider Type:	Entity Responsible for Verification:			Frequency of Verification		
Individual Qualified	Department of Developmental Services.			Annually or prior to utilization		

Respite Provider		of service and annually thereafter.
Respite Provider Agency	Department of Developmental Services.	Prior to utilization of service and every 2 years thereafter.

Service Specification					
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other					
<b>Service Name: Assistive Technology</b>					
<b>Alternative Service Title (if any):</b>					
<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.					
<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.					
<input type="checkbox"/> Service is not included in approved waiver.					
<b>HCBS Taxonomy:</b>					
Category 1:			Sub-Category 1:		
14 Equipment, Technology, and Modifications			14031 equipment and technology		
<b>Service Definition (Scope):</b>					
<p>Assistive Technology is defined as an item, piece of equipment, or product system whether acquired commercially, modified, or customized, including the design and fabrication that is used to develop, increase, maintain or improve functional capabilities of the participant. Assistive technology means a service that directly assists a participant in the selection, acquisition, rental, or customization or use of an assistive technology device. Assistive technology includes the evaluation of assistive technology needs of the participant, including a functional evaluation of the impact of the provision of appropriate assistive technology devices for participants and appropriate services to the participant in the customary environment of the participant; services consisting of purchasing, leasing, or otherwise providing the acquisition of assistive technology devices for participants, services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; coordination and use of necessary therapies, interventions, or services with assistive technology such as therapies, interventions, or services associated with other services in the Autism Plan of Care, training or technical assistance for the participant, professionals or other individuals who provide services to the participant, or where appropriate the family members, guardians, or authorized representatives of the participant. Adaptive Aids must meet the Underwriter's Laboratory and or Federal Communication Commission's requirements where applicable for design, safety, and utility. There must be documentation that the item purchased is appropriate to the participant's needs. State Plan resources for Assistive Technology must be explored prior to using the Waiver for purchases; items procured through the Waiver must not be available through the State Plan.</p>					
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>					
Prior approval from the Autism Division for purchase requests for assistive technology. Limit of \$1,200 annually; Limit of 1 computer (such as: Tablet, Laptop or Desktop) per waiver participant during length of participation.					
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/> Legal Guardian
Provider Specifications					
Provider	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	



Category(s) (check one or both):	Individual Qualified contractors authorized to sell, maintain, repair or make adaptations to this equipment	Qualified Contractors authorized to sell, maintain, repair or make adaptations to this equipment	
Provider Qualifications			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Qualified Contractors authorized to sell, maintain, repair or make adaptations to this equipment			<p>Qualified contractors authorized to sell this equipment or make adaptations and that meet state requirements to sell, maintain or modify equipment. Qualified contractors providing assistive technology and or assistive technology services for persons with intellectual disabilities that are covered by Medicare or Medicaid, or Qualified contractors qualified by Medicare/Medicaid as a multi-specialty clinic providing assistive technology services. They must hold a valid tax payer ID number.</p> <p>Payment for services is made only to providers who meet the following requirements:</p> <p>To qualify as an Assistive Technology provider, all applicants and providers must:</p> <p>(1) agree to accept assignment of rates developed by the Executive Office of Health and Human Services (EOHHS) for all products and services provided;</p> <p>(2) have a primary business telephone number listed in the name of the business;</p> <p>(3) primarily engage in the business of providing Assistive Technology services, or medical supplies to the public;</p> <p>(4) meet all applicable federal, state, and local requirements, certifications, and registrations governing assistive technology business practice;</p> <p>(5) for a private commercial provider of seating, positioning, and mobility systems, employ an assistive technology practitioner or rehabilitation technology specialist (RTS) who is registered with the National Registry of Rehabilitation Technology Suppliers (NRRTS), and be an active member of the Rehabilitation Engineering Society of North America (RESNA); and</p> <p>(6) demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</p>
Individual Qualified contractors authorized to sell, maintain, repair or make adaptations to			<p>Contractors must meet state requirements to sell, maintain or modify equipment. They must hold a valid tax payer ID number.</p> <p>Payment for services is made only to providers who meet the following requirements:</p> <p>To qualify as an Assistive Technology provider, all applicants and providers must:</p>

<b>this equipment</b>			<p>(1) agree to accept assignment of rates developed by the Executive Office of Health and Human Services (EOHHS) for all products and services provided;</p> <p>(2) primarily engage in the business of providing Assistive Technology, assistive tech repair services, or medical supplies to the public;</p> <p>(3) meet all applicable federal, state, and local requirements, certifications, and registrations governing assistive technology business practice;</p> <p>(4) for a provider of seating, positioning, and mobility systems, be a rehabilitation technology specialist (RTS) who is registered with the National Registry of Rehabilitation Technology Suppliers (NRRTS), and be an active member of the Rehabilitation Engineering Society of North America (RESNA); and</p> <p>(5) demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a)..</p>
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Qualified Contractors authorized to sell, maintain, repair or make adaptations to this equipment	Department of Developmental Services.		Prior to utilization of service and every 2 years thereafter.
Individual Qualified contractors authorized to sell, maintain, repair or make adaptations to this equipment	Department of Developmental Services.		Prior to utilization of service and annually thereafter.

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
<b>Service Name: Behavioral Supports and Consultation</b>	
<b>Alternative Service Title (if any):</b>	
<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.	
<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.	
<input type="checkbox"/> Service is not included in approved waiver.	
<b>HCBS Taxonomy</b>	
Category 1:	Sub-Category 1:
08 Home-Based Services	08010 home-based habilitation
Category 2:	Sub-Category 2:
13 Participant Training	13010 participant training
<b>Service Definition (Scope):</b>	
<p>Behavioral supports and consultation services are services necessary to improve the individual's independence and integration in their community. This service is available to waiver participants and is designed to remediate identified challenging behaviors or to acquire socially appropriate behaviors. Behavioral supports and consultation services are provided by professionals in the fields of psychology, mental health, or special education. The service may include a functional assessment by a trained clinician, the development of a Positive Behavior Support Plan, implementation of the plan, and monitoring of the effectiveness of the plan. Implementation of the Positive Behavior Support Plan is implemented by Direct Support professionals or therapists. In order to carry out supports to Waiver Participants, training, consultation and technical assistance to paid and unpaid caregivers may be provided to enable them to understand and implement the Positive Behavior Support Plan at home or in the community. The behavioral supports and consultation must be consistent with the DDS regulations. The professional(s) providing this service will make recommendations to the Autism Support Planning Team. This service is available in the waiver participant's home or in the community. Behavioral Supports and Consultation does not include any service covered by the Medicaid State Plan. Waiver funding may not be used for special education and related services that are included in the IEP as defined in Sections (22) and (25) of the Individuals with Disabilities Education Act of 2004 (IDEA) (20 U.S.C. 1401 et seq.) or services that are included in the Individual Family Support Plan for participants in Early Intervention. Participants may receive Behavioral Supports and Consultation Services during non-school hours, evenings and weekends either in the home or in other natural environments of the participant. In order to receive this service, health and safety must be maintained in the home and the participant must be living in a home setting with a caregiver who is legally responsible for the participant. A participant's Autism Plan of Care cannot include both Behavioral Supports and Consultation and Expanded Habilitation, Education.</p> <p>Limits that apply to this waiver service do not apply when provided to EPSDT eligible individuals under the age of 21, pursuant to EPSDT provisions of the federal Medicaid Act (42 U.S.C. 1396d(a)(4)(b) and (r) and 42 CFR 441.50). Participants who receive this self-directed waiver service may also receive services provided under the state plan via EPSDT to the extent services are not duplicative.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
			<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Senior Therapist		Autism Specialty Providers
		Therapist		
		Direct Support Professional		
<b>Provider Qualifications</b>				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Senior Therapist	State licensure required for the specific discipline.		<p>Doctoral degree in psychology, medicine, or related discipline and 1500 hours of relevant training, including course work in principles of child development, learning and behavior theory, positive behavior supports, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of an advanced degree program. Two (2) years of relevant experience in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Experience using data based decision making to inform service plan decisions including data collection and analysis.</p> <p>OR</p> <p>Master's degree in psychology, education, or related field and 2000 hours of relevant training, including course work in child development, principles of learning and behavior theory, positive behavior supports, and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Three (3) years (or four (4) if the Master's program is one year of relevant experience) in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Experience using data based decision making to inform service plan decisions, including data collection and analysis. Maintenance of professional skills through eight (8) hours of on-going training about ASD and supervision annually.</p> <p>AND</p>	

			All Senior Therapists must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.
Therapist			<p>Master's Degree in Psychology, education, or related field and 2000 hours of relevant training, including course work in child development, principles of learning and behavior theory, positive behavior supports, and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Two (2) years of relevant experience in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Experience using data based decision making, including data collection and analysis. Maintenance of professional skills through eight (8) hours of on-going training about ASD and supervision annually.</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field and 800 hours of course work, training, or a combination of coursework and training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience in development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Five (5) years supervised, post degree experience; and maintenance of professional skills through ten (10) hours of on-going training about ASD and supervision annually.</p> <p>OR</p> <p>Bachelor's Degree in non-related field and 800 hours of training about the characteristics, therapies, curriculum, assessments and documentation involving children with ASD. Experience in development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Seven (7) years supervised, post degree experience; maintenance of professional skills through fifteen (15) hours of on-going training about ASD and supervision annually.</p> <p>AND</p>

			All Therapists must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.
Direct Support Professional			<p>Bachelor's degree and 120 hours of supervised training, of which 30 hours must be direct supervision in the implementation of positive behavior support interventions for children with ASD. Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter.</p> <p>OR</p> <p>Bachelor's degree and 160 hours of supervised training. Two sessions of initial home visits by Direct Support Professionals must occur under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter.</p> <p>AND</p> <p>All Direct Support Professionals must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</p> <p>All Direct Support Professionals must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</p>
Autism Specialty Providers			- Autism Specialty Provider agency staff providing Behavioral Supports and Consultation, which includes Senior Therapist, Therapist, and Direct Support Professional, must meet the same provider qualifications as an individual provider of this service. In addition, Autism Specialty

			<p>Provider agencies may employ Registered Behavior Technicians (RBTs) to deliver Behavioral Supports and Consultation. RBT staff must meet the following qualifications:</p> <ul style="list-style-type: none"> <li>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</li> <li>- RBTs must be 18 years of age, possess a minimum of a high school diploma or a general education development (GED), and have three months experience working with persons with developmental disabilities and children/adolescents/transition-age youth and families.</li> <li>- RBTs must demonstrate the ability to communicate effectively in the language and communication style of the individual to whom they provide services and his/her family, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the participant, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</li> <li>- RBTs must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</li> </ul> <p>Autism Specialty Provider agencies must meet the following requirements:</p> <ul style="list-style-type: none"> <li>- Education, Training, Supervision: Autism Specialty Provider agencies must ensure effective training of staff members in all aspects of their job duties, including handling emergency situations. Providers are responsible for ensuring staff are trained on applicable regulations and policies governing waiver service delivery, reporting of abuse, and the principles of participant centered care. Agencies must have established procedures for appraising staff performance and for effectively modifying poor performance where it exists.</li> <li>- Adherence to Continuous QI Practices: Autism Specialty Provider agencies must have established strategies to prevent, detect, and correct problems in the quality of services</li> </ul>
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			<p>provided and to achieve service plan goals with individual participants by providing effective, efficient services. Providers must have the ability to meet all quality improvement requirements as specified by DDS's Autism Division and ability to provide program and participant quality data and reports, as required.</p> <p>Policies/Procedures: Autism Specialty Provider agencies must have policies and procedures in place that comply with the applicable standards under 115 CMR 13.00 (DDS regulations for incident reporting).</p> <p>- Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</p> <p>- Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</p> <p>- State and national criminal history background checks: Autism Specialty Provider agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</p>
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#### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Senior Therapist	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
Therapist	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
Direct Support Professional	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
Autism Specialty Providers	Department of Developmental Services.	Prior to utilization of service and every 2 years thereafter.

#### Service Specification

Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
<b>Service Name: Family Training</b>	
<b>Alternative Service Title (if any):</b>	
<input type="checkbox"/>	Service is included in approved waiver. There is no change in service specifications.
<input checked="" type="checkbox"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="checkbox"/>	Service is not included in approved waiver.



<b>HCBS Taxonomy</b>							
Category 1:				Sub-Category 1:			
09 Caregiver Support				09020 caregiver counseling and/or training			
Service Definition (Scope):							
<p>Family Training is designed to assist the family of the waiver participant to understand the support needs of the waiver participant to support his/her participation and integration in the community. The service provides training and instruction on how family circumstances and interactions impact Autism behavior and symptomatology, and in the use of specialized equipment that supports the individual waiver participant to participate in the community. The service enhances the skill of the family to assist the waiver participant to function in the community and at home. Goals focus on the development of parenting skills with particular emphasis on parenting a child with Autism Spectrum Disorder including parental interactions that influence success or hinder progress for the child while taking into account linguistic and cultural differences and family circumstances, how to modify the environment to promote success for the child, manage transitions and developmental milestones and employ effective communication strategies with the waiver participant. These goals are established as part of the Autism Plan of Care. Participation in Family Training is dependent upon family need identified by Senior Therapist and agreed to by the family. For the purposes of this service "family" is defined as the persons who live with or provide care to a waiver participant and may include a parent or other relative. Family does not include individuals who are employed to care for the participant. Family Training may be provided in a small group format or the Family Trainer may provide individual instruction to a specific family based on the particular needs of the family to understand the specialized needs of their family member. The one-to-one family training is instructional; it is not counseling. This service enables family members to gain the knowledge and skills needed to participate more fully in the various aspects of caring for and advocating on behalf of their child in the home, school and community. It includes being responsive to linguistic and cultural issues, addressing the impact of any trauma experienced by the child, and learning about the variety of techniques and intervention strategies necessary to help the participant to make progress. Family training provides the family/care provider with practical skills to support the waiver participant in the home and community including how to adapt and change the environment, how to provide structure, use visual supports, how to effectively manage transitions and other activities that impact family daily living. Family Training may not duplicate training on the use of Assistive Technology available as part of that service.</p> <p>Limits that apply to this waiver service do not apply when provided to EPSDT eligible individuals under the age of 21, pursuant to EPSDT provisions of the federal Medicaid Act (42 U.S.C. 1396d(a)(4)(b) and (r) and 42 CFR 441.50). Participants who receive this self-directed waiver service may also receive services provided under the state plan via EPSDT to the extent services are not duplicative.</p>							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
<b>Service Delivery Method</b> (check each that applies):		<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>							
Provider	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:			

Category(s) (check one or both):	Family Training Senior Therapist	Autism Specialty Providers	
	Family Training Therapist	Community Organizations	
	Family Training Direct Support Professional		
<b>Provider Qualifications</b>			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Family Training Senior Therapist	State licensure required for the specific discipline.		<p>Doctoral degree in psychology, medicine, or related discipline, plus 1,500 hours of relevant training and experience, including course work, in complex family systems and dynamics, co-occurring life stresses, principles of child development, learning and behavior theory, positive behavior supports, the impact of trauma on child development, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Post-licensure experience working in a community based setting with families that have extensive family issues, including experience advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.</p> <p>OR</p> <p>Master's degree in psychology, education, or related field and 2,000 hours of relevant training and experience, including course work, in complex family systems and dynamics, co-occurring life stresses, principles of child development, learning and behavior theory, positive behavior supports, the impact of trauma on child development, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Three years (or four years, if the Master's program is counted as one year of relevant experience) of relevant experience working in a community based setting with families that have extensive family issues, including experience advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems. Maintenance of professional skills through eight (8) hours of on-</p>

			<p>going training about family systems and supervision annually.</p> <p>AND</p> <p>All Senior Therapists must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</p>
Family Training Therapist			<p>LISCW or LMHC with at least one (1) year post-licensure experience working in a community based setting with families that have complex family issues, including experience advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.</p> <p>.</p> <p>OR</p> <p>Master's degree in psychology, education, or related field and 2,000 hours of relevant training and experience, including course work, in complex family systems and dynamics, co-occurring life stresses, principles of child development, learning and behavior theory, positive behavior supports, the impact of trauma on child development, knowledge and experience in a range of comprehensive interventions for children on the autism spectrum. The relevant training may be part of the advanced degree program. Two (2) years of relevant experience working in a community based setting with families that have extensive family issues, including experience advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems. Maintenance of professional skills through eight (8) hours of on-going training about family systems and supervision annually.</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field and 800 hours of relevant training and</p>

			<p>experience, including coursework and lived experience, in complex family systems and dynamics, co-occurring life stresses, child development, principles of learning and behavior theory, positive behavior supports, the impact of trauma on child development, and experience in a range of comprehensive interventions for children on the autism spectrum and family work and experience. Five (5) years of relevant experience working with families in community based settings including advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems. Maintenance of professional skills through ten (10) hours of on-going training about family systems and supervision annually.</p> <p>OR</p> <p>Bachelor's degree in non-related field and 800 hours of relevant training and experience, including coursework and lived experience, in complex family systems and dynamics, co-occurring life stresses, child development, principles of learning and behavior theory, positive behavior supports, the impact of trauma on child development, and experience in a range of comprehensive interventions for children on the autism spectrum and family work and experience. Seven (7) years of relevant experience working with families in community based settings including advocating and working effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems. Maintenance of professional skills through fifteen (15) hours of on-going training about family systems and supervision annually.</p> <p>AND</p> <p>All Family Training Therapists must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</p>
Family Training			Bachelor's degree plus 120 hours of supervised

Direct Support Professional			<p>training, of which 30 hours must be direct supervision in the implementation of positive behavior support interventions for children with ASD. Two sessions of initial home visits by Family Training Direct Support Professionals must occur under the direct supervision of the Family Training Senior Therapist, with monthly supervision by a Family Training Senior Therapist thereafter.</p> <p>OR</p> <p>Bachelor's degree plus 160 hours of supervised training. Two sessions of initial home visits by Family Training Direct Support Professionals must occur under the direct supervision of the Family Training Senior Therapist, with monthly supervision by a Family Training Senior Therapist thereafter.</p> <p>Experience and training in assisting families with co-occurring life stresses through lived experience, mentoring, modeling and role playing to support the development of advocacy skills in educational plan development for the participant and advocating effectively in other community systems that may offer support to the family and waiver participant.</p> <p>AND</p> <p>All Family Training Direct Support Professionals must demonstrate the ability to communicate effectively in the language and communication style of the family they provide services to, be knowledgeable about what to do in an emergency, be knowledgeable about how to report abuse and neglect; maintain confidentiality and privacy of the both the participant and the family, respect and accept different values, nationalities, races, religions, cultures and standards of living. Additional specific competencies to assist the family in understanding how their needs impact service delivery for the participant will be delineated in Autism Support Planning Document.</p> <p>All Family Training Direct Support Professionals must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of</p>
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			qualifications.
Autism Specialty Providers			<p>- Autism Specialty Provider agency staff providing Family Training, which includes Family Training Senior Therapist, Family Training Therapist, and Family Training Direct Support Professional, must meet the same provider qualifications as an individual provider of Family Training.</p> <p>- Education, Training, Supervision: Autism Specialty Provider agencies must ensure effective training of staff members in all aspects of their job duties, including handling emergency situations. Providers are responsible for ensuring staff are trained on applicable regulations and policies governing waiver service delivery, reporting of abuse, and the principles of participant centered care. Agencies must have established procedures for appraising staff performance and for effectively modifying poor performance where it exists.</p> <p>- Adherence to Continuous QI Practices: Autism Specialty Provider agencies must have established strategies to prevent, detect, and correct problems in the quality of services provided and to achieve service plan goals with individual participants by providing effective, efficient services. Providers must have the ability to meet all quality improvement requirements as specified by DDS's Autism Division and ability to provide program and participant quality data and reports, as required.</p> <p>Policies/Procedures: Autism Specialty Provider agencies must have policies and procedures in place that comply with the applicable standards under 115 CMR 13.00 (DDS regulations for incident reporting).</p> <p>- Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</p> <p>- Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</p>

			<ul style="list-style-type: none"> <li>- State and national criminal history background checks: Autism Specialty Provider agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</li> </ul>
Community Organizations			<ul style="list-style-type: none"> <li>- Community Organization agency staff providing Family Training, which includes Family Training Senior Therapist, Family Training Therapist, and Family Training Direct Support Professional, must meet the same provider qualifications as an individual provider of Family Training.</li> <li>- Education, Training, Supervision: Community Organization agencies must ensure effective training of staff members in all aspects of their job duties, including handling emergency situations. Providers are responsible for ensuring staff are trained on applicable regulations and policies governing waiver service delivery, reporting of abuse, and the principles of participant centered care. Agencies must have established procedures for appraising staff performance and for effectively modifying poor performance where it exists.</li> <li>- Adherence to Continuous QI Practices: Community Organization agencies must have established strategies to prevent, detect, and correct problems in the quality of services provided and to achieve service plan goals with individual participants by providing effective, efficient services. Providers must have the ability to meet all quality improvement requirements as specified by DDS's Autism Division and ability to provide program and participant quality data and reports, as required.</li> <li>Policies/Procedures: Community Organization agencies must have policies and procedures in place that comply with the applicable standards under 115 CMR 13.00 (DDS regulations for incident reporting).</li> <li>- Responsiveness: Community Organization agencies must be responsive to family requests for information and services.</li> </ul>

			<p>- Confidentiality: Community Organization agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</p> <p>- State and national criminal history background checks: Community Organization agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</p>
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#### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Family Training Senior Therapist	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
Family Training Therapist	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
Family Training Direct Support Professionals	Department of Developmental Services.	Annually or prior to utilization of service and annually thereafter.
Autism Specialty Providers	Department of Developmental Services.	Prior to utilization of service and every 2 years thereafter.
Community Organizations	Department of Developmental Services.	Prior to utilization of service and every 2 years thereafter.

