

Application for
RENEWAL
of a §1915 (c) HCBS Waiver
HCBS Waiver Application Version 3.5
Includes Changes Implemented through November 2014

Submitted by:

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Submission Date:	
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CMS Receipt Date <i>(CMS Use)</i>	
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Application for Renewal of a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors.

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

Significant changes to the approved waiver are limited to the following:

1. Increasing maximum waiver capacity and the point-in-time limit in waiver years 1-5, as specified in Appendix B.
2. Updating the Family Training service to focus on identifying and addressing barriers, facilitating readiness, and thereby enhancing family engagement in core waiver services, as specified in Appendix C-1/C-3.
3. Adding new provider types in Expanded Habilitation, Habilitation; Behavioral Supports and Consultation; Community Integration; and Family training, as specified in Appendix C-1/C-3.
4. Increasing the individual prospective budget limit from \$25,000 to \$28,000, as specified in Appendix C-4, and removing the cost of fences (as Home Modifications) and Vehicle Modifications from that overall limit.
5. Increasing the individual prospective budget limit for services other than Expanded Habilitation, Education from \$5,500 to \$6,000, as specified in Appendix C-4.
6. Increasing the individual budget limit for Home Modifications and Adaptations from \$10,000 to \$15,000, while maintaining the annual \$5,000 limit, as specified in Appendix C-1/C-3.
7. Increasing the annual limit for Individual Goods and Services from \$1,500 to \$1,700, as specified in Appendix C-1/C-3.
8. Removed annual \$5,000 limit from Vehicle Modifications, while maintaining \$10,000 lifetime limit, as specified in Appendix C-1/C-3.
9. Excluding the cost of certain safety items (fences and vehicle modifications) from the individual prospective budget limit, as specified in Appendix C-4.
10. Increasing the annual budget for participants in step-down (i.e., after the first three years of participation in waiver services) from \$7,500 to \$8,500, as specified in Appendix C-4.

1. Request Information

A. The State of **Massachusetts** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. **Program Title** (*optional – this title will be used to locate this waiver in the finder*): **Children's Autism Spectrum Disorder Waiver**

C. **Type of Request: RENEWAL**

Requested Approval Period: (*For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.*)

<input type="radio"/>	3 years
<input checked="" type="radio"/>	5 years

D. **Type of Waiver** (*select only one*):

<input type="radio"/>	Model Waiver
<input checked="" type="radio"/>	Regular Waiver

E. **Proposed Effective Date:** **10/1/2020**

Approved Effective Date (CMS Use):

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"/>	Hospital (<i>select applicable level of care</i>)	
	<input type="radio"/>	Hospital as defined in 42 CFR §440.10 If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:
	<input type="radio"/>	Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160
<input type="checkbox"/>	Nursing Facility (<i>select applicable level of care</i>)	
	<input type="radio"/>	Nursing Facility as defined in 42 CFR §440.40 and 42 CFR §440.155 If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:
	<input type="radio"/>	Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140
<input checked="" type="checkbox"/>	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150) 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 type="radio"/>	Not applicable	
<input type="radio"/>	Applicable	
	Check the applicable authority or authorities:	
<input type="checkbox"/>	Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I	
<input type="checkbox"/>	Waiver(s) authorized under §1915(b) of the Act. <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"/>	A program operated under §1932(a) of the Act. <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"/>	A program authorized under §1915(i) of the Act.	
<input type="checkbox"/>	A program authorized under §1915(j) of the Act.	
<input type="checkbox"/>	A program authorized under §1115 of the Act. Specify the program:	

H. Dual Eligibility for Medicaid and Medicare.

Check if applicable:

<input checked="" type="checkbox"/>	This waiver provides services for individuals who are eligible for both Medicare and Medicaid.
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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~~ program 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), ~~formerly known as the Department of Mental Retardation~~, 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 ~~the Office of Medicaid~~ MassHealth, oversees ~~the Department~~ 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 ~~four~~ 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 ~~its seven~~ 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 ~~Autism Support Centers~~ ASC's, which employ Autism Support Brokers. Autism Support Brokers assist family members in employing Autism Specialty Providers who deliver waiver services to the ~~waiver enrollee~~ 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"/>	Yes. This waiver provides participant direction opportunities. <i>Appendix E is required.</i>
<input type="radio"/>	No. This waiver does not provide participant direction opportunities. <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"/>	Not Applicable
<input type="radio"/>	No
<input type="radio"/>	Yes