#### Service Specification

Service Type: ☐ Statutory ☐ Extended State Plan ☒ Other

**Service Name: Home Modifications and Adaptations**

**Alternative Service Title (if any):**

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in approved waiver.

#### HCBS Taxonomy

Category 1:

Sub-Category 1:

14 Equipment, Technology, and Modifications

14020 home and/or vehicle accessibility adaptations

**Service Definition (Scope):**

Those physical adaptations to the private residence of the participant, required by the participant's service plan, that are necessary to ensure the health, welfare, and safety of the individual, or that enable the individual to function with greater independence in the home. Service includes the assessment and evaluation of home safety modifications. This service covers:

- Installation of ramps and grab-bars



- Widening of doorways/hallways
- Modifications of bathroom facilities
- Lifts: porch or stair lifts
- Installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies, and which are necessary for the welfare of the individual
- Installation of specialized flooring to improve mobility and sanitation
- Specialized accessibility/safety adaptations/additions
- Automatic door openers/door bells
- Voice activated, light activated, motion activated and electronic devices used to safely monitor children and alert the parent/guardian, but that do not restrict the participant's movement or behavior
- Door and window alarm and lock systems
- Air filtering devices and cooling adaptations and devices
- Specialized non-breakable windows
- Fences

All services shall be provided in accordance with State or Local Building codes. All proposals for home modifications shall plan for the reuse of portable accommodations.

Excluded are those adaptations or improvements to the home that are of general utility, and which are not of direct medical or remedial benefit to the individual. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation. General household repairs are not included in this service. Autism support funding shall only be used for renovations that will allow the individual to remain in his/her home (primary residence) and must specifically relate to the functional impairments caused by the participant's disability.

Any use of Waiver funds for home adaptation requests must be submitted and approved in advance following the process outlined below. A minimum of three bids are required that contain cost and a work agreement.

1. The Autism Support Broker explores and documents the lack of available alternative sources such as insurance, civic organizations, fund raising, and other generic resources before submitting a proposal for the use of waiver allocation funds.
2. The Autism Support Broker shall include the names and contributions of all generic funding sources that will be used in conjunction with waiver resources if needed to complete the modification.
3. Prior to initiating any modification, the Autism Support Broker must receive for their review and recommendation the following information: the Vehicle /Home Modification Funding Request Form which includes a statement about how the proposed modification supports a goal in the Autism Plan of Care document. If the Autism Support Broker approves the request, the request is forwarded to the Autism Clinical Manager for final review; if there is a disagreement final approval rests with the Autism Division Director, or designee. The Autism Clinical Manager provides written notification to the Support Broker. Responsibility for communicating with the participant and his/her family rests with the Autism Support Broker.

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

For duration of the participant's tenure on the waiver, a limit of \$15,000 of which no more than \$5,000 may be spent in any waiver year.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individual Qualified Home Modification/Adaptation Contractors		Home Modification Agencies/Assistive Technology Centers	
<b>Provider Qualifications</b>				
Provider Type:	License (specify)		Certificate (specify)	Other Standard (specify)
<b>Individual Qualified Home Modification/Adaptation Contractors</b>	Contractors for home modifications must be licensed to do business in the Commonwealth and meet applicable qualifications and they must be insured.			Must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).
<b>Home Modification Agencies/Assistive Technology Centers</b>	Contractors for home modifications must be licensed to do business in the Commonwealth and meet applicable qualifications and be insured.			Must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:			Frequency of Verification
Individual Qualified Home Modification/Adaptation Contractors	Department of Developmental Services.			Annually or prior to utilization of service.
Contractor entities	Department of Developmental Services.			Prior to utilization of service and every 2 years thereafter.

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
<b>Service Name: Individual Goods and Services</b>	
<b>Alternative Service Title (if any):</b>	
	<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.
	<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.
	<input type="checkbox"/> Service is not included in approved waiver.
<b>HCBS Taxonomy</b>	
Category 1:	Sub-Category 1:
17 Other Services	17010 goods and services
Service Definition (Scope):	

Individual Goods and Services are services, equipment or supplies that will provide direct benefit and support specific outcomes that are identified in the individual waiver participant's Autism Plan of Care document. Individual Goods and Services are not provided through either another waiver service or the Medicaid State Plan. The Individual Goods and Services promote community involvement and engagement, or provide resources to purchase safety equipment, or decrease the need for other Medicaid services, or reduce the reliance on paid support, or are directly related to the health and safety of the waiver participant in his/her home or community. Individual Goods and Services are used when the waiver participant does not have the funds to purchase the item or service from any other source. The service does not include experimental goods/services.

Individual Goods and Services must meet one or more of the following criteria:

- (1) The item or service would increase the participant's functioning related to the disability, and/or
- (2) The item or service would increase the participant's safety in the home environment, and/or
- (3) The item or service would decrease dependence on other Medicaid funded services.

Individual Goods and Services covers:

Enrollment fees, dues or membership costs associated with the individual's participation in community habilitation; certain costs associated with service dogs (i.e., preventive veterinary care and training necessary to adapt to the changing needs of the participant); training, supplies and materials that promote skill development and increased independence for the individual with a disability in accessing and using community resources. Experimental and prohibited treatments are excluded. Individual Goods and Services excludes all services and supplies provided under the Assistive Technology waiver service or Medicaid State Plan Durable Medical Equipment.

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

Limited to \$1,700 per year.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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#### Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual Qualified Community Vendor		Vendor agency meeting industry standards in the community according to the goods, services and supports needed

#### Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Vendor agency meeting industry standards in the community according to the goods, services and supports needed			Services, supports, or goods can be purchased from typical vendors in the community. Vendors must meet industry standards in the community.

Individual Qualified Community Vendor			Services, supports or goods can be purchased from typical vendors in the community.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Vendor agency meeting industry standards in the community according to the goods, services and supports needed	Department of Developmental Services.		Prior to utilization of service and every 2 years thereafter.
Individual Qualified Community Vendor	Department of Developmental Services.		Annually or prior to utilization of service and annually thereafter.

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
<b>Service Name: Vehicle Modification</b>	
<b>Alternative Service Title (if any):</b>	
<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.	
<input checked="" type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.	
<input type="checkbox"/> Service is not included in approved waiver.	
<b>HCBS Taxonomy</b>	
Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
<b>Service Definition (Scope):</b>	
<p>Adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle modifications are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>This service covers:</p> <ul style="list-style-type: none"> <li>•Van lift</li> <li>•Tie downs</li> <li>•Ramp</li> <li>•Specialized seating equipment</li> <li>•Seating/safety restraint</li> </ul> <p>The following are specifically excluded vehicle modifications:</p> <ol style="list-style-type: none"> <li>1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant.</li> <li>2. Purchase or lease of a vehicle</li> <li>3. Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the adaptations.</li> </ol> <p>The participant must be residing in the family home.</p> <p>Funding for adaptations to a new van or vehicle purchased/leased by family can be made available at the time of purchase/lease to accommodate the special needs of the participant.</p> <ol style="list-style-type: none"> <li>1. The Autism Support Broker explores and documents the lack of available alternative sources such as insurance, civic organizations, fund raising, and other generic resources before submitting a proposal for the use of waiver allocation funds.</li> <li>2. The Autism Support Broker shall include the names and contributions of all generic funding sources that will be used in conjunction with waiver resources if needed to complete the modification.</li> <li>3. Prior to initiating any modification, the Autism Support Broker must receive for their review and recommendation the following information: the Vehicle /Home Modification Funding Request Form which includes a statement about how the proposed modification supports a goal in the Autism Plan of Care document. If the Autism Support Broker approves the request, the request is forwarded to the Autism Clinical Manager for final review; if there is a disagreement final approval rests with the Autism Division Director, or designee. The Autism Clinical Manager provides written notification to the Support Broker. Responsibility for communicating with the participant and his/her family rests with the Autism Support Broker.</li> </ol>	

Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Lifetime limit of \$10,000.					
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/> Legal Guardian
<b>Provider Specifications</b>					
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Independent Contractors		Vehicle Modification Agencies	
<b>Provider Qualifications</b>					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Independent Contractors			Vehicle Modifications must be performed by certified entities that are licensed to perform vehicle modifications and conversions.		
Contractor entities			Vehicle Modifications must be performed by certified entities that are licensed to perform vehicle modifications and conversions.		
<b>Verification of Provider Qualifications</b>					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Independent Contractors	Department of Developmental Services.		Annually or prior to utilization of service and annually thereafter.		
Contractor entities	Department of Developmental Services.		Prior to utilization of service and every 2 years thereafter.		

<b>Service Specification</b>	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
<b>Service Name:</b> <u>Home Delivered Meals</u>	
<input type="checkbox"/> Service is included in approved waiver. There is no change in service specifications.	
<input type="checkbox"/> Service is included in approved waiver. The service specifications have been modified.	
<input checked="" type="checkbox"/> Service is not included in approved waiver.	
<b>Service Definition (Scope):</b>	
<u>Home Delivered Meals provide well-balanced meals to clients to maintain optimal nutritional and health status. Each meal must be religiously and ethnically appropriate to the extent feasible. Home Delivered Meals service includes the preparation, packaging and delivery of meals by trained and supervised staff. More than one meal may be delivered each day provided that proper storage is available in the home. Home delivered meals do not include or comprise a full nutritional regimen.</u>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/> Legal Guardian
<b>Provider Specifications</b>					
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
				<u>Home Delivered Meals Providers</u>	
<b>Provider Qualifications</b>					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
<u>Home Delivered Meals Providers</u>			<u>Must meet applicable Board of Health standards for food preparation and sanitation and/or hold applicable state/local permit for commercial or residential kitchen operations.</u>		
<b>Verification of Provider Qualifications</b>					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
<u>Home Delivered Meals Providers</u>	<u>DDS</u>			<u>Prior to utilization of service and every 2 years thereafter.</u>	

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

<input type="radio"/>	<b>Not applicable</b> – Case management is not furnished as a distinct activity to waiver participants.
<input checked="" type="radio"/>	<b>Applicable</b> – Case management is furnished as a distinct activity to waiver participants. Check each that applies:
<input type="checkbox"/>	As a waiver service defined in Appendix C-3 ( <i>do not complete C-1-c</i> )
<input type="checkbox"/>	As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i>
<input checked="" type="checkbox"/>	As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As a primary care case management system service under a concurrent managed care authority. <i>Complete item C-1-c.</i>

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Department of Developmental Services.
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## Appendix C-2: General Service Specifications

- a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services-(select one):

●	<p><b>Yes.</b> Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):</p>
	<p><b>SUMMARY</b></p> <p>In this entirely self-directed waiver, participants request a state and federal criminal background check of prospective service providers through the Fiscal Employer Agent/Financial Management Service (FEA/FMS). The FEA/FMS receives the state Criminal Offender Record Information (CORI) check result and affirms to DDS that the applicant is CORI-cleared consistent with EOHHS regulations (101 CMR 15.00: Criminal Offender Record Checks); DDS receives the national criminal background check report directly. Results of these checks are required in order for a provider to be qualified to provide and be paid for services.</p> <p><b>ADDITIONAL INFORMATION</b></p> <p>DDS and its providers are governed by Executive Office of Health and Human Services (EOHHS) regulations pertaining to in-state criminal history background checks at 101 CMR 15.00. For any applicant for a position that has the potential for unsupervised contact with a waiver participant, a Massachusetts Criminal Offender Record Information (CORI) check is mandated by the regulations. No individual may provide services and supports to a waiver participant in a setting where there is potential for unsupervised contact until the individual is CORI cleared. Providers submit the CORI request to the Department of Criminal Justice Information Services (DCJIS), which is an agency of the Executive Office of Public Safety and Security. DCJIS sends the results to the requesting provider agency which reviews them in accordance with the regulations. The DDS Investigations Unit employs a staff person whose sole responsibility is to conduct audits of provider agencies to assure compliance with 101 CMR 15.00. Agencies not in 100% compliance with this requirement must submit a corrective action plan. DDS follows up to ensure that the corrective action has been completed.</p> <p>M.G.L. c.19 B §§ 19 and 20 and implementing regulations, 115 CMR 12.00, require DDS to conduct fingerprint-based checks of the state and national criminal history databases to determine the suitability of all current and prospective employees who have the potential for unsupervised contact with persons with an intellectual or developmental disability in any department-licensed or funded program. "Employees" is defined broadly to include an individual holding a full or part-time position, including state employees, contract employees, individual consultants or contractors, temporary employees, volunteers, trainees or students, apprentice, intern, transportation provider or sub-contractor who may have unsupervised contact with a person with an intellectual or developmental disability. 115 CMR 12.00 also requires that household members or persons regularly on the premises subject to licensure, age 15 or older, are subject to a fingerprint-based state and federal criminal background checks. Participants who are self-directing their supports must request a state and federal criminal background check of prospective service providers through the Fiscal Employer Agent/Financial Management Service (FEA/FMS). The FEA/FMS Manual contains guidance and the forms to assist the participant in making this request. The FEA/FMS</p>

	receives the criminal background check report and informs the DDS of whether the results prohibit the applicant from being hired.
<input type="radio"/>	<b>No.</b> Criminal history and/or background investigations are not required.

**b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

<input type="radio"/>	<b>Yes.</b> The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):
<input checked="" type="radio"/>	<b>No.</b> The State does not conduct abuse registry screening.

**c. Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

<input checked="" type="radio"/>	<b>No.</b> Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
<input type="radio"/>	<b>Yes.</b> Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i – c.iii.</i>

**d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

<input checked="" type="radio"/>	<b>No.</b> The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
<input type="radio"/>	<b>Yes.</b> The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i>

- e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

<input type="radio"/>	<b>The State does not make payment to relatives/legal guardians for furnishing waiver services.</b>
<input type="radio"/>	<b>The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services.</b> Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.</i>
<input type="radio"/>	<b>Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.</b> Specify the controls that are employed to ensure that payments are made only for services rendered.
<input checked="" type="radio"/>	Other policy. <i>Specify:</i> The state does not make payment to guardians or legally-responsible individuals for furnishing waiver services. All other relatives who are qualified to furnish the waiver service may receive payment for furnishing waiver services. Relatives who provide services are subject to the same oversight and controls as non-relatives. Autism Support Brokers review all timesheets submitted by individual providers.

- f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

Any willing and qualified provider has the opportunity to enroll as a provider of waiver services. All provider information pertaining to enrollment is available on the DDS website and at all Autism Support Centers. DDS also has standards that ensure that waiver providers possess the requisite skills and competencies to meet the needs of the waiver target population. Any participant may choose from qualified providers who meet both the prequalification and DDS service standards. A person or organization, which is (i) qualified to furnish waiver services according to the provider specifications outlined in Appendix C and (ii) willing to furnish waiver services to waiver participants, may enroll as a provider by entering into a contract with the designated Fiscal Management Service entity under this waiver as described in Appendix E. The state has a standard contract form for use by enrolling providers. There is continuous open enrollment of providers. Enrollment of providers is generally completed within 45 days of the date of application. As providers are qualified they are added on a regular basis to the qualified provider list.
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## Quality Improvement: Qualified Providers

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

### a. Methods for Discovery: Qualified Providers

*The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.*

#### i. Sub-Assurances:

*a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

#### i. Performance Measures

*For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure:</b>	Percent of individual providers that continue to have required applicable state licensure or certification. (Number of individual providers who continue to have applicable state licensure or certification/Total number of individual providers who are required to continue to have applicable state licensure or certification and appear on a qualified provider list.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
	Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of agency providers that assure that all providers initially have appropriate licensure/certification credentials in order to provide services. (Number of agencies that have completed attestation form assuring that all providers initially have appropriate licensure/certification credentials/Total number of agencies providing services).		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
	Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing

	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of individual providers that initially have required applicable state licensure or certification. (Number of individual providers who have applicable state licensure or certification at the time of application/Total number of individual providers who are required to have applicable state licensure or certification and who applied to become providers.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
	Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of agency providers that assure that all providers continue to have appropriate licensure/certification credentials in order to provide services. (Number of agencies that have completed attestation form assuring that all providers continue to have appropriate licensure/certification credentials/Total number of agencies)
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<i>providing services.)</i>			
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
	Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**b Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

#### **i. Performance Measures**

<b>Performance Measure:</b>	Percent of agency providers that are not subject to licensure or certification who continue to be qualified to provide services. (Number of agency providers that are not subject to licensure or certification who continue to be qualified to provide services/Total number of agency providers that are not subject to licensure or certification and appear on a qualified provider list).		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)



<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
	<input type="checkbox"/> Other Specify:	
		<input type="checkbox"/> Other Specify:

### Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of individual providers who are not subject to licensure or certification who are initially qualified to provide services. (Number of individual providers who are not subject to licensure or certification who are initially qualified to provide services/Total number of individual providers who are not subject to licensure or certification and appear on a qualified provider list.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Management Services (FMS) reports			
<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)	
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review	
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review	
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =	
<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually		
Fiscal Management Service (FMS)	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:	
	<input type="checkbox"/> Other Specify:		
		<input type="checkbox"/> Other Specify:	

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#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of individuals who are not subject to licensure or certification who continue to be qualified to provide services. (Number of individual providers who are not subject to licensure or certification who continue to be qualified to provide services/Total number of individual providers who are not subject to licensure or certification and appear on a qualified provider list).		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
	Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing

	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of agency providers that are not subject to licensure or certification who are initially qualified to provide services. (Number of agency providers that are not subject to licensure or certification who are initially qualified to provide services/Total number of agency providers that are not subject to licensure or certification and appear on a qualified provider list).		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
	Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**c Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

#### **i. Performance Measures**

<b>Performance Measure:</b>	Percent of individual providers who are trained and current in required trainings including reporting of abuse/neglect and incidents. (Number of individual providers who attest to completing required trainings/Number of individual providers providing services.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
	Fiscal Management Service (FMS)	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### Data Aggregation and Analysis

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
Fiscal Management Service (FMS)	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of agency providers that are trained and current in required trainings including reporting of abuse/neglect and incidents. (Number of agency providers that attest to completing required trainings/Number of agency providers providing services.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: Fiscal Management Services (FMS) Tracking and Verification Database			
Fiscal Management Services (FMS) reports			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
Fiscal Management Service (FMS)	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
	<input type="checkbox"/> Other Specify:	
		<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

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#### **b. Methods for Remediation/Fixing Individual Problems**

- i Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The State Medicaid agency is responsible for ensuring effective oversight of the waiver program, including administrative and operational functions performed by DDS. In the event problems are discovered with the management of the waiver program processes at Autism Support Centers, the Fiscal Management Services (FMS) entity, or waiver service providers, DDS and MassHealth are responsible for ensuring that a corrective action plan is created, approved, and implemented within appropriate timelines. Further, MassHealth and DDS are responsible for identifying and analyzing trends related to the operation of the waiver and determining strategies to address quality-related issues.
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#### **ii Remediation Data Aggregation**

##### **Remediation-related Data Aggregation and Analysis (including trend identification)**

<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other: Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: Specify:

**c. Timelines**

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.*

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b> Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

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## Appendix C-4: Additional Limits on Amount of Waiver Services

**Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

<input type="radio"/>	<b>Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.</b>
<input checked="" type="radio"/>	<b>Applicable – The State imposes additional limits on the amount of waiver services.</b>

*When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; and, (f) how participants are notified of the amount of the limit.*

<input type="checkbox"/>	<p><b>Limit(s) on Set(s) of Services.</b> There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i></p>
<input checked="" type="checkbox"/>	<p><b>Prospective Individual Budget Amount.</b> There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i></p> <p>(a) The prospective limit is up to \$28,000 of which no more than \$6,000 may be spent on services other than Expanded Habilitation, Education during the participants first three years in the Program. Based on the service needs of the participant, up to \$28,000 may be spent on Expanded Habilitation, Education. After the waiver participant has received his/her maximum three years of Expanded Habilitation, Education, the waiver participant's maximum expenditure for services on a pro-rated basis for each waiver year available under this waiver may not exceed \$8,500. These limits exclude the cost of vehicle modifications and fences. All other waiver services are included in these limits.</p> <p>(b) This limit includes the limits for individual services listed in Appendix C. These limits are based on information gathered from current waiver experience and Early Intervention Services for this population, as well as current DDS programs such as Department of Elementary and Secondary Education/ DDS Program, and the Intensive Flexible Family Support Service.</p> <p>On an individual basis, the MASSCAP results, in conjunction with interviews and observations of the child, provides the Autism Clinical Managers an understanding of the needs of the participant. During the creation of the Autism Support Planning Document further discussion with the family indicates the goals that are a priority for the participant. The goals then help to define the service needs and the frequency and duration of the services to determine the overall budget needs of the participant.</p> <p>(c) Any changes in the limit will be made through a waiver amendment.</p> <p>(d) The mechanism to effect an exception to the applicable limits within the aggregate prospective budget is as follows:</p> <p>Should a participant experience a change in circumstances, the Autism Clinical Manager will submit a</p>

	<p>request to the Autism Division for additional one-time services/funding. The request will detail the type and amount of services requested and the reason why the participant's needs cannot be met within the waiver service limits. The request will include a review of alternative non-waiver services including state plan services and other generic resources. The Autism Division may authorize additional one-time funding not to exceed an additional \$5,000 to meet the participant's needs while other alternatives are coordinated or to meet emergency needs that are not expected to be of a long-term nature such as an acute medical condition of the participant or a change in the capacity of the natural supports. If the participant cannot be safely served on the waiver within the cost limit, the participant will be disenrolled from the waiver and offered other services from DDS and/or other appropriate state agencies if necessary to ensure health and safety. Participants will be offered the right to appeal as described in Appendix F.</p> <p>(e) The Quality Assurance System as described in Appendix H outlines the Autism Clinical Manager's role in reviewing and monitoring individual budgets and assuring that the participant's health and safety needs are addressed.</p> <p>(f) The description of services and the amounts of the limits are available on the DDS website. As part of the service planning process the Autism Clinical Manager notifies participants of the amount of the limit.</p>
<input type="checkbox"/>	<p><b>Budget Limits by Level of Support.</b> Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p><b>Other Type of Limit.</b> The State employs another type of limit. <i>Describe the limit and furnish the information specified above.</i></p>



## Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

For information regarding the Waiver specific transition plan, please refer to Attachment #2 of this application.