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

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

<input type="checkbox"/>	<p>Geographic Limitation. 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>Limited Implementation of Participant-Direction. A waiver of statewide is requested in order to make <i>participant direction of services</i> as specified in Appendix E available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.</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:

This section will be populated after the public comment period, prior to submission to CMS.

- 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:

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

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

Last Name:	George				
First Name:	Janet				
Title:	Assistant Commissioner of Policy, Planning and Children's Services				
Agency:	Department of Developmental Services				
Address:	500 Harrison Avenue				
Address 2:					
City:	Boston				
State:	Massachusetts				
Zip :	02128				
Phone:	(617) 624-7766	Ext:		<input type="checkbox"/>	TTY
Fax:	(617) 624-7578				
E-mail:	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:	
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Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

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

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 (<u>DDS</u>). 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.

a) ~~EOHHS Office of Medicaid (OOM)~~MassHealth and DDS have entered into an Inter~~departmental~~agency Service Agreement (ISA) which outlines the responsibilities of the parties. DDS performs functions related to operation of the waiver, including all case management functions, clinical eligibility determinations, is responsible for the needs assessments process, service plan development, and service authorization, and activities and contracting with and reimbursing waiver service providers 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 ~~enrollees'~~ participant's utilization and experience with waiver enrollment.

b) ~~DDS has an Interagency Service Agreement with~~ The DDS - OOM-MassHealth ISA that documents the responsibilities for performing and reporting on these functions.

c) ~~OOM-MassHealth will~~ meets routinely with DDS staff regarding the performance of these activities ~~as well as and to~~ collect and report data and other information for reporting collected from DDS to CMS as necessary and appropriate.

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*):

- **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).** Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.*

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, ~~will provide support brokerage to families by helping them create their Autism Support Plan of Care and directing them to options for services and supports in the family's area.~~ 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.

~~Many of these organizations have been in existence for over ten years, some as many as twenty years, and are currently qualified under DDS regulations to provide state funded services. Also,~~ Financial Management Services (FMS) are furnished as an administrative activity under a contract between ~~the Department of Developmental Services~~ DDS and its Fiscal Employer Agent FEA/FMS entity, Public Partnerships Limited (PPL), ~~as a result of a Request for Proposals. The agreement between PPL and DDS provides for a monthly Financial Management fee per individual served. Waiver participants are not liable for the fee to the FMS. The cost of this contract is an administrative expense. 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 ~~waiver~~ participant ~~for FMS and with the participant and the~~ provider of direct services and supports.

○	No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

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"/>	Not applicable
<input type="radio"/>	Applicable - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:
<input type="checkbox"/>	Local/Regional non-state public agencies conduct waiver operational and administrative functions at the local or regional level. There is an interagency agreement or memorandum of understanding 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"/>	Local/Regional non-governmental non-state entities 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 contract(s) 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:

The Department of Developmental Services (DDS) is responsible for assessing the performance of the 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:

The 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. Autism Division Management staff is responsible for assessing the performance of contracted entities conducting waiver operational and administrative functions including the Autism Support Centers and the Fiscal Management Service (FMS). The assessment of performance is part of the contract between the entities and DDS and sets forth the terms and conditions and scope of work required to be performed. The contracts for the Autism Support Centers and the FMS include relevant Performance Based Objectives (PBOs) including measures regarding managing waiver enrollment against approved limits, managing waiver expenditure against approved levels, utilization management, qualified provider enrollment, execution of Medicaid provider agreements and quality assurance and quality improvement activities. The PBOs for the Autism Support Centers are reviewed annually by the Autism Program Manager or the Autism Division Director. When areas of concern are detected there is a corrective action plan developed with a monitoring component to assure improved performance. Results of the evaluations are also reviewed annually at the time of re-contracting. Each year there is also a standard annual contract review to insure that the specialty autism providers are qualified to do business in the Commonwealth. The Autism Support Centers that have already demonstrated an ability to work with children with autism and meet the provider qualifications to contract with DDS's Autism Division. These Centers also provide some limited operational and administrative functions. This includes support coordination to families by helping them create their Autism Support Plan, assisting in the recruitment of providers, disseminating information concerning the waiver to potential enrollees, assisting individuals in waiver enrollment, and conducting training and technical assistance concerning waiver requirements. Many of these organizations have been in existence for over ten years, some as many as twenty years and are currently qualified under DDS regulations to provide state funded services.~~