## Appendix D: Participant-Centered Planning and Service Delivery

<b>State Participant-Centered Service Plan Title:</b>	Autism Plan of Care (POC)
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- a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (*check each that applies*):

<input type="checkbox"/>	<b>Registered nurse, licensed to practice in the State</b>
<input type="checkbox"/>	<b>Licensed practical or vocational nurse, acting within the scope of practice under State law</b>
<input type="checkbox"/>	<b>Licensed physician (M.D. or D.O)</b>
<input type="checkbox"/>	<b>Case Manager</b> (qualifications specified in Appendix C-1/C-3)
<input checked="" type="checkbox"/>	<b>Case Manager</b> (qualifications not specified in Appendix C-1/C-3). <i>Specify qualifications:</i> <div style="padding-left: 20px;">Autism Clinical Manager</div> <div style="padding-left: 20px;"> <b>MINIMUM ENTRANCE REQUIREMENTS</b>                       At least 5 years of full-time or equivalent part-time, professional experience in working with children on the Autism spectrum.                       Substitutions:                      A bachelor's or higher degree in areas outlined in the job specifications may be substituted for two years of the required experience. No more than two years may be substituted for the required experience.                       Master's or Bachelor's Degree in psychology, special education, speech and language, or a related field preferred.   <b>LICENSE AND/OR CERTIFICATION REQUIREMENTS</b>                       Valid Massachusetts Class D Motor Vehicle Operator's license.                 </div>
<input type="checkbox"/>	<b>Social Worker</b> <i>Specify qualifications:</i> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<input type="checkbox"/>	<b>Other</b> <i>Specify the individuals and their qualifications:</i> <div style="padding-left: 20px;">•</div>

- b. **Service Plan Development Safeguards.**

Select one:

<input checked="" type="radio"/>	<b>Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.</b>
<input type="radio"/>	<b>Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.</b> The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. <i>Specify:</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

- c. **Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

<p>Safeguards exist to assure that the participant has free choice of providers and understands the full range of waiver services available. The Autism Support Broker will support the participant and family through the entire service planning process. This support includes helping the family prepare for the meeting and assisting them to voice their preferences and needs and to actively engage in and lead the development of the Plan of Care. The Autism Support Broker will have a discussion with the family prior to the service plan meeting. If the family agrees, other team members may also participate in this discussion. The discussion includes:</p> <ul style="list-style-type: none"> <li>• A review of the past year and the participant's progress</li> <li>• Issues to discuss at the service plan meeting</li> <li>• Explanation of the service planning process</li> <li>• Information about the range of services and supports offered through the waiver</li> <li>• Who to invite to the meeting and team composition</li> <li>• The date, time, and place of the meeting</li> </ul> <p>During the service planning consultation, the family and Autism Support Broker will identify any assistance or information the family feels it needs to actively engage in and direct the process. The Autism Clinical Manager collaborates with the family to determine what assistance the family may need. The family has the authority to include individuals of their choice to participate in the service plan development process.</p>
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- d. **Service Plan Development Process** In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The Autism Plan of Care authorizes waiver services. The Autism Plan of Care is a component of the broader Autism Support Planning Document, which encompasses all information derived from the person-centered planning process, including the POC as well as participant's goals, risk
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assessments, the positive behavior support plan, and other relevant information. As detailed below, the Autism Clinical Manager has responsibility for developing and reviewing the Plan of Care, with the Autism Support Broker providing support to the family through the planning process. Final approval of the Plan of Care is the responsibility of the Autism Division Director or designee.

#### PLAN PARTICIPANTS, DEVELOPMENT AND TIMING

In collaboration with the family, the Autism Support Broker facilitates the participant directed service planning process with the Autism Clinical Manager (ACM) of the Division of Autism providing oversight. The Autism Division Director/designee is responsible for final approval of the Autism Support Planning Document. Other team members include the participant and family, service providers and professional staff. A representative from the participant's school or the Early Intervention (EI) provider may also be invited to attend the meeting to ensure continuity of the Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP) with the Autism Support Planning Document. More often, the ACM may attend the participant's IEP meeting, and once the Autism Support Planning Document is completed, the Senior Therapist providing Expanded Habilitation, Education Services attends the IEP meeting.

The Team creates an Autism Support Planning Document annually, with progress reviews quarterly. The process requires a review of assessments and progress notes and a meeting of the Team. The Autism Support Broker is responsible for facilitating the person centered planning process, supporting the family in directing the process and ensuring that the plan addresses the participants desired outcomes, needs and preferences.

The general components of the service planning process are:

- Pre-Meeting Activities - supporting the family to participate in the process (see D-1-c above), notifying participants of the meeting and securing all necessary assessments and progress summaries;
- Creating the Autism Support Planning Document – identifying the participant's and family's strengths, noting any significant issues identified by the family and providers, reviewing the Individual Educational Plan (IEP), if provided by the family, and assessments identifying needs and expected outcomes, assigning responsibility for plan implementation and developing the person-centered budget;
- Autism Support Planning Document Implementation – quarterly review of the individual's satisfaction with supports and progress towards meeting goals and at least monthly contact by the Autism Support Broker;
- Autism Support Planning Document Update – conducting an annual review and update of the plan;
- Autism Support Planning Document Modification – reconvening the team if a significant change occurs that requires a modification to the Autism Support Planning Document, such as a change in the health status of the child or caregiver, a significant behavioral change in the participant, or a change in the educational program.

The Autism Support Broker's responsibilities include:

- Planning the meeting with the participant's family,
- Notification to team members,
- Reviewing assessments,
- Ensuring the Autism Support Planning Document represents the participant's needs, and coordinating the plan with the IEP (Individual Education Plan) or IFSP (Individual Family Service Plan). The individual's IEP and IFSP are annual plans developed by school systems and early

intervention programs to outline the child's annual educational program participation.

- Maintaining the Autism Support Planning Document, monitoring the guardian's satisfaction with the plan and progress on goals
- Scheduling periodic progress or update meetings,
- Reasonable accommodations needed for the participant's and family's and team members' participation in the meeting. Accommodations include personal care assistants, interpreters, physical accessibility and assistive devices, and location and timing of the meeting.

#### ASSESSMENTS, PROGRESS NOTES AND STATUS REPORTS

Assessments guide the Team in making decisions during the planning process. Assessments will provide information about the participant's strengths, capacities, needs, preferences, desired outcomes, health status and risk factors.

The Team reviews all currently available assessments including those conducted through the IEP-IFSP or the eligibility process. All participants have an initial MASSCAP, including a Vineland and a Child and Caregiver Assessment (CCA), upon entering the waiver program. If the participant's needs change substantially, either a new Vineland or CCA will be administered. The Team also looks at current health and dental assessments and any other related issues, and indicates if the support providers need training to handle these circumstances. In addition to these assessments, the ACM conducts an interview-based assessment of the family's ability to self-direct services, and notes any additional trainings required for their successful participation in the waiver program.

The team also conducts a Safety/Risk Assessment and creates strategies to mitigate risk (see Item D-1-3).

All of the participants receiving Expanded Habilitation, Education services also have a Positive Behavior Support Plan (PBSP) designed and monitored by a Senior Level Therapist and carried out by a direct support worker and/or therapist. The PBSP outlines the objectives required to achieve the behavioral, social and or communication goals outlined in the Autism Support Planning Document. Depending on the type of intervention, the information gathered by the therapist may differ as behavioral intervention approaches tend to gather more data than a communication- or social play-based therapy. The ACM provides quarterly oversight of the PBSP to ensure it meets the needs of the participant. The plan requires ongoing coordination by the Support Broker with the IEP and school setting or the IFSP. In addition to the quarterly progress review, the ACM will review the PBSP to ensure compliance with the Department of Early Education and Care (DEEC) standards and regulations. Appendix G-2-a describes the quality review process that is in place to monitor these plans.

All providers write progress summaries on existing goals or objectives as outlined in the PBSP. The Department created a PBSP Report that includes the following:

- Progress toward the goal, i.e., change in objectives and strategies
- Effectiveness of the supports (both qualitative and quantitative analysis as appropriate based on the intervention strategy employed for the participant)
- Quality of the interventions
- Need for modification
- Satisfaction with the PBSP

#### INFORMING THE PARTICIPANT OF SERVICES AVAILABLE UNDER THE WAIVER

Upon initial enrollment in the waiver, the ACM will provide the family with information about

services available under this waiver and potential providers of these services. The ACM will also communicate the qualifications and requirements of relevant service providers as noted in Appendix C.

As part of the preplanning activities for the service planning process, the Autism Support Broker will again provide the family with information about the range of services and supports offered through this waiver and other sources such as the State Plan.

#### ADDRESSING PARTICIPANTS' GOALS, NEEDS AND PREFERENCES

The participant directed service planning meeting includes an identification of the family's strengths and natural supports available to assist in meeting the participant's needs. The Team creates a list of any significant experiences, events, or changes in the participant's/family's life and documents this in the Autism Support Planning Document. This includes documentation of family preferences, both "positive issues" and "challenging issues" as well as any changes in specific areas of support. The family identifies significant issues they are experiencing in caring for the participant that may include accessibility issues, problems with the educational program or community inclusion, language/cultural barriers, social isolation or stress in caring for other family members. The Team members then discuss ways of supporting the participant and family and how those supports may affect the participant's life. The team uses this information plus the information gathered from the assessments, the IEP or IFSP and pre-service plan consultations to support the family in developing specific goals and objectives.

#### ASSIGNING RESPONSIBILITIES

The Autism Plan of Care identifies the waiver services as well as other services and supports that the participant needs in order to live successfully in the community. The Autism Clinical Manager has responsibility for developing and reviewing the Plan of Care, with the Autism Support Broker providing support to the family through the planning process, as follows. The Autism Support Broker, in collaboration with other Team members and with oversight from the Autism Clinical Manager, works with the family to develop a list of needs to be addressed, the types of services that would meet these needs, the frequency/duration of the service, the expected outcome and the responsible party or parties for implementing each goal. Once these components are identified, the Broker then supports the family, with direction and oversight from the Autism Clinical Manager, to develop a person-centered budget that identifies how to use the participant's funding to support these outcomes. The Autism Clinical Manager reviews the completed Autism Plan of Care. The Autism Broker enters the relevant Autism Plan of Care (POC) and Budget information into the DDS Meditech system. The Autism Division Director or designee approves the Autism Plan of Care, and the family signs-off on it.

After the approval of the Autism Plan of Care, the individual and his (or her) team carry out the plan and work on each goal identified in the Autism Support Planning Document. Providers track, document, and review progress for each goal. The review dates for each goal are in the planning document. The review of these goals and related progress is at least quarterly, more frequently if requested by the family.

#### COORDINATION OF WAIVER AND OTHER SERVICES

The Autism Support Broker has primary responsibility for the "day-to-day" coordination of the Waiver Program. This involves contact with the participant and family, the school system or early intervention provider and other support providers. Upon the request of the family, both the ACM and the Autism Support Broker will attend the IEP or IFSP meeting to help ensure continuity and coordination of supports.

#### UPDATING AND MODIFYING THE Positive Behavior Support Plan (PBSP)

At least each quarter, the team meets with the in-home service providers. These providers review the Quarterly Report with the team; the PBSP report highlights each goal and also includes the following:

- Progress toward the goal
- Effectiveness of the supports (both qualitative and quantitative analysis as appropriate based on the intervention strategy employed by the participant)
- Quality of the interventions
- Need for modification
- Satisfaction with the PBSP

The Autism Support Broker contacts the service providers to remind them about this report and schedules the quarterly team meeting. At the meeting the team discusses potential changes to the PBSP such as:

- Initiation of or change in the PBSP;
- Change in the goals;
- Change in the supports or services used.

For non-emergency change requests to the Autism Plan of Care that occur between quarterly ~~in-person~~ meetings, the team responds within 30 days of a request for a modification, and addresses any adaptations needed to the Autism Plan of Care. The Autism Support Broker may waive participation of providers with no responsibility for the issue. For emergency requests that relate to the individual's health and safety, immediate action is to address these needs.

The Autism Support Broker is responsible to write a note in the participant's record about the review of the quarterly report and meeting. The note includes if there are changes or no changes in the PBSP and if the changes require a modification.

#### APPEAL RIGHTS

DDS regulations at 115CMR 6.33-6.34 set forth the appeal process for the Autism Plan of Care. Additional information regarding appeals is contained in Appendix F-1.

- e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

Risk assessment and mitigation are a core part of the service planning process. Through the health and behavioral assessments process, during the development of the Autism Support Planning Document, the team addresses potential risks to the participant's health and safety. As part of the enrollment process for the waiver as well as the service planning process, families identify the support system available to them in the event there is a family emergency. Additionally, as part of the service plan development the ACM and Support Broker discuss the responsibilities of the provider(s) of services to families. The Team then develops a set of prevention strategies and responses that will mitigate these risks. The participant and family participate in the development of these strategies to ensure that the responses are sensitive to their preferences.

The Autism Support Planning Document also includes backup plans to address contingencies and emergencies where there is a risk to the participant's health and welfare (e.g., behavioral



emergency, ER visit). Support Brokers as well as ACMs are available to respond to emergencies and can assist them in locating additional support workers if necessary.

- f. Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

All waiver participants have the right to freely select from among any willing and qualified provider of waiver services. Upon initial enrollment in the waiver, the Autism Clinical Manager provides each participant with information about services and supports available through the waiver. As part of the pre-planning activities for the participant directed service planning meeting—and as requested by the family—the Autism Support Broker facilitates the family's access to a statewide index of service providers..

The Autism Support Broker further supports the participant in identifying appropriate providers and securing their services. Depending on the type of service provider, this support includes providing information regarding any licensure or certification requirements, the process to qualify as a provider of services, including any required documentation, and assists the participant in arranging for services.

- g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The Department of Developmental Services (DDS) maintains individualized member files at the Autism Division. These files include Autism Plans of Care developed by Autism Clinical Managers employed by DDS. Waiver participant files are subject to sample reviews by DDS. DDS staff will conduct retrospective reviews of assessment data and Autism Plans of Care for the identified sample. This monitoring and oversight activity ensures that Autism Plans of Care for waiver participants are consistent with all applicable safeguards and standards of care.

- h. Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

<input type="radio"/>	<b>Every three months or more frequently when necessary</b>
<input type="radio"/>	<b>Every six months or more frequently when necessary</b>
<input checked="" type="radio"/>	<b>Every twelve months or more frequently when necessary</b>
<input type="radio"/>	<b>Other schedule</b>
	<i>Specify the other schedule:</i>

- i. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following (*check each that applies*):

<input checked="" type="checkbox"/>	<b>Medicaid agency</b>
<input type="checkbox"/>	<b>Operating agency</b>
<input type="checkbox"/>	<b>Case manager</b>



<input type="checkbox"/>	<b>Other</b>
	<i>Specify:</i>

## Appendix D-2: Service Plan Implementation and Monitoring

- a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

The Autism Support Broker has overall day-to-day responsibility for monitoring the implementation of the Autism Plan of Care (POC) to ensure that the participant is satisfied with waiver services and that services are furnished in accordance with the POC, meet the participant's needs and achieve their intended outcomes. This occurs through quarterly progress and update meetings and monthly contact with the participant and family, the school system and service providers as appropriate. In addition to this monitoring, the Department's Quality Management System will conduct several activities to ensure the integrity of the POC and service delivery.

The Autism Support Broker and the Autism Clinical Manager regularly review the POC; quarterly meetings are held with all team members, including parents/guardians who report directly about services furnished, to ensure that services are furnished in accordance with the POC.

To ensure services are accessible, are moving forward according to the POC, and continue to meet the participant's needs, the Autism Support Broker maintains monthly contact with the family as well as ongoing communication with the service providers and oversight of the participant's budgetary expenditures.

The Waiver is entirely participant-directed. All service providers are chosen by the participant/family. The Brokers help to identify potential providers using the Web based system of qualified providers and the Brokers ask families if they have staff they would like to hire to work with the participant.

The Autism Support Broker and the Autism Clinical Manager regularly review the effectiveness of the back-up plans at the quarterly meetings. The Autism Support Brokers are in monthly contact with families to ensure that the back-up plans remain up to date based on the needs of the participant and the family.

The Autism Support Broker and Clinical Manager work with the families during the quarterly meetings and the Brokers are in monthly contact to ensure that the participant health and welfare remain appropriate for the program.

The Autism Support Broker and Autism Clinical Managers make accessing non-waiver services, including health and dental, part of the Autism Support Planning Process, and record the information about these items on the plan and follow-up with these families during the quarterly and monthly contact meetings.

There are multiple processes in place which are described in the performance measures in Appendix D as well as in Appendices G and H. They include but are not limited to:

- i. oversight by autism support brokers and a requirement that monthly progress notes be maintained,
- ii. review of monthly notes by autism clinical managers and review by the autism program director

to assure that monthly notes are maintained,  
iii. review of a random sample of records to assure that when indicated a revised plan was completed.

The Waiver Program is a staff resource rich program which is designed to promptly identify and remediate identified problems. The Autism Support Broker is typically the first to respond to an issue identified by either the family or by service providers in the home. The Autism Support Broker contacts the Autism Clinical Manager to alert him/her about the issue and to brainstorm about remediation strategies for the participant/family. The Autism Support Broker enters the content of both the discussion and the action steps to be taken into the Meditech Notes; if it is a reportable issue it is also logged into the HCSIS Incident Management system. The Autism Support Broker and Autism Clinical Manager then modify the service plan and budget as needed to help with the problem. The Autism Division Director/designee monitors the notes on a monthly basis and meets weekly with the Clinical Managers. These weekly supervision meetings provide an immediate opportunity to monitor and remediate issues in a timely manner.

Problems that are identified are shared with the state directly through progress notes, phone calls, and regularly scheduled meetings with all of the Support Brokers, the Autism Clinical Managers and the Autism Division Director/designee.

(See Appendices G and H for additional information).

**b. Monitoring Safeguards. *Select one:***

<input type="radio"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.
<input checked="" type="radio"/>	<p><b>Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.</b></p> <p>The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. <i>Specify:</i></p> <p>Neither the Autism Clinical Managers (employed by the Autism Division of DDS) nor the Autism Support Brokers (employed by Autism Support Centers) may provide other services or supports to the participant. Other individuals employed by community organizations of which an Autism Support Center is a functional unit may provide direct services to waiver participants. These larger organizations are required to maintain strict firewalls between Support Broker functions and the provision waiver services to ensure participants' free choice of waiver service providers, independent monitoring and oversight of service plan implementation and monitoring of participant health and welfare. The ACM who has oversight responsibility for the Autism Plan of Care ensures that participants exercise free choice of providers and monitors that services are appropriate, reflect the participant's preferences and health and welfare needs and are in their best interest.</p>

## Quality Improvement: Service Plan

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

### a. Methods for Discovery: Service Plan Assurance

*The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.*

#### i. Sub-assurances:

*a. Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.*

#### i. Performance Measures

*For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

<b>Performance Measure:</b>	Percent of Autism Plans of Care that reflect needs identified through the assessment process (including health and safety risk factors) and personal goals. (Number of Autism Plans of Care that address assessed needs and personal goals/Total number of Autism Plans of Care reviewed.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Autism Waiver Review Tool			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence

			Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Add another Data Source for this performance measure**

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**b.Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.**

*This subassurance no longer exists in the CMS Quality Management System. The current approved waiver application does not have any performance measures associated with this subassurance, so its exclusion from the renewal application does not represent a change.*

**c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.**

<b>Performance Measure:</b>	Percent of participants whose Autism Plan of Care is reviewed and updated annually. (Number of participants whose Autism Plan of Care is reviewed and updated annually/Number of participants whose Autism Plan of Care is due for review.)
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other	

<i>If 'Other' is selected, specify:</i>			
<b>Meditech Consumer Database</b>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of Autism Plans of Care that were revised as needs changed. (Number of Autism Plans of Care that were revised as participants' needs changed/Total number of Autism Plans of Care reviewed where needs changed.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
<i>If 'Other' is selected, specify:</i>			
<b>Autism Waiver Review Tool</b>			
	<b>Responsible Party for data</b>	<b>Frequency of data collection/generation:</b>	<b>Sampling Approach</b> (check each that

	<b>collection/generation</b> (check each that applies)	(check each that applies)	applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.**

<b>Performance Measure:</b>	Percent of participants whose identified services are being billed for according to the type, scope, amount, frequency and duration identified in their plan of care. (Number of participants whose identified services are being billed according to the budget allocation in their plan of care/Number of participants in the Autism Waiver.)
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other	
If 'Other' is selected, specify:	
Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports and Autism Waiver Review Tool	

	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	✓ Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	✓ Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**e. Sub-assurance: Participants are afforded choice between/among waiver services and providers.**

#### **i. Performance Measures**

<b>Performance Measure:</b>	Percent of participants who were given an array of choices of providers. (Number of participants who were given access to the online provider directory during the planning process/ Total number of Autism Plans of Care reviewed.)
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<b>Data Source</b> (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify:			
<b>Autism Waiver Review Tool</b>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Add another Performance measure (button to prompt another performance measure)**

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

The State Medicaid agency is responsible for ensuring effective oversight of the waiver program, including administrative and operational functions performed by DDS. In the event problems are discovered with the management of the waiver program processes at Autism Support Centers, the Fiscal Management Services (FMS) entity, or waiver service providers, DDS and MassHealth are responsible for ensuring that a corrective action plan is created, approved, and implemented within appropriate timelines. Further, MassHealth and DDS are responsible for identifying and analyzing trends related to the operation of the waiver and determining strategies to address quality-related issues.

*ii. Remediation Data Aggregation*

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input checked="" type="checkbox"/> Other Specify: Every 2 years Semi-annually

**c. Timelines**

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.*

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes

*Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*

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## Appendix E: Participant Direction of Services

**Applicability** (from Application Section 3, Components of the Waiver Request):

<input checked="checked" type="radio"/>	<b>Yes. This waiver provides participant direction opportunities.</b> Complete the remainder of the Appendix.
<input type="radio"/>	<b>No. This waiver does not provide participant direction opportunities.</b> Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested (select one):**

<input type="radio"/>	<b>Yes. The State requests that this waiver be considered for Independence Plus designation.</b>
<input checked="checked" type="radio"/>	<b>No. Independence Plus designation is not requested.</b>

## Appendix E-1: Overview

- a. **Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

All participants in this waiver lead the design of their service delivery through a participant directed process. Because this waiver provides supports to children age birth through 8 with autism, a legal representative of the participant directs the waiver services.

Once determined eligible for the Waiver and once a child enrolls as a participant in the waiver, planning begins to determine what services meet the participant's identified needs. The planning process includes the participant, responsible legal representative of the participant, the Autism Clinical Manager and the Support Broker and may include other clinicians. The initial step in the planning process provides background information on the participant's strengths and areas of concern for the family as well as outlining the goals and objectives for the participant. The second step is to identify the available services and supports to meet these identified needs and to determine the type, frequency and duration of these waiver services. During this part of the planning process, the team creates a budget allocation to encapsulate the goals and objectives and the desired scope, frequency and duration of available services.

Then DDS sends the approved budget and enrolled services to the Fiscal Employer Agent/Fiscal Management Service (FEA/FMS) entity for use in determining payment to providers. The FEA/FMS entity performs the payment tasks associated with the purchase of waiver services and supports. The Autism Support Brokers provide information and assistance in support of the participant direction of waiver services and supports.

The waiver provides for both Employer Authority and Budget Authority as opportunities for participant direction. With Employer Authority, the participant may directly select and supervise workers who furnish waiver services and function as the common law employer. If this option is chosen, the FEA/FMS provides fiscal services related to income and social security tax withholding and state worker compensation taxes as all claims are processed through the FEA/FMS. With Budget Authority, the participant has the authority to manage the budget allocation through the FEA/FMS to purchase waiver goods and services that have been authorized in the service plan. The FEA/FMS along with the Autism Clinical Managers also monitor the usage of the services and supports on a weekly basis to prevent the provision of unnecessary and/or inappropriate services and supports. Autism Support Brokers are available throughout the planning process and throughout implementation of the Autism Plan of Care to ensure that participants are able to maintain the necessary level of involvement.

- b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

<input type="radio"/>	<b>Participant – Employer Authority.</b> As specified in <i>Appendix E-2, Item a</i> , the participant (or the participant’s representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
<input type="radio"/>	<b>Participant – Budget Authority.</b> As specified in <i>Appendix E-2, Item b</i> , the participant (or the participant’s representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
<input checked="" type="radio"/>	<b>Both Authorities.</b> The waiver provides for both participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for participants who exercise these authorities.

- c. **Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

<input checked="" type="checkbox"/>	<b>Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.</b>
<input type="checkbox"/>	<b>Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.</b>
<input type="checkbox"/>	<b>The participant direction opportunities are available to persons in the following other living arrangements</b> <i>Specify these living arrangements:</i>

- d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

<input checked="" type="radio"/>	<b>Waiver is designed to support only individuals who want to direct their services.</b>
<input type="radio"/>	<b>The waiver is designed to afford every participant (or the participant’s representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.</b>
<input type="radio"/>	<b>The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.</b> <i>Specify the criteria</i>

- e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

As part of the intake and eligibility process, the Autism Clinical Managers provide a broad overview of the Autism Waiver Program. Families with questions regarding the opportunities for participant direction contact the Autism Division. The Program ensures that families are aware of this wide range of options for participant direction throughout the planning process. Support Brokers and the Autism Clinical Managers furnish information to families about their responsibilities as an employer including how to interview, screen, hire and supervise workers. Information about what constitutes acceptable interview questions and the writing of non-discriminatory advertisements are discussed with families. Families are taught how to maintain time sheets and how to legally terminate workers. This information is furnished to families in written form. All of these activities are designed to ensure that families in this participant directed model do not violate basic employment law. The Fiscal Employer Agent/Fiscal Management Service (FEA/FMS) and the Autism Support Broker maintain ongoing communication with the participant and are available to support any adjustment in the amount of participant direction by the participant/family. Autism Clinical Managers and Support Brokers remind families of the opportunities annually during the Autism Support Planning meeting. The family/representative also signs off about receiving access to provider list at the time of the Autism Support Planning meeting.

- f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

<input type="radio"/>	<b>The State does not provide for the direction of waiver services by a representative.</b>
<input checked="" type="radio"/>	<b>The State provides for the direction of waiver services by representatives.</b> Specify the representatives who may direct waiver services: ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/>	<b>Waiver services may be directed by a legal representative of the participant.</b>
<input type="checkbox"/>	<b>Waiver services may be directed by a non-legal representative freely chosen by an adult participant.</b> Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

- g. **Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3. (*Check the opportunity or opportunities available for each service*):

Participant-Directed Waiver Service	Employer Authority	Budget Authority
Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle Modification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Supports and Consultation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Home Delivered Meals</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homemaker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home Modifications and Adaptations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual Goods and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Expanded Habilitation, Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assistive Technology	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Integration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

<input checked="" type="radio"/>	<b>Yes. Financial Management Services are furnished through a third party entity.</b> (Complete item E-1-i). Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	<b>Governmental entities</b>
<input checked="" type="checkbox"/>	<b>Private entities</b>
<input type="radio"/>	<b>No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.</b> <i>Do not complete Item E-1-i.</i>

- i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

<input type="radio"/>	FMS are covered as the waiver service specified in Appendix C-1/C-3 <b>The waiver service entitled:</b>
<input checked="" type="radio"/>	<b>FMS are provided as an administrative activity.</b> <i>Provide the following information</i>
<b>i.</b>	<b>Types of Entities:</b> Specify the types of entities that furnish FMS and the method of procuring these services: Financial Management Services are provided through a financial management services entity. The Financial Management Service designation was the result of an open competitive procurement. At the time of the contract award, the FMS was required to



	meet the Commonwealth's pre-qualification requirements, which emphasize that the FMS demonstrate operation in a financially sound and responsible manner through a review of references, credit history and financial statements.																		
ii.	<p><b>Payment for FMS.</b> Specify how FMS entities are compensated for the administrative activities that they perform:</p> <p>Currently Public Partnerships Limited (PPL) provides the fiscal management services. The contract between DDS and PPL provides for payment of a monthly Financial Management Services fee per client served.</p> <p>PPL reports budget status to the Department of Developmental Services and to participants on a monthly basis. PPL executes individual contracts with each waiver participant for Financial Management Services and with the participant and the provider of direct services and supports. Families and staff have access to the PPL Portal (web based system) at all times and can review current spending and timesheets.</p>																		
iii.	<p><b>Scope of FMS.</b> Specify the scope of the supports that FMS entities provide (<i>check each that applies</i>):</p> <p>Supports furnished when the participant is the employer of direct support workers:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td><td><b>Assists participant in verifying support worker citizenship status</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Collects and processes timesheets of support workers</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td> <b>Other</b>  <i>Specify:</i>            Process state and federal criminal history background checks; provides information to participants; provides a help line and maintains a "good to provide" list.         </td></tr> </table> <p>Supports furnished when the participant exercises budget authority:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td><td><b>Maintains a separate account for each participant's participant-directed budget</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Tracks and reports participant funds, disbursements and the balance-of participant funds</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Processes and pays invoices for goods and services approved in the service plan</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td> <b>Other services and supports</b>  <i>Specify:</i> </td></tr> </table>	<input checked="" type="checkbox"/>	<b>Assists participant in verifying support worker citizenship status</b>	<input checked="" type="checkbox"/>	<b>Collects and processes timesheets of support workers</b>	<input checked="" type="checkbox"/>	<b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b>	<input checked="" type="checkbox"/>	<b>Other</b> <i>Specify:</i> Process state and federal criminal history background checks; provides information to participants; provides a help line and maintains a "good to provide" list.	<input checked="" type="checkbox"/>	<b>Maintains a separate account for each participant's participant-directed budget</b>	<input checked="" type="checkbox"/>	<b>Tracks and reports participant funds, disbursements and the balance-of participant funds</b>	<input checked="" type="checkbox"/>	<b>Processes and pays invoices for goods and services approved in the service plan</b>	<input checked="" type="checkbox"/>	<b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b>	<input checked="" type="checkbox"/>	<b>Other services and supports</b> <i>Specify:</i>
<input checked="" type="checkbox"/>	<b>Assists participant in verifying support worker citizenship status</b>																		
<input checked="" type="checkbox"/>	<b>Collects and processes timesheets of support workers</b>																		
<input checked="" type="checkbox"/>	<b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b>																		
<input checked="" type="checkbox"/>	<b>Other</b> <i>Specify:</i> Process state and federal criminal history background checks; provides information to participants; provides a help line and maintains a "good to provide" list.																		
<input checked="" type="checkbox"/>	<b>Maintains a separate account for each participant's participant-directed budget</b>																		
<input checked="" type="checkbox"/>	<b>Tracks and reports participant funds, disbursements and the balance-of participant funds</b>																		
<input checked="" type="checkbox"/>	<b>Processes and pays invoices for goods and services approved in the service plan</b>																		
<input checked="" type="checkbox"/>	<b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b>																		
<input checked="" type="checkbox"/>	<b>Other services and supports</b> <i>Specify:</i>																		

	<p>Maintains a portal that allows participants the ability to review spending, timesheets and approved provider information.</p> <p>Assures that payment is made to only those providers qualified to provide supports.</p>
	Additional functions/activities:
<input checked="" type="checkbox"/>	<b>Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency</b>
<input checked="" type="checkbox"/>	<b>Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency</b>
<input checked="" type="checkbox"/>	<b>Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget</b>
<input checked="" type="checkbox"/>	<p><b>Other</b> Specify:</p> <p>The FEA/FMS and DDS provide information to each participant to whom it provides fiscal intermediary services under its state contract. The enrollment packet includes the forms and information including employee application, fact sheet on employer liability and safety, state and national criminal history background checks, Individual Provider Agreements, Employee and Vendor Agreement forms, Individual Provider Training Verification Record, and training materials. Materials are available on-line in the portal operated by the FEA/FMS.</p>
<b>iv.</b>	<p><b>Oversight of FMS Entities.</b> Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.</p> <p>The Department of Developmental Services (DDS) is responsible under its competitive procurement and negotiated contract to manage the performance of the FEA/FMS. DDS has established performance metrics and requires that the FEA/FMS meet them and has established a process of remediation if they do not achieve them. The FEA/FMS maintains monthly individual budgets on a portal where both participants and DDS can view all spending. The portal contains specific line items identifying the disbursements made on behalf of the participants. The FEA/FMS portal reconciles expenditures for a participant with that participant's approved budget. The FEA/FMS portal analyzes expenditures by 1) types of goods and services purchased, 2) similar categories of supports and services plans and reconciliation reports. There are also reports that analyze accuracy and timeliness of payments to providers and the accurate and timely invoicing for goods. The portal can examine spending and track this against the allocation. The FEA/FMS is also required to have an available line of credit as part of its contract to ensure that waiver participants do not experience any disruption in their waiver services. The FEA/FMS is required to maintain a log of complaints.</p>

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

<input type="checkbox"/>	<b>Case Management Activity.</b> Information and assistance in support of participant direction are furnished as an element of Medicaid case management services. <i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:</i>	
<input type="checkbox"/>	<b>Waiver Service Coverage.</b> Information and assistance in support of participant direction are provided through the waiver service coverage (s) specified in Appendix C-1/C-3 (check each that applies):	
	<b>Participant-Directed Waiver Service</b>	<b>Information and Assistance Provided through this Waiver Service Coverage</b>
	(list of services from Appendix C-1/C-3)	<input type="checkbox"/>
	Respite	<input type="checkbox"/>
	Vehicle Modification	<input type="checkbox"/>
	Behavioral Supports and Consultation	<input type="checkbox"/>
	<u>Home Delivered Meals</u>	<input checked="" type="checkbox"/>
	Homemaker	<input type="checkbox"/>
	Home Modifications and Adaptations	<input type="checkbox"/>
	Individual Goods and Services	<input type="checkbox"/>
	Family Training	<input type="checkbox"/>
	Expanded Habilitation, Education	<input type="checkbox"/>
	Assistive Technology	<input type="checkbox"/>
	Community Integration	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Administrative Activity.</b> Information and assistance in support of participant direction are furnished as an administrative activity. <i>Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and (e) the entity or entities responsible for assessing performance:</i>	
	(a) The Autism Support Centers are the entities that provide information and assistance in support of participant direction.	
	(b) In order to procure the Autism Support Centers that provide information and assistance in support of participant direction, DDS holds an open procurement through issuance of	

an RFR available on the state's procurement platform, COMMBUYS. Autism Support Centers are furnished as an administrative activity under contracts between DDS and the Autism Support Centers. The Autism Support Centers are competitively procured and both the procurement documents and the list of selected vendors are made available on state websites. The rates for the Autism Support Centers are governed by M.G.L. Chapter 257, which is implemented by EOHHS, and requires a market analysis, data gathering and a public hearing prior to promulgation, as well as a biennial rate review. The Autism Support Center rates are based on a model budget development and on the number of full-time equivalents. The rates are publicly available. The rates paid to the Autism Support Centers are an administrative expense and are not assessed to the participants.

(c) An Autism Support Broker assists the legal representative of the participant in arranging for, directing and managing waiver services. Brokers help to identify immediate and long-term needs, develop options to meet those needs and access identified waiver supports and waiver services. Practical skills training is available to enable the legal representatives of participants to independently direct and manage waiver services. Examples of skills training include providing information or recruiting and hiring respite workers, managing direct support workers and providing information on effective communication and problem-solving. The function includes providing information to ensure that the legal representatives of participants understand the responsibilities involved in directing their services. The extent of the assistance furnished to legal representatives of the participant is in the Autism Support Planning Document. The Autism Support Broker assists in developing a person centered plan to ensure that needs and preferences are understood and documented in the Autism Support Planning Document. In addition, the Autism Support Broker will assist in arranging for, directing and managing waiver services. Autism Support Brokers will focus on the following set of activities in support of Participant-Directed Services:

- Assist the participant to recruit, train and hire staff
- When necessary review requests for funding of environmental modifications and send on to the Autism Clinical Manager for final approval
- Review the individual budget and spending quarterly
- Facilitate community access and inclusion opportunities as it relates to budgeting
- Review reports related to appropriate use of public funds made available for waiver services and if necessary reports findings to the Autism Clinical Manager
- Facilitate the development of the participant's person-centered Autism Support Planning Document, Autism Plan of Care and Individual Budget
- Monitor and assist the participant with revisions to the Autism Support Planning Document and Autism Plan of Care, by the Autism Clinical Manager, with changes to the budget approved by the Autism Clinical Manager
- Assist the participant in working with the FEA/FMS to recruit, screen, hire, train, schedule, monitor, and pay support workers

(d), (e) The DDS Autism Clinical Managers meet monthly with the Autism Support Centers and review current functioning and of the performance of the Support Brokers. The Autism Support Centers' performance is monitored through DDS's ongoing contract management process. The Autism Division Director or designee conducts on-site reviews of the Autism Support Centers at least annually. The Autism Clinical Managers meet

	quarterly with families and provide assistance and problem solving support to families in conjunction with the Autism Support Brokers.
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**k. Independent Advocacy** (*select one*).

<input checked="" type="radio"/>	<b>No. Arrangements have not been made for independent advocacy.</b>
<input type="radio"/>	<b>Yes.</b> Independent advocacy is available to participants who direct their services. <i>Describe the nature of this independent advocacy and how participants may access this advocacy:</i>

**l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

Participant Direction by a legally responsible representative of the participant is a requirement for participation in this waiver. If all efforts to support a participant in directing their services and supports have been exhausted, the Department of Developmental Services will look for alternative support outside the waiver to meet the individual's health and welfare needs.

**m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

Participant Direction by a legally responsible representative of the participant is a requirement for participation in this waiver. Each individual who self-directs by hiring his or her own workers has an Agreement for Self Directed Supports describing the expectations of participation. As part of this agreement, the participant acknowledges that the authorization and payment for services that are not rendered could subject him/her to Medicaid fraud charges under state and federal law. Breach of any of the requirements, with or without intent, may disqualify the individual from self-directing-services. Termination of the participant's self-direction opportunity may be made when a participant or representative cannot adhere to the terms of the Agreement for Self Directed Supports.

Although DDS will work to prevent situations of involuntary termination of self-direction, they may be necessary. On-going support and monitoring by both the Autism Clinical Manager and the Support Broker may not be adequate to ensure that the participant's health and welfare can be assured. In that case the participant will be given notice and an opportunity for a fair hearing. Reasons for termination include but are not limited to

- refusal to participate in the development and implementation of the Autism Support Planning Document process,
- multiple attempts to hire individuals who are inappropriate or unqualified,
- on-going inability to supervise and retain employees,
- failure to submit time-sheets in a timely manner,
- inadequate protection of the participant's health and welfare,

f) commission of fraudulent or criminal activity associated with self-direction. If all efforts to support a participant in directing their services and supports have been exhausted, DDS will look for alternative supports outside the waiver to meet the individual's health and welfare needs.

- n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

<b>Table E-1-n</b>		
	<b>Employer Authority Only</b>	<b>Budget Authority Only or Budget Authority in Combination with Employer Authority</b>
<b>Waiver Year</b>	<b>Number of Participants</b>	<b>Number of Participants</b>
<b>Year 1</b>		400
<b>Year 2</b>		410
<b>Year 3</b>		420
<b>Year 4</b> (only appears if applicable based on Item 1-C)		430
<b>Year 5</b> (only appears if applicable based on Item 1-C)		440

## Appendix E-2: Opportunities for Participant-Direction

**a. Participant – Employer Authority** *Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:*

**i. Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

<input type="checkbox"/>	<p><b>Participant/Co-Employer.</b> The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.</p> <p>Specify the types of agencies (a.k.a., "agencies with choice") that serve as co-employers of participant-selected staff:</p>
<input checked="" type="checkbox"/>	<p><b>Participant/Common Law Employer.</b> The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.</p>

**ii. Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

<input checked="" type="checkbox"/>	<b>Recruit staff</b>
<input type="checkbox"/>	<b>Refer staff to agency for hiring (co-employer)</b>
<input checked="" type="checkbox"/>	<b>Select staff from worker registry</b>
<input checked="" type="checkbox"/>	<b>Hire staff (common law employer)</b>
<input checked="" type="checkbox"/>	<b>Verify staff qualifications</b>
<input checked="" type="checkbox"/>	<p><b>Obtain criminal history and/or background investigation of staff</b></p> <p>Specify how the costs of such investigations are compensated:</p> <p>Payment for the required state and national criminal history background check investigations is made by the FEA/FMS as part of its cost of doing business; payment for these investigations does not come from the participant's budget.</p>
<input checked="" type="checkbox"/>	<p><b>Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.</b></p> <p>Specify the state's method to conduct background checks if it varies from Appendix C-2-a:</p> <p>Criminal background checks are conducted in accordance with processes outlined in Appendix C-2-a. All employees are subject to state and national criminal history background checks.</p>



<input checked="" type="checkbox"/>	Determine staff duties consistent with the service specifications in Appendix C-1/C-3.
<input checked="" type="checkbox"/>	Determine staff wages and benefits subject to applicable State limits
<input checked="" type="checkbox"/>	Schedule staff
<input checked="" type="checkbox"/>	Orient and instruct-staff in duties
<input checked="" type="checkbox"/>	Supervise staff
<input checked="" type="checkbox"/>	Evaluate staff performance
<input checked="" type="checkbox"/>	Verify time worked by staff and approve time sheets
<input checked="" type="checkbox"/>	Discharge staff (common law employer)
<input type="checkbox"/>	Discharge staff from providing services (co-employer)
<input type="checkbox"/>	Other Specify:

b. **Participant – Budget Authority** *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

- i. **Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

<input checked="" type="checkbox"/>	Reallocate funds among services included in the budget
<input checked="" type="checkbox"/>	Determine the amount paid for services within the State's established limits
<input checked="" type="checkbox"/>	Substitute service providers
<input checked="" type="checkbox"/>	Schedule the provision of services
<input checked="" type="checkbox"/>	Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3
<input checked="" type="checkbox"/>	Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3
<input checked="" type="checkbox"/>	Identify service providers and refer for provider enrollment
<input checked="" type="checkbox"/>	Authorize payment for waiver goods and services
<input checked="" type="checkbox"/>	Review and approve provider invoices for services rendered
<input type="checkbox"/>	Other Specify:

- ii. **Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.