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 ~~insure-ensure~~ that waiver participants do not experience any disruption in their waiver services. ~~The FMS is required to maintain a log of complaints.~~

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"/> <input checked="" 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.

Performance Measure:	QOM MassHealth/DDS work collaboratively to improve quality of services, by, in part, ensuring that oversight of contracted entities is conducted in accordance with 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.)		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: Performance-Based Objectives			
Contract performance monitoring/management			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify:	
		Every two years	<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 type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify:
	Every two years

Performance Measure:	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.)		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: Review of Performance-Based Objectives			
Contract performance monitoring/management			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	Participants are 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.)		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Autism Clinical Manager Performance Evaluations			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 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. ~~As~~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 ~~the Office of Medicaid~~MassHealth are responsible for ensuring that a corrective action plan is created, approved, and implemented within appropriate timelines. Further, ~~the Office of Medicaid~~MassHealth and DDS ~~is~~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)

<i>Responsible Party (check each that applies)</i>	<i>Frequency of data aggregation and analysis: (check each that applies)</i>
<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 checked="" 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 Administrative Authority that are currently non-operational.

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

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"/>	Aged or Disabled, or Both - General			
	<input type="checkbox"/> Aged (age 65 and older)			<input type="checkbox"/>
	<input type="checkbox"/> Disabled (Physical)			
	<input type="checkbox"/> Disabled (Other)			
<input type="checkbox"/>	Aged or Disabled, or Both - Specific Recognized Subgroups			
	<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"/>	Intellectual Disability or Developmental Disability, or Both			
	<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"/>	Mental Illness (check each that applies)			
	<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 role of the Autism Clinical Manager is to 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 type="radio"/>	No Cost Limit. 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"/>	Cost Limit in Excess of Institutional Costs. 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"/>	Institutional Cost Limit. 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 checked="" type="radio"/>	Cost Limit Lower Than Institutional Costs. 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>	
	Given that the waiver will be serving children who are school age, the local school district is responsible for all costs related to the education of a child with ASD <u>participant</u> . Access to special education services is an entitlement under both state and federal law. Local school districts are required to develop and provide a program for any child with special needs and this is reflected in the Individual Education Plan (IEP). Many children receive services during the school day and in an extended school day over a twelve month period. These children will also have access to EPSDT services under federal law. Younger children birth to three years of age who are served through the Early Intervention Program will have their services reflected in an Individual Family Support Plan. Many of the services these children <u>participants</u> need will be available through the local school district or MassHealth <u>state plan services, including EPSDT</u> .	

The cost limit specified by the State is <i>(select one)</i> :		
	<input checked="" type="radio"/> The following dollar amount: Specify dollar amount:	25000 <u>\$28,000</u>
	The dollar amount <i>(select one)</i> :	
	<input type="radio"/> Is adjusted each year that the waiver is in effect by applying the following formula: Specify the formula:	
	<input checked="" 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: <i>Specify:</i>	

- 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:

<p>When a child turns three the local school system plays a key role in supporting the child through an Individual Education Plan that includes therapies and interventions. These supports are designed to ensure continued community integration.</p> <p>DDS conferred with the Department of Public Health's Early Intervention Specialty Programs that serve children under age three on the autism spectrum with home-based intensive supports. Based on past experience, the average cost for a child to receive autism specific interventions and general early intervention therapies is approximately \$12,000 per year. Every participant in this waiver receives individualized assessments which detail the supports and services necessary to assure their health and well-being. If a determination is made that the support and services provided through this waiver are not appropriate, the child will be referred to other more appropriate programs including residential programs if necessary. Those who are denied entry to the waiver due to the individual cost limit provision are offered the opportunity to request a fair hearing as noted in Appendix F.</p>
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- 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 checked="" type="checkbox"/>	Other safeguard(s) (Specify): The allocation amount and accompanying plan of care will be reviewed by the family, the Autism Support Broker and the DDS Autism Clinical Manager semi-annually to ensure the child's health and welfare. If a crisis situation occurs and a child or the caregiver needs additional support, the Autism Clinical Manager for DDS along withand the appropriate Autism Support Broker will contact the other social support agencies that work with children. These agencies include the Department of Children and Families, the Department of Elementary and Secondary Education, and if appropriate, the Department of Mental Health. <u>Additionally, the Autism Clinical Manager is in consultation with the Autism Program Director, who recommends other supports and services as appropriate, including referral to other DDS programs. Additionally, the Autism Clinical Managers have available the consultation and expertise of the regional, area, and central office DDS staff and provider community to assist when necessary.</u>

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:

Table: B-3-a	
Waiver Year	Unduplicated Number of Participants
Year 1	<u>325400</u>
Year 2	<u>325410</u>
Year 3	<u>325420</u>
Year 4	<u>380430</u>
Year 5	<u>380440</u>

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

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

Table B-3-b	
Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	220300
Year 2	220310
Year 3	220320
Year 4	280330
Year 5	280340

- 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"/>	Not applicable. The state does not reserve capacity.	
<input checked="" type="radio"/>	The State reserves capacity for the following purpose(s). Purpose(s) the State reserves capacity for:	
	Table B-3-c	
		Purpose (provide a title or short description to use for lookup):
		Children Transitioning from Early Intervention
		Purpose (describe):
	Waiver Year	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.
		Describe how the amount of reserved capacity was determined:
		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.
		Capacity Reserved
	Year 1	<u>2030</u>
	Year 2	<u>2030</u>
	Year 3	<u>2030</u>
	Year 4	<u>2030</u>
	Year 5	<u>2030</u>

- 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*):

<input checked="" type="radio"/>	The waiver is not subject to a phase-in or a phase-out schedule.
<input type="radio"/>	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.

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

Select one:

<input type="radio"/>	Waiver capacity is allocated/managed on a statewide basis.
<input checked="" type="radio"/>	<p>Waiver capacity is allocated to local/regional non-state entities. Specify: (a) the 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:</p> <p>The twenty slots reserved for children transitioning from Early Intervention are allocated on a statewide basis. The remaining waiver capacity is allocated to the four <u>five</u> DDS regions with each of the four <u>five</u> DDS Regions allocated up to 50 slots per waiver year <u>one-fifth of total waiver capacity, excluding slots reserved for children transitioning from Early Intervention</u>. 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 e <u>Enrollment</u> is monitored at a minimum on a monthly basis. on a statewide 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.</p>

- | | |
|--|--|
| | |
|--|--|
- 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 IFC/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) ~~who are is~~ determined to be able to be safely served in the community, and 4) ~~who have has~~ a legally responsible representative willing and able to direct the services and supports of the waiver.

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

The state will hold an initial enrollment period and consider all applications received during that time period to be received at the same time. Applications received during the open enrollment period will then be assigned a random number within each region. ~~Individuals Applicants~~ meeting both the clinical and financial eligibility criteria will be enrolled by region based on the random number they are assigned within each region. ~~Applications for multiple family members will be assessed at the same time.~~ DDS will reserve capacity for ~~children applicants~~ transitioning from Early Intervention ~~apart separately~~ from the geographic randomization process. The state will hold one regularly scheduled enrollment period per year. Frequent open enrollment periods will ~~insure ensure~~ that newly diagnosed ~~children applicants~~ have an opportunity to participate in the waiver. All applications are kept by ~~the Department of Developmental Services DDS.~~ 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:*