The Participant-Directed Budget amount for waiver goods and services over which the participant has authority occurs through an individual assessment process that determines the waiver services needed to ensure the participant's health and welfare and to prevent the risk of institutionalization. Use of the standard MASSCAP assessment process ensures that the budget methodology is applied consistently to each waiver participant. DDS has had sufficient experience in the Waiver program to inform DDS that the individual budget of up to \$28,000 can meet waiver participants assessed needs. The individual budget is based on current utilization and experience. Information about the methodology for establishing the participant-directed budget is publicly available on the DDS Autism Waiver website, and is also available through the Autism Support Centers.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

Budget development is an integral part of the planning process, which includes needs assessment and identification of supports to meet the identified needs. Families are active participants in the budget planning process. A budget allocation is part of the resulting Autism Support Planning Document process. The budget is developed after the completion of the Autism Support Planning process. The Autism Clinical Manager completes the Autism Plan of Care which is derived from the Autism Support Planning Document. Families work directly with the Support Broker to review the budget amount. The budget tool calculates the total amount of expected expenditures so that families can project their spending over the course of the year. Each participant can expect at least monthly contact with their assigned Autism Support Broker and assessment for any changes in need that require an adjustment in the budget amount will be a fundamental component of this regular communication. Families receive a notice of the opportunity to request a Fair Hearing for any budget request or denial. This information is included as part of the Autism Plan of Care.

- iv. **Participant Exercise of Budget Flexibility.** *Select one:*

<input checked="" type="radio"/>	<b>Modifications to the participant directed budget must be preceded by a change in the service plan.</b>
<input type="radio"/>	<p><b>The participant has the authority to modify the services included in the participant directed budget without prior approval.</b></p> <p>Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:</p>

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget

underutilization and the entity (or entities) responsible for implementing these safeguards:

The FEA/FMS operates a web based electronic information system to:

- Track allocations and payment of invoices;
- Track and monitor billings and reimbursements by participant through identification by name, social security number, service type, number of service units, dates of service, service rate, provider identification, and participant's Autism Plan of Care;
- Track and monitor utilization review and issue monthly reports to DDS and the participant.

The FEA/FMS monthly report and information available on the FEA/FMS portal is designed to reflect actual expenditures against the budgeted amount. The FEA/FMS is given the budget to bill against and its system flags over utilization. Any over-utilization is removed before claims are submitted.

Any potential for over-utilization or underutilization of the budget, or noncompliance with the POC, will be apparent based on DDS's review of monthly participant specific expenditure reports.

# Appendix F: Participant Rights

## Appendix F-1: Opportunity to Request a Fair Hearing

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) 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. The State provides notice of action as required in 42 CFR §431.210.

**Procedures for Offering Opportunity to Request a Fair Hearing.** Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Procedures for notifying individuals of the opportunity to request a Fair Hearing encompass the following adverse actions: (a) not providing an individual the choice of home and community-based services as an alternative to institutional care; (b) denying a participant the service(s) of their choice or the provider(s) of their choice; and, (c) actions to deny, suspend, reduce or terminate a participant's services.

Individuals are informed in writing of the procedures for requesting a Fair Hearing as part of the waiver entrance process by letter from the Autism Division Director/designee. If entrance to the waiver is denied, the individual is given formal written notice of the denial and information about how to request a Fair Hearing to appeal the denial of entrance to the waiver. In order to ensure that the individual is fully informed of their right to a Fair Hearing, when necessary, the written information will be supplemented with a verbal explanation of the Right to a Fair Hearing.

Whenever an action is taken that adversely affects a waiver participant (e.g., services are denied, reduced or terminated), the participant is notified in writing by letter from the Autism Division Director/designee of the action in advance of the effective date of the action. The notice includes information about how the participant may appeal the action by requesting a Fair Hearing and provides, as appropriate, for the continuation of services while the participant's appeal is pending. Copies of notices are maintained in the participant's record. It is up to the participant to decide whether to request a Fair Hearing.

The notice regarding the right to a Fair Hearing in each instance provides a brief description of the appeals process, instructions regarding how to appeal and refers the individual and/or legal representative to the DDS regulations at 115 CMR 6.30-6.34, which describe the procedures for requesting and receiving a Fair Hearing. In addition, the notice includes contact information for an Autism Division staff person who is available to answer questions or to assist the

individual in filing an appeal.

Fair Hearings are conducted in accordance with the Massachusetts Administrative Procedures Act and the Standard Adjudicatory Rules of Practice and Procedure, Informal Rules. M.G.L. c. 30A and 801 CMR 1.02. Individuals are notified that they may appeal Fair Hearing decisions to Superior Court pursuant to M.G.L. c. 30A . The right to a Fair Hearing within timeframes in Federal regulation is not impeded by any other method of problem resolution that the Commonwealth operates. The timeframe for any other state problem-resolution activity runs concurrent with a person's right to a Fair Hearing.

## Appendix F-2: Additional Dispute Resolution Process

- a. **Availability of Additional Dispute Resolution Process.** Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

<input checked="checked" type="radio"/>	<b>No. This Appendix does not apply</b>
<input type="radio"/>	<b>Yes. The State operates an additional dispute resolution process</b>

- b. **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

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## Appendix F-3: State Grievance/Complaint System

- a. **Operation of Grievance/Complaint System.** *Select one:*

<input checked="checked" type="radio"/>	<b>No. This Appendix does not apply</b>
<input type="radio"/>	<b>Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver</b>

- b. **Operational Responsibility.** Specify the State agency that is responsible for the operation of the grievance/complaint system:

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- c. **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

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# Appendix G: Participant Safeguards

## Appendix G-1: Response to Critical Events or Incidents

- a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*

<input checked="" type="radio"/>	<b>Yes. The State operates a Critical Event or Incident Reporting and Management Process</b> <i>(complete Items b through e)</i>
<input type="radio"/>	<b>No. This Appendix does not apply</b> <i>(do not complete Items b through e).</i> <i>If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.</i>

- b. **State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents, and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Allegations of abuse or neglect of participants are reported to the Department of Children and Families (DCF), the state child welfare agency. Individuals providing services to children under the autism waiver are mandated reporters. DCF screens/investigates allegations and completes investigations in accordance with 110 CMR 4.00. (Department of Children and Families Intake regulations outlining the procedures for receipt and screening of Protective Service reports).

DDS uses a web based incident reporting system, the Home and Community Services Information System (HCSIS), Incidents requiring a minor level of review are reported within 3 business days. Incidents requiring a major level of review are reported within one business day. For participants, where the family is the primary caregiver, major incidents including but not limited to deaths, physical and sexual assaults, suicide attempts, injuries, and suspected mistreatment are reported if the incident occurred during the time a DDS funded support was being provided.

Incidents are reported to the Autism Support Center(s) and entered into the HCSIS system. Review and approval of action steps are the responsibility of the Autism Division Director/designee and the Autism Clinical Managers. Regulations governing incident

reporting can be found at 115 CMR 13.00 (DDS regulations regarding Incident Reporting).

Reports pertaining to events other than major or minor incidents and alleged incidents of abuse and/or neglect are tracked by DDS as other reportable events (ORE). Some examples include, but are not limited to, family risk factors, police involvement, substance use, and housing.

- c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

Autism Support Brokers provide family members and other informal caregivers with information regarding how to report suspected instances of abuse or neglect at the time of the development of the initial Autism Support Planning Document and annually thereafter at the Autism Plan of Care meeting. Information provided includes a description of what constitutes abuse and neglect, how to report suspected abuse, the contact numbers for the Department of Children and Families (DCF) abuse reporting hotline, as well as the fact that reporting of abuse must be directly to the DCF and does not need to be reported to an Autism Support Center first.

- d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

As mentioned in G-1-b, there are three distinct processes for reporting incidents – one for incidents (classified as requiring a minor or major level of review), one for reporting of suspected instances of abuse or neglect and one for reporting other reportable events. A reported incident may be the subject of an investigation, but the processes are different and carried out by different entities. The processes are described below.

When minor and major incidents become known to the Autism Support Center or Clinical Manager, the designated Autism Support Broker in each Autism Support Center or the Clinical Manager is responsible for entering the incident and all actions taken to address the concerns into HCSIS, the electronic web based system. The final report submitted by the Autism Support Center is forwarded electronically to the Autism Clinical Manager who is responsible for evaluating the report and determining whether the appropriate action was taken for both minor and major incidents. Incident reports cannot be closed until the Autism Clinical Managers approve the actions taken in response to the event. Because this is a web-based system all of the Autism Support Centers and the Autism Clinical Managers have access to the outcome of the incident. Depending on whether the incident is a major or minor one, the time frame for entering the incident is 1-3 business days. The Autism Clinical Manager has up to 7 days to review the incident and action plan. If they approve the action plan, the incident is closed; if not, it is returned to the Autism Support Broker for



further action.. Families are notified once the process has been completed. The Autism Clinical Manager is able to produce a printable summary containing a summary of the incident and the subsequent actions taken to close the incident to share with the family.

Reports of known or suspected abuse or neglect of children, subject to investigation, are reported to the Department of Children and Families (DCF). DCF screens/investigates allegations and completes investigations in accordance with 110 CMR 4.00. All reports of abuse or neglect are processed by trained, experienced staff. DCF determines whether there is reasonable cause to believe that there has been abuse neglect by parents or caretakers. If the report is “screened in”, an investigation is conducted within 24 hours if deemed an emergency. Investigations of other screened in reports are completed within 10 calendar days. Screened in reports are investigated by social workers. The social workers gather information regarding the allegations by speaking with parents, substitute caretakers and/or members of the immediate family. They may also speak with school teachers, pediatricians or other persons who may have relevant information.

If DCF determines that there has been sexual abuse or serious injury, the District Attorney is notified. Reports may be screened out if the identified, alleged perpetrators are not caretakers. In those cases, DCF will encourage families to call the police or other appropriate authorities.

All staff and providers are mandated reporters and are required to file with DCF . DCF is responsible for any follow-up, action planning, and notification of all parties, in accordance with 110 CMR 4.00.

Other reportable events (OREs) are created on an as needed basis to track those events needed to ensure the Health and Welfare of a participant.

- e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

The operation of the incident management system is the responsibility of the Department of Developmental Services (DDS). The HCSIS system is a web based electronic system and as such has the ability to collect and compile information in a “real time” and aggregate fashion. Standard management reports allow appropriate DDS staff to review incidents by type, person, provider, area, region and state. The Autism Division Director/designee is responsible for reviewing management reports on an ongoing basis, with data aggregation occurring on an annual basis. As mentioned previously, because the system requires agreement concerning action steps between all involved parties as a condition of closing the incident, there is a built in mechanism to ensure follow up on individual issues. By reviewing management reports, the Autism Division Director/designee is able to identify potential patterns and trends and make recommendations regarding statewide service improvement efforts. In addition to the Autism Division Director/designee, key DDS management staff have direct access on a “read only” basis to all reported incidents.



## Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions

- a. **Use of Restraints (select one):***(For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

✓	<p><b>The State does not permit or prohibits the use of restraints</b></p> <p>Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:</p> <p>The Department of Developmental Services is the State agency responsible for detecting the unauthorized use of restraints. The ongoing presence and oversight by the Autism Support Brokers with the participants and their families provides the most important safeguard for detecting unauthorized use of restraints. In addition, providers of services who detect the unauthorized use of restraints are required to make a report to the Autism Support Center. Therefore, unauthorized use of restraints is detected by the Autism Support Brokers, the Autism Clinical Managers, providers of services and the self-report of families typically through the filing of a complaint to the Autism Support Center.</p> <p>All incidents of unauthorized use of restraints are entered into the HCSIS system within 1 – 3 business days depending on whether they are major or minor incidents. The Autism Clinical Managers review and approve all actions taken as a result of the incident. Each incident is subject to review to ensure that actions taken both respond to the immediate situation and, also, include further actions to mitigate the chance of a recurrence.</p>
○	<p><b>The use of restraints is permitted during the course of the delivery of waiver services.</b> Complete Items G-2-a-i and G-2-a-ii:</p>

- i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

--

**b. Use of Restrictive Interventions**

<input checked="" type="radio"/>	<p><b>The State does not permit or prohibits the use of restrictive interventions</b> Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:</p> <p>The Department of Developmental Services is the State agency responsible for detecting the unauthorized use of restrictive interventions. The ongoing presence and oversight by the Autism Support Brokers with the participants and their families provides the most important safeguard for detecting unauthorized use of restrictive interventions. In addition, families can file a complaint with the Autism Support Center and have direct access to the Autism Clinical Managers if they have any concerns about the unauthorized use of restrictive interventions. Autism Clinical Managers and Support Brokers provide information to families regarding how to file a complaint. In addition providers of services detecting the unauthorized use of restrictive interventions are required to make a report to the Autism Support Center.</p> <p>All incidents are entered into the HCSIS system within 1 – 3 business days depending on whether they are major or minor incidents. The Autism Clinical Managers review and approve all actions taken as a result of the incident. Each incident is subject to review to ensure that actions taken both respond to the immediate situation and also include further actions to mitigate the chance of a recurrence. In the last 5 years of operation of the Autism Waiver there have not been any reported instances of unauthorized use of restrictive interventions.</p>
<input type="radio"/>	<p><b>The use of restrictive interventions is permitted during the course of the delivery of waiver services.</b> Complete Items G-2-b-i and G-2-b-ii.</p>

- i. **Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

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- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

--

- c. **Use of Seclusion.** *(Select one): (This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

●	<p><b>The State does not permit or prohibits the use of seclusion</b></p> <p>Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:</p> <p>The Department of Developmental Services is the State agency responsible for detecting the unauthorized use of seclusion. The ongoing presence and oversight by the Autism Support Brokers with the participants and their families provides the most important safeguard for detecting unauthorized use of seclusion. In addition, families can file a complaint with the Autism Support Center and have direct access to the Autism Clinical Managers if they have any concerns about the unauthorized use of seclusion. Autism Clinical Managers and Support Brokers provide information to families regarding how to file a complaint. In addition providers of services detecting the unauthorized use of seclusion are required to make a report to the Autism Support Center.</p> <p>All incidents are entered into the HCSIS system within 1 – 3 business days depending on whether they are major or minor incidents. The Autism Clinical Managers review and approve all actions taken as a result of the incident. Each incident is subject to review to ensure that actions taken both respond to the immediate situation and also include further actions to mitigate the chance of a recurrence. In the last 5 years of operation of the Autism Waiver there have not been any reported instances of unauthorized use of seclusion.</p>
○	<p><b>The use of seclusion is permitted during the course of the delivery of waiver services.</b> Complete Items G-2-c-i and G-2-c-ii.</p>

- i. **Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

## Appendix G-3: Medication Management and Administration

*This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.*

**a. Applicability.** Select one:

<input checked="checked" type="radio"/>	<b>No. This Appendix is not applicable</b> <i>(do not complete the remaining items)</i>
<input type="radio"/>	<b>Yes. This Appendix applies</b> <i>(complete the remaining items)</i>

**b. Medication Management and Follow-Up**

- i. Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

--

- ii. Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and (c) the State agency (or agencies) that is responsible for follow-up and oversight.

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**c. Medication Administration by Waiver Providers**

*Answers provided in G-3-a indicate you do not need to complete this section*

- i. Provider Administration of Medications.** Select one:

<input type="radio"/>	Not applicable <i>(do not complete the remaining items)</i>
<input type="radio"/>	<b>Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.</b> <i>(complete the remaining items)</i>

- ii. State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

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- iii. Medication Error Reporting.** Select one of the following:

○	<b>Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).</b> <i>Complete the following three items:</i>
	(a) Specify State agency (or agencies) to which errors are reported:
	(b) Specify the types of medication errors that providers are required to <i>record</i> :
	(c) Specify the types of medication errors that providers must <i>report</i> to the State:
○	<b>Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.</b> Specify the types of medication errors that providers are required to record:

- iv. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

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## Quality Improvement: Health and Welfare

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

a. **Methods for Discovery: Health and Welfare**

***The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.*** (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

i. **Sub-assurances:**

***a. Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.*** (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)

i. **Performance Measures**

***For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.***

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

<b>Performance Measure:</b>	Percent of reported allegations of abuse, neglect, exploitation and unexplained death by a provider with appropriate follow up (Number of reported allegations of abuse, neglect, exploitation and unexplained death by a provider with appropriate follow up documented/ Total number of reported allegations of abuse, neglect, exploitation and unexplained death by a provider.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly



<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of participants' families who have been informed of how to report abuse, neglect, exploitation and unexplained death. (Number of families who report having been informed of how to report abuse, neglect, exploitation and unexplained death/Total number of Autism Plans of Care reviewed.)
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<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other
If 'Other' is selected, specify:

Autism Waiver Review Tool			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Interval = Confidence
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

<b>Data Aggregation and Analysis</b>	
<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly

<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Percent of Autism Clinical Managers (ACMs) and Autism Support Brokers (ASBs) who received training on their responsibilities as mandated reporters of abuse, neglect, exploitation and unexplained death. (Number of ACMs and ASBs with documentation of training on abuse, neglect, exploitation, unexplained death and mandated reporter requirements/Total number of ACMs and ASBs.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Training documentation records			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### Data Aggregation and Analysis

<b>Responsible Party for data aggregation and analysis</b>	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
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<i>(check each that applies)</i>	
<input checked="" type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	<input checked="" type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i> <i>Specify:</i>

- b. Sub-assurance: The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.**

<b>Performance Measure:</b>	Percent of reported incidents that have action steps identified and completed. (Number of reported incidents that have action steps identified and completed/Total number of reported incidents.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input checked="" type="checkbox"/> <i>100% Review</i>
	<input type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input type="checkbox"/> <i>Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input type="checkbox"/> <i>Quarterly</i>	<input type="checkbox"/> <i>Representative Sample; Confidence Interval =</i>
	<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	<input type="checkbox"/> <i>Annually</i>	
		<input checked="" type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

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### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- c. **Sub-assurance: The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.**

<b>Performance Measure:</b>	Percent of instances of restrictive intervention with appropriate follow up (Number of reported incidents involving restrictive interventions with appropriate follow up/total number of reported incidents involving restrictive interventions.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	

		<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### **Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- d. **Sub-assurance: The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.**

<b>Performance Measure:</b>	Percent of Autism Plans of Care that address health care, emergency and safety needs. (Number of Autism Plans of Care reviewed that address health care, emergency, and safety needs/Total number of Autism Plans of Care reviewed.)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
<b>Autism Waiver Review Tool</b>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative

			Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	95% confidence interval with a 5% margin of error.
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

### ***Data Aggregation and Analysis***

<b><i>Responsible Party for data aggregation and analysis</i></b> (check each that applies)	<b><i>Frequency of data aggregation and analysis:</i></b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

For Performance Measure a.2:

Appropriate follow up in the case of reported allegations of abuse, neglect, exploitation and unexplained death by a provider includes staff retraining, termination of the worker, termination of the provider as appropriate to the circumstances of the case.

### **b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The State Medicaid agency is responsible for ensuring effective oversight of the waiver program, including administrative and operational functions performed by DDS. In the event problems are discovered with the management of the waiver program processes at Autism Support Centers, the Fiscal Management Services

(FMS) entity, or waiver service providers, DDS and MassHealth are responsible for ensuring that a corrective action plan is created, approved, and implemented within appropriate timelines. Further, MassHealth and DDS are responsible for identifying and analyzing trends related to the operation of the waiver and determining strategies to address quality- related issues.

**ii. Remediation Data Aggregation**

	<b>Responsible Party</b> ( <i>check each that applies</i> ):	<b>Frequency of data aggregation and analysis</b> ( <i>check each that applies</i> )
	<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
	<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
	<input type="checkbox"/> <b>Sub-State Entity</b>	<input checked="" type="checkbox"/> <b>Quarterly</b>
	<input type="checkbox"/> <b>Other</b> Specify:	<input checked="" type="checkbox"/> <b>Annually</b>
		<input type="checkbox"/> <b>Continuously and Ongoing</b>
		<input checked="" type="checkbox"/> <b>Other</b> Specify:
		<i>Every 2 years</i>

**c. Timelines**

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.*

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b>

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

--

## Appendix H: Quality Improvement Strategy

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.



## Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I), a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances; and
- The remediation activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the QIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QMS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

## H.1 Systems Improvement

### a. System Improvements

- i. Describe the process(es) for trending, prioritizing and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The Massachusetts Department of Developmental Services has a robust quality management and improvement system (QMIS) for participants in the Autism Waiver Program. Services within the Autism Waiver are all participant directed and parents/guardians take the lead in designing the program and selecting service providers based on the participant's assessed level of need. As such, the quality management and improvement system must balance the need to assure that appropriate safeguards are in place with the need to preserve individual and family choice and control, the foundational principle of self- directed supports.

The principles that guide the quality management and improvement system are the following:

1. Quality is built in up-front through a person centered planning process that is controlled and directed by the family.
2. Participants and families are empowered to make decisions regarding hiring and supervising their own staff, as well as controlling their own budgets.
3. While there are certain prescribed monitoring activities, monitoring is tailored to the participant's and family's needs for support and the risks they may experience.
4. Quality is approached from three levels: the participant, the provider and the overall system.
5. The system is designed to create a continuous loop of quality including identification of issues, notification to concerned parties, correction, follow- up, analysis of patterns and trends, and service improvement activities.
6. Quality is imbedded in all DDS activities and involves everyone.
7. The system is designed to create a continuous presence with participants and providers.
8. The measurement of quality is based upon a set of agreed upon outcomes in peoples' lives that is integrated in the Department's mission statement, regulations, contract requirements, and licensure/certification processes.
9. The system involves active participation from participants, families, and other key stakeholders.
10. The system rigorously measures health, safety and human rights, but also places significant emphasis on other quality of life domains including community integration, relationships, choice and control and accomplishments.
11. The system integrates data and information from a variety of different sources and perspectives in order to measure quality.
12. The system collects, aggregates and analyzes data to identify patterns and trends to inform service improvement activities.

The QMIS for the Autism Waiver Program approaches quality from three perspectives: the participant, the provider and the system. On each level, the focus is on discovery of issues, remediation and service improvement. Information gathered about the participant and provider level is used not only to remedy situations on those levels, but also to inform overall system performance efforts.

The organizational structure of the Autism Waiver Program is a very clear and tight one that facilitates close monitoring and oversight of the activities and services within the Waiver Program. The Waiver Program is able to be supportive and responsive to the needs of participants, as well as to gather and utilize aggregate data concerning quality to inform system wide service improvement.

#### Structure of Autism Waiver Program and QMIS System

- Autism Support Brokers: These individuals work most closely with families and assist them in developing person centered support plans, aid in recruiting, hiring and supervising direct support staff and clinicians, , and closely monitor the implementation of the Autism Plan of Care to ensure that the participant and family are satisfied with the services, that services are furnished in accordance with the Plan, and meet the participant's needs. The support brokers are employees of one of the qualified Autism Support Centers. They work closely with the Autism Clinical Managers to ensure that providers are qualified and that the services are being delivered as designed and articulated in the Autism Plan of Care.
- Autism Clinical Managers: Autism Clinical Managers, staff of the Autism Division within DDS oversee and approve the development of the Autism Plan of Care, monitor its implementation, assure that all individual providers meet the required qualifications, and assure that the participant's health and safety needs are addressed. These Clinical Managers also review and monitor individual budgets and monitor provider performance. The Autism Clinical Managers maintain regular contact with the Autism Support Brokers as well as contact with the families of participants.
- Autism Division Director/designee: These staff provides statewide clinical, programmatic and administrative oversight of the entire waiver program. The Autism Division Director/designee has primary responsibility for collecting and analyzing information gathered through the various processes described in the waiver application and the previously described waiver assurances. It is also the responsibility of the Autism Division Director/designee to assure that the Autism Waiver Program is operating as designed, that issues are identified, remedied and that system wide service improvements are made.
- The Autism Division Director/designee works closely with the Assistant Commissioner for Quality Management to make sure that all the assurances required under the waiver are designed, developed, implemented and reviewed. The Office of Quality Management maintains overall responsibility for designing the Department's quality management system and assuring that appropriate data is collected, disseminated, and reviewed. The Assistant Commissioner for Quality Management reports in a direct line to the Commissioner and maintains independence from the Autism Services Division.
- MassHealth: This Office is responsible for the administration of the Waiver Program, which includes determining financial eligibility for MassHealth, and reviewing the results of the various quality management and improvement activities of the Division.

#### Processes for trending, prioritizing and implementing system improvements

The Autism Division utilizes a variety of databases that enables it to collect information on important outcomes related to the six assurances under the waiver. These are described in

detail within the quality improvement sections embedded in each section of this application. They are summarized below to highlight the thorough nature of information gathered and its utilization for service improvement efforts.

1) The Meditech system collects data on level of care, plans of care, and enrollment. The Autism Division Director/designee regularly reviews data to assure that levels of care are reviewed annually and that all participants have a current Autism Plan of Care.

After data are collected and reviewed, it is the responsibility of the Autism Division Director/designee to assure that appropriate actions are taken with respect to identified patterns and trends. The specific actions taken depend on the nature of the issue identified. For example, if the pattern identified relates to LOCs, plans of care, or documentation of progress, action plans would involve working with the Autism Clinical Managers and Support Brokers. If the pattern related to the work of the Autism Support Centers, DDS's ongoing contract monitoring processes would identify areas needing improvement, and would monitor and track performance improvement activities..

2) The Home and Community Services Information system (HCSIS) is a web based system that requires the entry of major incidents that occur while the participant is receiving services. Autism Clinical Managers review the incidents and must approve actions taken before an incident can be closed. The Autism Division Director/designee reviews all incidents to determine whether there are any patterns or trends that require statewide action.

The decision as to what identified patterns and trends require a statewide response is dependent upon whether the issue is occurring across the state, in all Autism Support Centers, among most participants, rather than isolated to a specific area, Autism Support Center or group of participants.

3) Other reportable events (ORE) outside of major or minor incidents and alleged instances of abuse and/or neglect also are reported. These include tracking of any reports made to DCF along with tracking specific risk factors. Some examples include, but are not limited to, family risk factors, police involvement, substance use, and housing.

4) A review of a sample of Autism Support Plans of Care is conducted by the Autism Division Director/designee to assure that the plans address all the necessary assurances and that support brokers are monitoring the implementation of plans.

4) The Autism Support Centers' performance is monitored through DDS's ongoing contract management process. The Autism Division Director/designee conducts on-site reviews of the Autism Support Centers at least annually and, as necessary, sets target improvement goals with individual centers to address areas in which performance does not meet contractual standards.

5) The Executive Office of Health and Human Services ("EOHHS") Bureau of Program Integrity ("Bureau") monitors the quality, efficiency and integrity of programs administered by EOHHS. The Bureau's enabling statute, M.G.L. c. 6A, § 16V, directs the Bureau to prevent

and detect fraud, waste and abuse and to make recommendations to improve the business processes that support benefits programs.

In addition, the Department also submits an Annual Report to the Massachusetts Legislature regarding key components of the Autism Waiver Program. The report is designed to keep the Legislature abreast of the activities involved in the management of the Autism Waiver Program.

The DDS Autism Division Director/designee has primary responsibility for collecting and analyzing information gathered through the various processes described above. It is his/her responsibility to assure that targeted case managers are monitoring and following up on individual issues, to track patterns and trends in each of the Autism Support Centers, and to assure that identified issues are corrected. Finally, the Autism Division Director/designee is responsible for reviewing system wide issues which emerge from the aggregation of data from the various mechanisms mentioned previously.

The active involvement of families and advocates is an integral component of the quality management and improvement system for the Autism Waiver Program. DDS has a very active statewide Family Support Council comprised primarily of families of individuals with intellectual or developmental disabilities. The Family Support Council reviews the aggregated results of all the discovery methods and identifies areas for service improvement.. DDS also has a statewide quality council whose sole purpose is to review quality management data and make recommendations for statewide improvement targets.

ii. System Improvement Activities

<b>Responsible Party</b> ( <i>check each that applies</i> ):	<b>Frequency of monitoring and analysis</b> ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input checked="" type="checkbox"/> <b>Quarterly</b>
<input checked="" type="checkbox"/> <b>Quality Improvement Committee</b>	<input checked="" type="checkbox"/> <b>Annually</b>
<input checked="" type="checkbox"/> <b>Other</b> Specify:	<input checked="" type="checkbox"/> <b>Other</b> Specify:
<i>Family Support Council</i>	<i>Every 2 years</i>

b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

The Office of Quality Management and staff of the Autism Division within DDS have primary responsibility for monitoring the effectiveness of system design changes. The Office of Quality Management works very closely with staff of the Autism Division to identify areas that may need design changes as well as to develop processes and systems to respond to identified systemic issues.

Implementation of strategies to meet identified system design changes and service improvement targets can occur on a variety of levels depending on the specific area. The Autism Division Director/designee oversees and monitors all aspects of quality and service delivery within the Autism Waiver Program. Through the design of the system, data collection and aggregation efforts, areas for systemic service improvements efforts are identified and progress towards achieving goals monitored.

Finally, outside stakeholders, including the Statewide Family Support Council as well as the State Legislature, review all quality assurance reports and provide valuable input into the quality improvement system.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

The effectiveness of the Quality Management system will be reviewed in the following ways:

- 1) While all individuals within the Autism Waiver Program service delivery and oversight system have responsibility for assuring quality, the Office of Quality Management (OQM) within DDS has primary responsibility for assuring that DDS has an effective quality management and improvement system in place for both the Autism Waiver Program and non-waiver services. As part of its ongoing responsibility, the OQM will monitor the systems in place described above to assure that they are accomplishing their objectives.
- 2) As part of their responsibility, the Family Support Council will be consulted to get feedback on the effectiveness of QA systems and make recommendations for needed changes or improvements.
- 3) Finally, in the past, DDS effectively utilized the technical assistance available through CMS, i.e. Medstat and HSRI on a variety of occasions. DDS will continue to request technical assistance to review the various components and overall efficacy of the QMIS system for the Autism Waiver Program when necessary and with organizations which may be designated as TA providers by CMS.

## **H.2 Use of a Patient Experience of Care/Quality of Life Survey**

**a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (Select one):**

- ☒ No
- ☐ Yes (Complete item H.2b)

**b. Specify the type of survey tool the state uses:**

- ☐ HCBS CAHPS Survey :
- ☐ NCI Survey :
- ☐ NCI AD Survey :
- ☐ Other (Please provide a description of the survey tool used):



# Appendix I: Financial Accountability

## APPENDIX I-1: Financial Integrity and Accountability

**Financial Integrity.** Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

(a) 808 CMR 1.00 requires organizations entering into a contract with the Commonwealth to perform an independent audit and annually submit a Uniform Financial Statement and Independent Auditor's Report to the Executive Office of Administrations and Finance's Operational Services Division. These are reviewed annually by the contracts office at the Department of Developmental Services (DDS) for existing/current providers and before executing a contract for new providers.

(b) The integrity of the provider billing data for Medicaid payment of waiver services is managed by DDS's Meditech operating and claims production system and the Massachusetts Medicaid Management Information System (MMIS). Meditech contains waiver service delivery information, demographic information, the level of care (LOC), the Autism Plan of Care (POC), and assigned Autism Clinical Manager information for each waiver participant. DDS has access to all data within Meditech and various checks and balances as well as system edits in place to ensure appropriate waiver service claims are submitted to MMIS. MMIS validates waiver service rates and MassHealth eligibility for dates of services claimed as a condition of payment.

DDS pays service providers for waiver services through the Fiscal Employer Agent/Financial Management Service (FEA/FMS). The FEA/FMS conducts a set of validation activities, including checking that all services have been authorized in the Plan of Care (POC), that the provider who is billing has been qualified to provide the authorized service, that the parent or guardian has signed the timesheet submitted by the worker, and that the billing does not exceed the participant's individual budget. DDS submits the claims to the Medicaid agency for Federal Financial Participation (FFP) claiming. The Autism Division is a division of DDS and adheres to DDS's assurances of financial integrity and accountability.

Individual waiver participants are coded as such in DDS's database. Claims checks assure that (1) Plan of Care has been authorized, Medicaid Eligibility, and Autism Clinical Manager are in place prior to a claim being processed, and (2) claims are processed only for waiver eligible



individuals for waiver eligible services provided by waiver eligible providers. The Medicaid agency then processes each claim interfacing with edits ensuring that the individuals are in a waiver eligible Medicaid category of assistance and that the services claimed are waiver eligible services.

(c) The MassHealth Program Integrity Unit oversees rigorous post payment review processes that identify claims that are paid improperly due to fraud, waste and abuse. MassHealth maintains an interdepartmental service agreement with the University of Massachusetts Medical School's Center for Health Care Financing to carry out post-payment review and recovery activities through its Provider Compliance Unit (PCU). MassHealth maintains consistent post-payment review methods, scope, and frequency for self-direction and agency providers.

On a regular basis, PCU runs Surveillance Utilization Review System (SURS) reports to identify aberrant billing practices. MassHealth runs SURS reports and algorithms that examine all provider types such that every provider type is generally being reviewed with a SURS report each year. For example, MassHealth and the PCU run a recurring algorithm that identifies any claims paid for members after their date of death as well as a report that identifies outliers in billing growth by provider type and reports that identify excessive activity, e.g., unusually high diagnosis and procedure code frequencies, by provider as well as “spike” reports that identify providers receiving higher than average payments. On average, MassHealth runs between 30 and 40 algorithms per year and 100 to 120 SURS reports of varying scope (e.g. all provider types, specific provider types, or a single provider) per year. These SURS reports and algorithms are run manually and not on a set schedule. There are no set criteria that must be met prior to MassHealth running particular SURS reports and algorithms.

When MassHealth identifies outliers in SURS reports or algorithms, additional SURS reports or algorithms may be run that are focused on that provider type identifying specific providers with unusual patterns or aberrant practices to enable targeting for additional review, including desk review or on-site audit. Desk reviews and audits are not solely initiated following findings in SURS reports and algorithms and may also be initiated due to a member complaint or a concern raised by the MassHealth program staff.

In addition, MassHealth and PCU regularly develop algorithms that identify duplicative or noncompliant claims for recovery. MassHealth regularly reviews algorithm and SURS report results to identify providers with a large number of noncompliant claims, aberrant billing patterns or excessive billings. Upon discovering such providers, MassHealth and PCU will open desk reviews or on-site audits targeting the provider. The scope and sampling methodology of post-payment reviews will vary from case to case. Algorithms and SURS reports typically review 100% of claims received for a given provider type over a specified timeframe. The sampling process for post-payment review (desk review and on-site audits) entails generating a random sample of all members receiving services over the audit review period. For audits and desk reviews, MassHealth and PCU will perform a random sample of members at a 90% confidence level and review all claims and associated medical records for each member over a specified timeframe (typically 4 to 6 months). A margin of error is calculated and determined only for reviews and audits in which MassHealth intends to

extrapolate overpayments based on the findings from the review or audit to the provider's full census. Where extrapolation may be performed, MassHealth and PCU typically pull a sample of 25 members and use the lower 90% confidence interval amount as the extrapolated overpayment amount to be recouped. The margin of error for the extrapolated amount can vary depending upon the total number of members the provider has served during the audit period. Where the provider has served fewer than 25 members over the audit period, MassHealth and PCU will review all of the members and associated claims resulting in a margin of error of +/- 0%.

On average, MassHealth and PCU run between 30 and 40 algorithms and SURS reports to identify recoveries as well as target providers for desk reviews and on-site audits. Because SURS reports and algorithms do not always identify providers exhibiting aberrant billing behavior, and because member complaints or program staff concerns are raised on an ad hoc basis, there is no scheduled number of desk reviews or on-site audits to be conducted on a year-to-year basis. When MassHealth identifies findings through SURS reports and algorithms, it is MassHealth practice to conduct a desk review or on-site audit within one month.

As part of its post-payment review activities, MassHealth and PCU regularly carry out desk reviews and on-site audits of providers. When initiating a provider desk review, auditors will request medical records, including individualized plans of care, for a sample of MassHealth members receiving services from the provider and compare them against claims data to ensure all paid claims are supported by accurate and complete documentation. As part of on-site audits, MassHealth and PCU develop an audit scope document that identifies specific regulatory requirements to be reviewed. Based on this scope, PCU will develop an audit tool to record the auditors' findings related to compliance or noncompliance of each regulatory requirement being reviewed. During their on-site visit, auditors will collect medical records for a sample of members to review for completeness and accuracy.

Upon completion of an on-site audit or desk review, MassHealth will review the findings of noncompliance, if any, with regulatory requirements and determine whether to issue a notice of overpayment or sanction to the provider, depending on whether the provider was found in violation of applicable regulatory requirements. The notice of overpayment or sanction identifies and explains each instance of noncompliance, and notifies the provider of the associated sanctions and identifies the related overpayments. Within the notice, the provider receives the detailed results of the audit review, including lists of each regulatory requirement, the description of the provider's noncompliance, and the associated sanction or overpayment amount. On a case-by-case basis, MassHealth may meet with the provider to review the audit findings and discuss the appropriate corrective actions.

Providers have the opportunity to appeal MassHealth's determination of sanction or overpayment and dispute the related findings. While the appeal is processed, MassHealth will withhold the identified amount of identified overpayments or impose sanctions of administrative fines from future payments to the provider. If the sanctions or overpayment determinations are not appealed, MassHealth will work with the provider to establish a payment plan where a percentage of the overpayment amount is withheld from future payments of the provider's claims until the entire balance of the overpayment or sanction of

administrative fines have been recouped.

As a result of a desk review or on-site audit, MassHealth may also require the provider to submit a plan of correction and may identify the provider to be re-audited after a specified period of time (e.g., 6 months) to ensure corrections are made.

Unlike desk reviews and on-site audits where reviewers are manually reviewing claims for a sample of members over a four to six month time period, algorithms and SURS reports generally look back over a longer timeframe up to five years for all claims associated with one or more provider types.

In addition to the activities described above, MassHealth maintains close contact with the Massachusetts Attorney General's Medicaid Fraud Division (MFD) to refer potentially fraudulent providers for MFD review and to ensure MassHealth is not pursuing providers under MFD's review.

(d) The Commonwealth also conducts an annual Single State Audit that includes sampling from DDS's waiver service claims. The Audit reviews contract and Quality Enhancement certification documents; Plans of Care, and Level of Care documents; service delivery data, claims and payment records. As necessary DDS can establish an audit trail including the point of service, date of service, rate development, provider payment status, claim status, and any other waiver related financial information. The Office of the State Auditor bids a contract with an independent auditor to conduct the Single State Audit.

## Quality Improvement: Financial Accountability

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

### a. **Methods for Discovery: Financial Accountability Assurance**

***The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program. (For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")***

***For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.***

***For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this***

section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**i. Sub-assurances:**

**a Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.** (Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)

**a.i. Performance Measures**

<b>Performance Measure:</b>	Services are coded and paid for in accordance with the reimbursement methodology specified in the waiver application. (Number of claims approved/Total number of service claims submitted).		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Financial records (including expenditures)			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
	UMass Revenue Unit	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
UMass Revenue Unit	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	Services are billed in accordance with the plan of care. The percentage of claims for services with the Fiscal Intermediary Service that are filed appropriately. (Approved bills filed with the Fiscal Intermediary Service/Total number of bills filed with the Fiscal Intermediary Service).		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Financial records (including expenditures)			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
	Financial Management Service	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

#### Data Aggregation and Analysis

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually

Financial Management Service	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other
	Specify:

- b. Sub-assurance: The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.**

<b>Performance Measure:</b>	Services are coded and paid for in accordance with the reimbursement methodology specified in the waiver application (Number of services with rates in the approved range/Number of services for which claims are submitted)		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Financial records (including expenditures)			
If 'Other' is selected, specify:			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	
	UMass Revenue Unit	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually

<i>UMass Revenue Unit</i>	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i>
	<i>Specify:</i>

- ii. *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

--

**b. Methods for Remediation/Fixing Individual Problems**

- i. *Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

<p>Claims that do not have the necessary components in place are returned to the DDS Autism Division Director/designee to remedy. In addition, the FEA/FMS and the Autism Division Director/designee review and discover any discrepancies, which are then returned for correction. A final check through DDS's system assures that any issues with respect to coding of claims, or participant eligibility are discovered and remedied prior to submission of final claims.</p>
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**ii. Remediation Data Aggregation**

<b><i>Remediation-related Data Aggregation and Analysis (including trend identification)</i></b>	<b><i>Responsible Party (check each that applies)</i></b>	<b><i>Frequency of data aggregation and analysis: (check each that applies)</i></b>
	<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
	<input type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
	<input type="checkbox"/> <b>Sub-State Entity</b>	<input type="checkbox"/> <b>Quarterly</b>
	<input type="checkbox"/> <b>Other</b>	<input checked="" type="checkbox"/> <b>Annually</b>
	<i>Specify:</i>	
		<input type="checkbox"/> <b>Continuously and Ongoing</b>
		<input type="checkbox"/> <b>Other</b>
		<i>Specify:</i>

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

<input checked="checked" type="radio"/>	No
<input type="radio"/>	Yes

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

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## APPENDIX I-2: Rates, Billing and Claims

- a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

Note: All services in the Autism Waiver are self-directed. Participants' guardians have budget authority for all services, and both budget and employer authority for a subset of services (see Appendix E).

1. Self-directed services with employer authority are paid through the Fiscal Employer Agent/Financial Management Service (FEA/FMS) at rates within an established range of payment. Participants may determine staff wages within the established range of payment. The minimum that may be paid is the state's minimum wage, while the maximum is set as the agency provider rate for the service to be provided. For self-directed waiver services where there is a comparable EOHHS Purchase of Service (POS) rate, the maximum rate is set at the comparable EOHHS POS rate for agency providers. These limits apply to the following self-directed waiver services:

- Expanded Habilitation, Education – Senior Therapist; Behavioral Supports and Consultation – Senior Therapist; and Family Training – Senior Therapist (maximum rates set in accordance with 101 CMR 420.00: Rates for Adult Long-term Residential Support Services; See “Add-on Rates”)
- Expanded Habilitation, Education – Therapist; Behavioral Supports and Consultation – Therapist; Family Training – Therapist; and Community Integration – Therapist (maximum rates set in accordance with 114.3 CMR 29.00: Psychological Services)
- Expanded Habilitation, Education – Direct Support Professional; Behavioral Supports and Consultation – Direct Support Professional; and Family Training – Direct Support Professional; and Community Integration – Direct Support Professional (maximum rates set in accordance with 101 CMR 423.00: Rates for Certain In-home Basic Living Supports)
- Expanded Habilitation, Education – RBT; Behavioral Supports and Consultation – RBT; and Community Integration – RBT (maximum rates set in accordance with 101 CMR 358: Rates of Payment for Applied Behavior Analysis)
- Respite (maximum rate set in accordance 101 CMR 424: Rates for Certain Developmental and Support Services)

Additional information on the rate development of EOHHS POS rates:

EOHHS is required by state law to develop rates for health services purchased by state governmental units, and which includes rates for waiver services purchased under this waiver. State law further requires that rates established by EOHHS for health services must

be “adequate to meet the costs incurred by efficiently and economically operated facilities providing care and services in conformity with applicable state and federal laws and regulations and quality and safety standards and which are within the financial capacity of the commonwealth.” See MGL Chapter 118E Section 13C. This statutory rate adequacy mandate guides the development of all rates described herein.

In establishing rates for health services, EOHHS is required by statute to complete a public process that includes issuance of a notice of the proposed rates with an opportunity for the public to provide written comment, and EOHHS is required to hold public hearing to provide an opportunity for the public to provide oral comment. See MGL Chapter 118E Section 13D; see also MGL Chapter 30A Section 2. The purpose of this public process is to ensure that the public (and in particular, providers) are given advance notice of proposed rates and the opportunity to provide feedback, both orally and in writing, to ensure that proposed rates meet the statutory rate adequacy requirements noted above.

All rates established in regulation by EOHHS are required by statute to be reviewed biennially and updated as applicable, to ensure that they continue to meet the statutory rate adequacy requirements. See MGL Chapter 118E Section 13D. In updating rates to ensure continued compliance with statutory rate adequacy requirements, a cost adjustment factor (CAF) or other updates to the rate models may be applied. These biennial rate reviews occur on varying and independent review schedules. Therefore, in order to capture the full panel of updated rates at one time the state will update rates for services with employer authority every three years to reflect the rate currently in effect in the POS regulation.

As described above, for self-directed services with employer authority where there is a comparable EOHHS Purchase of Service (POS) rate, the maximum agency rate is tied to the rate established in POS regulation after public hearing pursuant to MGL Chapter 118E, Section 13D. All POS rates were established in regulation pursuant to this statutory requirement. POS rates are developed using Uniform Financial Reporting (UFR) data submitted to the Massachusetts Operational Services Division, in accordance with UFR reporting requirements under 808 CMR 1.00: Compliance, Reporting and Auditing for Human and Social Services. EOHHS uses UFR data to calculate rates that meet statutory adequacy requirements described above. No productivity expectations and administrative ceiling calculations were used in establishing these rates. UFR data demonstrates expenses of providers of a particular service for particular line items. Specifically, UFRs include line items such as staff salaries; tax and fringe benefits; expenses such as training, occupancy, supplies and materials, or other expenses specific to each service; and administrative allocation. EOHHS uses these line items from UFRs submitted by providers as components in the buildup for the rates for particular services by determining the average for each line item across all providers. EOHHS uses the most recent complete state fiscal year UFR available to determine the average across providers of that service for each line item, which are then used to build each rate.

2. For waiver services where the participant is exercising budget authority, but not employer authority, these services are paid according to the cost of the good. These are all

self-directed waiver services, therefore all payments for purchase of goods are made through the FEA/FMS and purchased through a self-directed budget. Such services are paid using the FEA/FMS, Public Partnerships Limited (PPL). As indicated in Appendix E-2-b-v, PPL utilizes a web-based electronic information system to track and monitor billing and reimbursements and issue monthly reports to DDS. This system also applies strict budgetary limits. The system allows for individual service rates and authorization caps, limits based on waiver type, and incompatible service listings. Payments that do not conform to program rules will be pended and reviewed by DDS and will not be paid without DDS approval. PPL issues payments to authorized providers and individuals upon receipt of accurate paper and electronic invoices. Goods and services are not paid in full until the appropriate documentation is received, the expenditures are validated, and confirmation is made that the purchased items have been delivered and have met the specifications identified in the participant's individual service plan. This approach applies to the following waiver services:

- Assistive Technology
- Home Delivered Meals
- Homemaker
- Home Modifications and Adaptations
- Individual Goods and Services
- Vehicle Modification

The schedule of payment rates is posted on the DDS website and made available to participants' families/guardians by the Autism Clinical Manager and the Support Broker.

- b. Flow of Billings.** Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

Provider billings flow from the provider to the Fiscal Employer Agent/Financial Management Service (FEA/FMS) providing financial management services constituting payment of invoices for waiver goods and services that have been authorized by the participant and are included in the participant's budget and authorized in the service plan. The FEA/FMS is then responsible for submitting service and attendance data to DDS through a secure, automated file exchange.

The parent/guardian reviews and approves the individual service dates. These service dates are then reviewed and validated by DDS, and this approved data provides the documentation necessary for payment to the provider and for the development of a claim to the MMIS. Original paper source documentation of service delivery is maintained.

Once DDS has approved all service delivery entries in the PPL Web Portal, this data is imported into Meditech and automatically matched with approved EOHHS rates. Additionally, the data is checked against established claim checks prior to electronic submission to MMIS. Claim checks are part of DDS's Meditech system to assure that all waiver assurances are met prior to processing. Individuals are coded as waiver

participants in the Meditech system to assure waiver eligibility. Additionally, claims checks assure that each participant has an approved Plan of Care, meets Medicaid Eligibility requirements and has an identified Autism Clinical Manager prior to claims submission. Only services that meet all these requirements are submitted to MMIS for FFP. If an individual's Medicaid status has changed subsequent to claims submission, MMIS will automatically deny any claim for dates of service where the individual was not Medicaid eligible.

#### Components

Original source documentation is maintained in hard copy format by service providers, the Financial Management Service, and in electronic form by DDS.

Participant information is on file at DDS and in the Meditech system.

Claim checks are part of the Meditech system to assure that all waiver assurances are met prior to processing a claim for FFP.

#### c. Certifying Public Expenditures (*select one*):

<input type="radio"/>	<b>No. State or local government agencies do not certify expenditures for waiver services.</b>
<input checked="" type="radio"/>	<b>Yes. State or local government agencies directly expend funds for part or all of the cost of waiver services and certify their State government expenditures (CPE) in lieu of billing that amount to Medicaid.</b> <i>Select at least one:</i>
<input checked="" type="checkbox"/>	<b>Certified Public Expenditures (CPE) of State Public Agencies.</b> Specify: (a) the State government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). ( <i>Indicate source of revenue for CPEs in Item I-4-a.</i> ) Expenditures for waiver services are funded from annual legislative appropriations to the Department of Developmental Services. Claims for waiver services are adjudicated at approved rates through the state's approved MMIS system. The approved rates are set by EOHHS and are based on the total costs for and utilization of waiver services. Once the claims have adjudicated through the CMS approved MMIS system, which validates that the claims are eligible for Federal Financial participation, the expenditures for waiver services are reported on the CMS 64 report.
<input type="checkbox"/>	<b>Certified Public Expenditures (CPE) of Local Government Agencies.</b> Specify: (a) the local government agencies that incur certified public

	<p>expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). (<i>Indicate source of revenue for CPEs in Item I-4-b.</i>)</p>
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- d. Billing Validation Process.** Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

As described above, DDS's Meditech system and MMIS provide ample checks and balances to assure that FFP is claimed on the CMS-64 only when an individual is eligible for Medicaid waiver payment on the date of service rendered, the waiver service is included in the participant's approved service plan and the specific services were provided. The service delivery reporting system reconciles provider payment to dates of service reporting, and Meditech edits claims to ensure only service claims that meet all waiver criteria are submitted for payment processing to MMIS. MMIS validates all waiver service claims for dates of services and Medicaid eligibility prior to payment which is then reported as FFP in the CMS-64..

- e. Billing and Claims Record Maintenance Requirement.** Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR § 92.42.

## APPENDIX I-3: Payment

**a. Method of payments — MMIS (*select one*):**

<input type="radio"/>	<b>Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).</b>
<input type="radio"/>	<b>Payments for some, but not all, waiver services are made through an approved MMIS.</b> Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64.
<input checked="" type="radio"/>	<b>Payments for waiver services are not made through an approved MMIS.</b> Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:  All waiver services are self-directed. The state's contract with Public Partnerships, Limited (PPL), the FEA/FMS, effectuates direct billing for self-directed providers; i.e., when a provider bills through the FEA/FMS, the billing is considered direct to the Medicaid Agency as follows: self-directed providers bill through and are paid by the FEA/FMS, which acts as the agent of the Medicaid agency in making payments directly to the providers. The FEA/FMS is contracted with the state and is the business associate of the state, required to perform certain employer functions that aid the Waiver participant in self-direction such as tax withholding and payroll. As the business associate of the state, the FEA/FMS is also required to adhere to other requirements that relate to data privacy, reporting functions, and others.  Public Partnerships, Limited (PPL), the FEA/FMS, submits service data to DDS. Provider billings flow from a provider to the FEA/FMS. The FEA/FMS makes payment of invoices for waiver goods and services that have been requested by the participant and are included in the participant's budget and authorized in the service plan. DDS is able to access service delivery information through the FEA/FMS portal. Individuals are coded as waiver participants in the DDS Meditech database and claims checks assure that the Plan of Care and Medicaid eligibility are in place prior to a claim being processed; claims are processed only for waiver eligible individuals for waiver eligible services provided by waiver eligible providers. Payments are validated through the state's approved MMIS system through which units of service, approved rates and member eligibility are processed and verified.  Original source documentation is maintained in hard copy format by service providers and the FEA/FMS and in electronic form by DDS. Consumer specific information is



	on file in the DDS Meditech database. The audit trail is maintained through the PPL Web Portal and maintained in Meditech. The basis for the draw of federal funds and the claiming of these expenditures on the CMS-64 is claims paid through Meditech and validated through MMIS.
<input type="radio"/>	<b>Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.</b> Describe how payments are made to the managed care entity or entities:

- b. **Direct payment.** In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (*select at least one*):

<input type="checkbox"/>	<b>The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.</b>
<input type="checkbox"/>	<b>The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.</b>
<input checked="" type="checkbox"/>	<b>The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.</b> Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent: Provider billings flow from a provider to the Fiscal Employer Agent/Financial Management Service (FEA/FMS) which provides financial management services that constitute payment of invoices for waiver goods and services requested by the participant and which are included in the participant's budget and authorized in the service plan. The FEA/FMS is then responsible for submitting service data through the PPL Web Portal. Individuals are coded as waiver participants in the Department's database and claims checks assure that the Approved Plan of Care, Medicaid eligibility and Autism Clinical Manager are in place prior to a claim being processed and that claims are processed only for waiver eligible individuals for waiver eligible services provided by waiver eligible providers.
<input type="checkbox"/>	<b>Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity.</b> Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.

- c. **Supplemental or Enhanced Payments.** Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan/waiver. Specify whether supplemental or enhanced payments are made. *Select one:*

<input checked="" type="radio"/>	<b>No. The State does not make supplemental or enhanced payments for waiver services.</b>
<input type="radio"/>	<b>Yes. The State makes supplemental or enhanced payments for waiver services.</b> Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the State to CMS. Upon request, the State will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

**d. Payments to State or Local Government Providers.** *Specify whether State or local government providers receive payment for the provision of waiver services.*

<input checked="" type="radio"/>	<b>No. State or local government providers do not receive payment for waiver services.</b> <i>Do not complete Item I-3-e.</i>
<input type="radio"/>	<b>Yes. State or local government providers receive payment for waiver services.</b> <i>Complete item I-3-e.</i> Specify the types of State or local government providers that receive payment for waiver services and the services that the State or local government providers furnish. <i>Complete item I-3-e.</i>

**e. Amount of Payment to State or Local Government Providers.**

Specify whether any State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the State recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. *Select one:*

<input type="radio"/>	The amount paid to State or local government providers is the same as the amount paid to private providers of the same service.
<input type="radio"/>	The amount paid to State or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.
<input type="radio"/>	The amount paid to State or local government providers differs from the amount paid to private providers of the same service. When a State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the State recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report. Describe the recoupment process:



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- f. **Provider Retention of Payments.** Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. *Select one:*

<input checked="" type="radio"/>	<b>Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.</b>
<input type="radio"/>	<b>Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.</b> Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the State.

g. **Additional Payment Arrangements**

- i. **Voluntary Reassignment of Payments to a Governmental Agency.** *Select one:*

<input checked="" type="radio"/>	<b>No. The State does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.</b>
<input type="radio"/>	<b>Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e).</b> Specify the governmental agency (or agencies) to which reassignment may be made.

- ii. **Organized Health Care Delivery System.** *Select one:*

<input checked="" type="radio"/>	<b>No. The State does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.</b>
<input type="radio"/>	<b>Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.</b> Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

- iii. **Contracts with MCOs, PIHPs or PAHPs.** *Select one:*

●	<b>The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.</b>
○	<p><b>The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency.</b></p> <p>Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and (d) how payments are made to the health plans.</p>
○	<b>This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.</b>
○	<b>This waiver is a part of a concurrent §1115/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1115f waiver specifies the types of health plans that are used and how payments to these plans are made.</b>

## APPENDIX I-4: Non-Federal Matching Funds

- a. **State Level Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the State source or sources of the non-federal share of computable waiver costs. *Select at least one:*

<input type="checkbox"/>	<b>Appropriation of State Tax Revenues to the State Medicaid agency</b>
<input checked="" type="checkbox"/>	<b>Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.</b> If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the State entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Annual legislative appropriation to the Department of Developmental Services provides the non-federal share which is expended directly by DDS as CPEs. DDS makes expenditures from its appropriation and Federal Financial Participation (FFP) is returned to the State General Fund.</div>
<input type="checkbox"/>	<b>Other State Level Source(s) of Funds.</b> Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>

- b. **Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. *Select one:*

<input checked="" type="radio"/>	<b>Not Applicable.</b> There are no local government level sources of funds utilized as the non-federal share.
<input type="radio"/>	<b>Applicable</b> <i>Check each that applies:</i>
<input type="checkbox"/>	<b>Appropriation of Local Government Revenues.</b> Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

	<input type="checkbox"/>	<b>Other Local Government Level Source(s) of Funds.</b> Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the State Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and /or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2- c:

- c. **Information Concerning Certain Sources of Funds.** Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds . *Select one:*

●	<b>None of the specified sources of funds contribute to the non-federal share of computable waiver costs.</b>
○	<b>The following source(s) are used.</b> <i>Check each that applies.</i>
<input type="checkbox"/>	<b>Health care-related taxes or fees</b>
<input type="checkbox"/>	<b>Provider-related donations</b>
<input type="checkbox"/>	<b>Federal funds</b>
	For each source of funds indicated above, describe the source of the funds in detail:

## APPENDIX I-5: Exclusion of Medicaid Payment for Room and Board

**a. Services Furnished in Residential Settings. *Select one:***

<input checked="" type="radio"/>	No services under this waiver are furnished in residential settings other than the private residence of the individual.
<input type="radio"/>	As specified in Appendix C, the State furnishes waiver services in residential settings other than the personal home of the individual.

**b. Method for Excluding the Cost of Room and Board Furnished in Residential Settings.**  
The following describes the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

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## APPENDIX I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

**Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver. *Select one:***

<input checked="" type="radio"/>	No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.
<input type="radio"/>	<p>Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.</p> <p>The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:</p>

## APPENDIX I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing

- a. **Co-Payment Requirements.** Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

<input checked="" type="radio"/>	<b>No. The State does not impose a co-payment or similar charge upon participants for waiver services.</b> <i>(Do not complete the remaining items; proceed to Item I-7-b).</i>
<input type="radio"/>	<b>Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services.</b> <i>(Complete the remaining items)</i>

i. **Co-Pay Arrangement**

Specify the types of co-pay arrangements that are imposed on waiver participants *(check each that applies)*:

<i>Charges Associated with the Provision of Waiver Services (if any are checked, complete Items I-7-a-ii through I-7-a-iv):</i>	
<input type="checkbox"/>	<b>Nominal deductible</b>
<input type="checkbox"/>	<b>Coinsurance</b>
<input type="checkbox"/>	<b>Co-Payment</b>
<input type="checkbox"/>	<b>Other charge</b>
	<i>Specify:</i>

ii **Participants Subject to Co-pay Charges for Waiver Services.**

Specify the groups of waiver participants who are subject to charges for the waiver services specified in Item I-7-a-iii and the groups for whom such charges are excluded

*Answers provided in Appendix I-7-a indicate that you do not need to complete this section.*

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- iii. **Amount of Co-Pay Charges for Waiver Services.** The following table lists the waiver services defined in C-1/C-3 for which a charge is made, the amount of the charge, and the basis for determining the charge.

*Answers provided in Appendix I-7-a indicate that you do not need to complete this section.*

Waiver Service	Charge	
	Amount	Basis


**iv. Cumulative Maximum Charges.**

*Answers provided in Appendix I-7-a indicate that you do not need to complete this section.*

Indicate whether there is a cumulative maximum amount for all co-payment charges to a waiver participant (*select one*):

<input type="radio"/>	There is no cumulative maximum for all deductible, coinsurance or co-payment charges to a waiver participant.
<input type="radio"/>	There is a cumulative maximum for all deductible, coinsurance or co-payment charges to a waiver participant. Specify the cumulative maximum and the time period to which the maximum applies:

- b. Other State Requirement for Cost Sharing.** Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants. *Select one:*

<input checked="" type="radio"/>	<b>No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.</b>
<input type="radio"/>	<b>Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement.</b> Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income (c) the groups of participants subject to cost-sharing and the groups who are excluded; and (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

# Appendix J: Cost Neutrality Demonstration

## Appendix J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

**Composite Overview.** Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care ( <i>specify</i> ):			ICF/IID				
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Column 7 less Column 4)
1	<del>\$12,009.54</del> <del>\$11,262.37</del>	\$15,471.22	<del>\$27,480.76</del> <del>\$26,733.60</del>	\$275,483.73	\$2,921.04	\$278,404.77	<del>\$250,924.01</del> <del>\$251,671.18</del>
2	<del>\$12,013.82</del> <del>\$11,266.66</del>	\$15,746.61	<del>\$27,760.44</del> <del>\$27,013.27</del>	\$280,387.34	\$2,973.04	\$283,360.38	<del>\$255,599.94</del> <del>\$256,347.10</del>
3	<del>\$12,015.01</del> <del>\$11,267.85</del>	\$16,026.90	<del>\$28,041.91</del> <del>\$27,294.75</del>	\$285,378.24	\$3,025.96	\$288,404.19	<del>\$260,362.28</del> <del>\$261,109.44</del>
4	<del>\$12,227.59</del> <del>\$11,465.48</del>	\$16,312.18	<del>\$28,539.77</del> <del>\$27,777.67</del>	\$290,457.97	\$3,079.82	\$293,537.79	<del>\$264,998.02</del> <del>\$265,760.12</del>
5	<del>\$12,242.60</del> <del>\$11,480.50</del>	\$16,602.54	<del>\$28,845.14</del> <del>\$28,083.04</del>	\$295,628.12	\$3,134.64	\$298,762.76	<del>\$269,917.62</del> <del>\$270,679.72</del>



## Appendix J-2: Derivation of Estimates

- a. Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table J-2-a: Unduplicated Participants			
Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	Level of Care:
		ICF/IID	N/A
Year 1	400	400	N/A
Year 2	410	410	N/A
Year 3	420	420	N/A
Year 4	430	430	N/A
Year 5	440	440	N/A

- b. Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in Item J-2-a.

The average length of stay (ALOS) of 309.6 days for Waiver Years (WY) 1-5 is the ALOS in the Children's Autism Spectrum Disorder Waiver in WY17 (10/1/16 – 9/30/17).

- c. Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

- i. Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis and methodology for these estimates is as follows:

Number of Users:

The projected number of unduplicated participants each year is based on Department of Developmental Services (DDS) experience with this waiver to date and expected growth as follows: the states estimates growth up to an unduplicated participant count of 400 for WY1(10/1/20 – 9/30/21), and -modest growth of 10 additional unduplicated

participants per year in WY2 – WY5.

Except as noted below, the estimated number of users of each waiver service is based on utilization data reflected in the WY 2015, 2016, 2017, and 2018 CMS 372 reports (covering 10/1/14 – 9/30/18) as follows: the number of users of each waiver service in WY 2015, 2016, 2017, and 2018 was converted to a percentage of the unduplicated participant count for each respective year, an average percentage for the four-year period was calculated, and that percentage was applied to the estimated unduplicated participant for WY1-5 for the renewal period.

- For the following services, number of users was based on utilization data reflected in the WY 2015, 2016, and 2017 CMS 372 reports (covering 10/1/14 – 9/30/17) according to the methodology described above: Assistive Technology; Home Modifications and Adaptations; Individual Goods and Services; and Vehicle Modification.

- For Family Training –Therapist, the number of users was estimated at 15% of the unduplicated participant count, based on anticipated increased uptake of the service due to adjustments to the service model/approach and the addition of LICSW/LMHC as acceptable provider credentials (see Appendix C-1/C-3).

- For the Direct Support Professional service component of Expanded Habilitation, Education; Behavioral Supports and Consultation; and Community Integration, the number of users was estimated based on claims data from WY 2017. For each of these services, the percentage of users of the Direct Support Professional service component who accessed the service through individual providers was used to estimate the number of users for WY1-5 of the renewal period.

- For the new RBT service component of Expanded Habilitation, Education; Behavioral Supports and Consultation; and Community Integration, the number of users was estimated based on claims data from WY 2017. For each of these services, the percentage of users of the Direct Support Professional service component who accessed the service through agency-based providers was used to estimate the number of users for WY1-5 of the renewal period.

- For Home Delivered Meals, the number of users was estimated based on utilization of this service, authorized under Appendix K, during the month of August 2020, and on anticipated uptake of the new service. For WY 1-5 of the renewal period, utilization was estimated at 30% of the maximum slot capacity per waiver year.

- For services that had fewer than five unique users, the number of users was estimated at 1% of the unduplicated participant count. This approach applies for Homemaker; Community Integration – Therapist; Family Training – Senior Therapist; and Family Training - Direct Support Professional.

Average Units per User:

The average number of units per user for each waiver service was based on data reported on the WY 2015, 2016, 2017, and 2018 CMS 372 reports (covering 10/1/14 – 9/30/18) for this waiver, except as noted below. The average units per user for each service was averaged across those four waiver years.

- For the following services, average units per user was based on utilization data reflected in the WY 2015, 2016, and 2017 CMS 372 reports (covering 10/1/14 – 9/30/17) averaged across those three waiver years: Assistive Technology; Home Modifications and Adaptations; Individual Goods and Services; and Vehicle Modification.

- For Family Training - Therapist, average units per user was estimated at 52.45 units per user, reflecting 1-2 hours per month for 6-12 months. This estimate is based on anticipated increased uptake of the service due to adjustments to the service model/approach and the addition of LICSW/LMHC as acceptable provider credentials (see Appendix C-1/C-3).

- For Homemaker – average units per user was estimated based on utilization data reflected in the WY 2015, 2016, and 2017 CMS 372 reports (covering 10/1/14 – 9/30/17) averaged across those three waiver years. That average was converted from the former 15-minute unit to a per-episode unit, assuming approximately 3 hours per episode.

- For Home Delivered Meals, average units per user was estimated based on utilization of this service, authorized under Appendix K, during the month of August 2020. Participants utilizing this service received, on average, 14 meals per two weeks.

#### Average Cost per Unit:

Average costs per unit for waiver services for which participants have budget authority, but not employer authority, were estimated based on cost data reflected on the WY 2017 CMS 372 report for this waiver. This approach applies to the following services:

- Assistive Technology
- Homemaker – (in addition, the three-year average cost per unit was converted from 15-minute units to a per-episode unit, assuming approximately 3 hours per episode).
- Home Modifications and Adaptations
- Individual Goods and Services
- Vehicle Modification

Average cost per unit for the new Home Delivered Meals service, for which participants have budget authority but not employer authority, was estimated based on actual billing during the month of August 2020 (pursuant to Appendix K authority).

- For the services/components listed below, average costs per unit were estimated as follows:

- Expanded Habilitation, Education (Senior Therapist and Therapist components);

Behavioral Supports and Consultation (Senior Therapist and Therapist components); Community Integration (Senior Therapist and Therapist components); and Family Training (Family Training Senior Therapist and Family Training Therapist components): The percentages of users accessing the service/component through individual and agency-based providers was calculated based on claims data reflected in the WY 2017 CMS 372 report. The average costs per unit of the service/component purchased from individual and agency-based providers was calculated based on claims data reflected in the WY 2017 CMS 372 report. The average cost per unit of the service/component purchased from individual providers was converted to a percentage of the current maximum agency rate. The estimated cost per unit for each service/component is a blended average resulting from applying the percentages of users anticipated to use individual and agency-based providers to the anticipated average cost per unit of services purchased from agency-based providers (which is the unit rate for agency services identified in rate regulations described in Appendix I-2-a) and the average cost per unit for services purchased from individual providers (which is calculated as a percent of the maximum agency rate by applying the percentage of users purchasing from individual providers identified in the previous step).

- Expanded Habilitation, Education (Direct Support Professional component); Behavioral Supports and Consultation (Direct Support Professional component); Community Integration (Direct Support Professional component); and Family Training (Family Training Direct Support Professional Component): The average cost per unit of the service component purchased from individual providers was calculated based on claims data reflected in the WY 2017 CMS 372 report. The average cost per unit of the service component purchased from individual providers was converted to a percentage of the current maximum agency rate. The estimated cost per unit for each service component is calculated as a percent of the maximum agency rate (which is the unit rate for agency services identified in rate regulations described in Appendix I-2-a) by applying the percentage of users purchasing from individual providers identified in the previous step).

- Expanded Habilitation, Education (RBT component); Behavioral Supports and Consultation (RBT component); and Community Integration (RBT component): The estimated average cost per unit of the service component is the unit rate for agency services identified in rate regulations described in Appendix I-2-a).

**Trend:**

For all services, the estimated average cost per unit is estimated to remain level in WY1-WY3 of the renewal, and a one-time 1.78% cost inflation factor is applied in WY4 (and is included in WY5 estimates). The cost inflation factor is based on the Massachusetts Consumer Price Index (CPI) for third quarter 2019 optimistic forecast provided by IHS Markit Economics.

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor D' costs are based on WY 2017 claims data for all other Medicaid services (D') by participants in the Children's Autism Spectrum Disorder Waiver, as reported on the WY 2017 CMS 372 report. The annualized value of Factor D' is adjusted by the average length of stay used for Factor D to make the period of comparison comparable as follows: the annualized value of Factor D' was multiplied by the average length of stay and divided by 365. In addition, WY 2017 costs were trended forward annually by a cost inflation factor of 1.78%, as well as for subsequent waiver years. The cost inflation factor is based on the Massachusetts Consumer Price Index (CPI) for third quarter 2019 optimistic forecast provided by IHS Markit Economics.

The calculation for Factor D' in WY1 of the renewal period is as follows:  
$$\text{WY1 D'} = [\text{WY 2017 Average Annualized D'} \times (\text{ALOS} \div 365)] \times 1.0178^4.$$

- iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G is derived from the WY 2017 facility component cost per member per year for a long stay (at least 180 continuous days) in an ICF/ID as reported on the CMS 372 report for the Children's Autism Spectrum Disorder Waiver. All members in the sample were in a facility for at least 180 continuous days, although only the claims that occurred during WY 2017 for the period of facility stays were included in the sample. The annualized value of Factor G is adjusted by the average length of stay used for Factor D to make the period of comparison comparable. In addition, WY 2017 costs were trended forward annually by a cost inflation factor of 1.78%, as well as for subsequent waiver years. The cost inflation factor is based on the Massachusetts Consumer Price Index (CPI) for third quarter 2019 optimistic forecast provided by IHS Markit Economics.

The calculation for Factor G in WY1 of the renewal period is as follows:  
$$\text{WY1 G} = [\text{WY 2017 Average Annualized G} \times (\text{ALOS} \div 365)] \times 1.0178^4.$$

- iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G' costs are based on the utilization of all Medicaid services (G') other than ICF/ID services in WY 2017 for MassHealth members residing in an ICF/ID for a long-stay (at least 180 continuous days). All members in the sample were in a facility for at least 180 continuous days, although only the claims that occurred during WY 2017 for the period of facility stays were included in the sample. The annualized value of Factor G' is adjusted by the average length of stay used for Factor D to make the period of comparison comparable. In addition, WY 2017 costs were trended forward annually by a cost inflation factor of 1.78%, as well as for subsequent waiver years. The cost inflation factor is based on the Massachusetts Consumer Price Index (CPI)

for third quarter 2019 optimistic forecast provided by IHS Markit Economics.

The calculation for Factor G' in WY1 of the renewal period is as follows:

WY1 G' = [WY 2017 Average Annualized G' x (ALOS ÷ 365)] x 1.0178<sup>4</sup>.

**d. Estimate of Factor D.** *Select one:* Note: Selection below is new.

<input checked="" type="radio"/>	The waiver does not operate concurrently with a §1915(b) waiver. Complete Item J-2-d-i
<input type="radio"/>	The waiver operates concurrently with a §1915(b) waiver. Complete Item J-2-d-ii

**i. Estimate of Factor D – Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Expanded Habilitation, Education				Total:	\$3,770,780.91
Expanded Habilitation, Education – Senior Therapist	15 min	328	136	\$32.35	
Expanded Habilitation, Education – Therapist	15 min	140	503	\$15.95	
Expanded Habilitation, Education – Direct Support Professional	15 min	99	241	\$7.43	
Expanded Habilitation, Education – RBT	15 min	177	394	\$14.73	
Homemaker	Episode	4	8	\$183.75	\$5,880.00
Respite	15 min	120	359	\$5.23	\$225,308.40
Assistive Technology	Item	175	2	\$170.23	\$59,580.50
Behavioral Supports and Consultation				Total:	\$251,573.11
Behavioral Supports and Consultation – Senior Therapist	15 min	96	58	\$32.35	
Behavioral Supports and Consultation – Therapist	15 min	19	151	\$15.95	
Behavioral Supports and Consultation – Direct Support Professional	15 min	16	112	\$7.43	
Behavioral Supports and Consultation – RBT	15 min	15	56	\$14.73	
Community Integration				Total:	\$25,445.92
Community Integration – Therapist	15 min	4	28	\$15.95	

Waiver Year: Year 1					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Community Integration – Direct Support Professional	15 min	32	44	\$7.43	
Community Integration – RBT	15 min	32	28	\$14.73	
Family Training				Total:	\$51,341.52
Family Training – Family Training Senior Therapist	15 min	4	46	\$32.35	
Family Training – Family Training Therapist	15 min	60	46	\$15.95	
Family Training – Family Training Direct Support Professional	15 min	4	46	\$7.43	
<u>Home Delivered Meals</u>	<u>Meal</u>	<u>120</u>	<u>309</u>	<u>\$8.06</u>	<u>\$298,864.80</u>
Home Modifications and Adaptations	Item	92	2	\$124.19	\$22,850.96
Individual Goods and Services	Item	190	2	\$237.34	\$90,189.20
Vehicle Modification	Item	19	1	\$105.21	\$1,998.99
GRAND TOTAL:					<u>\$4,803,814.31</u> <del>\$4,504,949.51</del>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					400
FACTOR D (Divide grand total by number of participants)					<u>\$12,009.54</u> <del>\$11,262.37</del>
AVERAGE LENGTH OF STAY ON THE WAIVER					310



<b>Waiver Year: Year 2</b>					
<b>Waiver Service / Component</b>	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	<b>Unit</b>	<b># Users</b>	<b>Avg. Units Per User</b>	<b>Avg. Cost/ Unit</b>	<b>Total Cost</b>
Expanded Habilitation, Education				Total:	\$3,861,241.60
Expanded Habilitation, Education – Senior Therapist	15 min	337	136	\$32.35	
Expanded Habilitation, Education – Therapist	15 min	143	503	\$15.95	
Expanded Habilitation, Education – Direct Support Professional	15 min	101	241	\$7.43	
Expanded Habilitation, Education – RBT	15 min	181	394	\$14.73	
Homemaker	Episode	5	8	\$183.75	\$7,350.00
Respite	15 min	123	359	\$5.23	\$230,967.76
Assistive Technology	Item	180	2	\$170.23	\$61,282.80
Behavioral Supports and Consultation				Total:	\$260,442.62
Behavioral Supports and Consultation – Senior Therapist	15 min	99	58	\$32.35	
Behavioral Supports and Consultation – Therapist	15 min	20	151	\$15.95	
Behavioral Supports and Consultation – Direct Support Professional	15 min	17	112	\$7.43	
Behavioral Supports and Consultation – RBT	15 min	15	56	\$14.73	
Community Integration				Total:	\$26,185.28
Community Integration – Therapist	15 min	4	28	\$15.95	
Community Integration – Direct Support Professional	15 min	33	44	\$7.43	
Community Integration – RBT	15 min	33	28	\$14.73	
Family Training				Total:	\$53,150.70
Family Training – Family Training Senior Therapist	15 min	4	46	\$32.35	
Family Training – Family Training Therapist	15 min	62	46	\$15.95	
Family Training – Family Training Direct Support Professional	15 min	5	46	\$7.43	
<u>Home Delivered Meals</u>	<u>Meal</u>	<u>123</u>	<u>309</u>	<u>\$8.06</u>	<u>\$306,336.42</u>

Waiver Year: Year 2					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Home Modifications and Adaptations	Item	95	2	\$124.19	\$23,596.10
Individual Goods and Services	Item	196	2	\$237.34	\$93,037.28
Vehicle Modification	Item	20	1	\$105.21	\$2,104.20
GRAND TOTAL:					<u><b>\$4,925,668.11</b></u> <del><b>\$4,619,331.69</b></del>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<b>410</b>
FACTOR D (Divide grand total by number of participants)					<u><b>\$12,013.82.80</b></u> <del><b>\$11,266.66</b></del>
AVERAGE LENGTH OF STAY ON THE WAIVER					<b>310</b>

Waiver Year: Year 3					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Expanded Habilitation, Education				Total:	\$3,958,520.19
Expanded Habilitation, Education – Senior Therapist	15 min	344	136	\$32.35	
Expanded Habilitation, Education – Therapist	15 min	147	503	\$15.95	
Expanded Habilitation, Education – Direct Support Professional	15 min	104	241	\$7.43	
Expanded Habilitation, Education – RBT	15 min	186	394	\$14.73	
Homemaker	Episode	5	8	\$183.75	\$7,350.00
Respite	15 min	126	359	\$5.23	\$236,573.82
Assistive Technology	Item	184	2	\$170.23	\$62,644.64
Behavioral Supports and Consultation				Total:	\$265,020.10
Behavioral Supports and Consultation – Senior Therapist	15 min	101	58	\$32.35	
Behavioral Supports and Consultation – Therapist	15 min	20	151	\$15.95	
Behavioral Supports and Consultation – Direct Support Professional	15 min	17	112	\$7.43	
Behavioral Supports and Consultation – RBT	15 min	16	56	\$14.73	
Community Integration				Total:	\$27,371.24
Community Integration – Therapist	15 min	5	28	\$15.95	
Community Integration – Direct Support Professional	15 min	34	44	\$7.43	
Community Integration – RBT	15 min	34	28	\$14.73	
Family Training				Total:	\$53,884.40
Family Training – Family Training Senior Therapist	15 min	4	46	\$32.35	
Family Training – Family Training Therapist	15 min	63	46	\$15.95	
Family Training – Family Training Direct Support Professional	15 min	5	46	\$7.43	
<u>Home Delivered Meals</u>	<u>Meal</u>	<u>126</u>	<u>309</u>	<u>\$8.06</u>	<u>\$313,808.04</u>

Waiver Year: Year 3					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Home Modifications and Adaptations	Item	97	2	\$124.19	\$24,092.86
Individual Goods and Services	Item	200	2	\$237.34	\$94,936.00
Vehicle Modification	Item	20	1	\$105.21	\$2,104.20
GRAND TOTAL:					<u><b>\$5,046,305.49</b></u> <del><b>\$4,732,497.45</b></del>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<b>420</b>
FACTOR D (Divide grand total by number of participants)					<u><b>\$12,015.01</b></u> <del><b>\$11,267.85</b></del>
AVERAGE LENGTH OF STAY ON THE WAIVER					<b>310</b>

Waiver Year: Year 4					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Expanded Habilitation, Education				Total:	\$4,125,383.38
Expanded Habilitation, Education – Senior Therapist	15 min	352	136	\$33.00	
Expanded Habilitation, Education – Therapist	15 min	150	503	\$16.27	
Expanded Habilitation, Education – Direct Support Professional	15 min	106	241	\$7.58	
Expanded Habilitation, Education – RBT	15 min	190	394	\$15.02	
Homemaker	Episode	5	8	\$183.75	\$7,350.00
Respite	15 min	129	359	\$5.33	\$246,837.63
Assistive Technology	Item	189	2	\$170.23	\$64,346.94
Behavioral Supports and Consultation				Total:	\$277,473.37
Behavioral Supports and Consultation – Senior Therapist	15 min	103	58	\$33.00	
Behavioral Supports and Consultation – Therapist	15 min	21	151	\$16.27	
Behavioral Supports and Consultation – Direct Support Professional	15 min	18	112	\$7.58	
Behavioral Supports and Consultation – RBT	15 min	16	56	\$15.02	
Community Integration				Total:	\$28,670.60
Community Integration – Therapist	15 min	5	28	\$16.27	
Community Integration – Direct Support Professional	15 min	35	44	\$7.58	
Community Integration – RBT	15 min	35	28	\$15.02	
Family Training				Total:	\$56,462.70
Family Training – Family Training Senior Therapist	15 min	4	46	\$33.00	
Family Training – Family Training Therapist	15 min	65	46	\$16.27	
Family Training – Family Training Direct Support Professional	15 min	5	46	\$7.58	
<u>Home Delivered Meals</u>	<u>Meal</u>	<u>129</u>	<u>309</u>	<u>\$8.22</u>	<u>\$327,705.25</u>

Waiver Year: Year 4					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Home Modifications and Adaptations	Item	99	2	\$124.19	\$24,589.62
Individual Goods and Services	Item	204	2	\$237.34	\$97,016.26
Vehicle Modification	Item	21	1	\$105.21	\$2,188.20
GRAND TOTAL:					<u><b>\$5,257,863.62</b></u> <del><b>\$4,931,881.19</b></del>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<b>430</b>
FACTOR D (Divide grand total by number of participants)					<u><b>\$12,227.59</b></u> <del><b>\$11,469.49</b></del>
AVERAGE LENGTH OF STAY ON THE WAIVER					<b>309.60</b>

Waiver Year: Year 5					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Expanded Habilitation, Education				Total:	\$4,224,629.16
Expanded Habilitation, Education – Senior Therapist	15 min	360	136	\$33.00	
Expanded Habilitation, Education – Therapist	15 min	154	503	\$16.27	
Expanded Habilitation, Education – Direct Support Professional	15 min	109	241	\$7.58	
Expanded Habilitation, Education – RBT	15 min	195	394	\$15.02	
Homemaker	Episode	4	8	\$183.75	\$6,468.00
Respite	15 min	132	359	\$5.33	\$252,607.18
Assistive Technology	Item	193	2	\$170.23	\$65,678.43
Behavioral Supports and Consultation				Total:	\$284,196.41
Behavioral Supports and Consultation – Senior Therapist	15 min	106	58	\$33.00	
Behavioral Supports and Consultation – Therapist	15 min	21	151	\$16.27	
Behavioral Supports and Consultation – Direct Support Professional	15 min	18	112	\$7.58	
Behavioral Supports and Consultation – RBT	15 min	17	56	\$15.02	
Community Integration				Total:	\$28,670.60
Community Integration – Therapist	15 min	5	28	\$16.27	
Community Integration – Direct Support Professional	15 min	35	44	\$7.58	
Community Integration – RBT	15 min	35	28	\$15.02	
Family Training				Total:	\$57,211.12
Family Training – Family Training Senior Therapist	15 min	4	46	\$33.00	
Family Training – Family Training Therapist	15 min	66	46	\$16.27	
Family Training – Family Training Direct Support Professional	15 min	5	46	\$7.58	
<u>Home Delivered Meals</u>	<u>Meal</u>	<u>132</u>	<u>309</u>	<u>\$8.22</u>	<u>\$335,326.31</u>

Waiver Year: Year 5					
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
Home Modifications and Adaptations	Item	102	2	\$124.19	\$25,334.76
Individual Goods and Services	Item	209	2	\$237.34	\$99,208.12
Vehicle Modification	Item	21	1	\$105.21	\$2,209.41
GRAND TOTAL:					<u><b>\$5,386,745.99</b></u> <b><del>\$5,051,419.68</del></b>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<b>440</b>
FACTOR D (Divide grand total by number of participants)					<u><b>\$12,242.60</b></u> <b><del>\$11,480.50</del></b>
AVERAGE LENGTH OF STAY ON THE WAIVER					<b>309.60</b>