<i>Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)</i>		
<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.		
<i>Special home and community-based waiver group under 42 CFR §435.217)</i> Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed			
<input type="radio"/>	No. 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"/>	Yes. 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:

i.	Minimum number of services.	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	
ii.	Frequency of services. The State requires (select one):	
	<input type="radio"/>	The provision of waiver services at least monthly
	<input checked="" type="radio"/>	Monthly monitoring of the individual when services are furnished on a less than monthly basis 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. <u>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 or telephone contact with the parent or guardian and may also include collateral contact with formal or informal supports. Monitoring on at least a monthly basis will occur under circumstances in which the participant does not receive scheduled services for longer than a one month period.</u>

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

<input checked="" type="radio"/>	Directly by the Medicaid agency
<input type="radio"/>	By the operating agency specified in Appendix A
<input type="radio"/>	By a government agency under contract with the Medicaid agency. Specify the entity:
<input type="radio"/>	Other 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 ~~and/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 determine the initial level of care, DDS has created a process and an instrument called MASSCAP which stands for the Massachusetts Comprehensive Assessment Profile. MASSCAP for children consists of a functional assessment of the child and an assessment of the specialized characteristics of the child and the capacity of the caregiver to provide care.~~ To assess the functional limitations of the child, DDS administers the Vineland ~~H-III~~ at the time of eligibility to establish the child’s level of adaptive functioning. The domains assessed by the Vineland ~~H-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 ~~Child/Caregiver Assessment 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 ~~child~~-assessment process will be used to reevaluate the ~~child’s participant’s~~ level of care on ~~a yearly~~an annual basis. ~~If there is some question as to whether or not the child continues to meet the level of care~~In the event the abbreviated MASSCAP assessment is inconclusive, or the planning team feels that the ~~child’s 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"/>	The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.
<input type="radio"/>	A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan. 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 child's <u>participant's</u> level of care on a yearly <u>an annual</u> basis because of its ease of administration. <u>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.</u> If there is some question as to whether or not the child continues to meet the level of care the full MASSCAP will be re-administered.
--

- 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"/>	Every three months
<input type="radio"/>	Every six months
<input checked="" type="radio"/>	Every twelve months
<input type="radio"/>	Other schedule 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"/>	The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.
<input type="radio"/>	The qualifications are different. 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 Service's automated consumer information system will generate reports on upcoming plan of care and <u>level of care</u> 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:

~~The~~ A hard copy of the evaluation will be on file in the child's record at DDS and at the Autism Support Centers. ~~and~~ 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 ~~the Department~~ 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.

Performance Measure:	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.)		
Data Source (Select one) (Several options are listed in the on-line application):			
Record reviews, on-site			
If 'Other' is selected, specify:			
Consumer Database			
	Responsible Party for	Frequency of data	Sampling Approach

	data collection/generation (check each that applies)	collection/generation: (check each that applies)	(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 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	<u>95% confidence interval with a 5% margin of error.</u>
		<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 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.

Performance Measure:	This sub-assurance is no longer required in new QM system.		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: N/A			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
	N/A	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input checked="" type="checkbox"/> Other Specify:	
		N/A	<input checked="" type="checkbox"/> Other Specify:
			N/A

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 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.**

Performance Measure:	Percent of initial Level of Care evaluations that were applied appropriately and according to DDS policies and procedures. (Total 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.)		
Data Source (Select one) (Several options are listed in the on-line application): Record reviews, on-site			
If 'Other' is selected, specify:			
Level of Care Tracking Sheet			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 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	<u>95% confidence interval with a 5% margin of error.</u>
		<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 type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually

Specify:	
	<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.*

~~a.i.a.1;
The Consumer database tracks all initial and annual re-evaluations of the level of care for each initial applicant and for waiver participants reaching the one year anniversary of their initial assessment. The system generates a management report which enables the Autism Program Manager to track and assure that all assessments have been completed in the required time frames.~~

~~a.i.b.1
Using the Level of Care Tracking Sheet, the Autism Waiver Director reviews all initial assessments to assure that they have been completed appropriately, and that all relevant supplementary assessments and information have been utilized to arrive at a determination of level of care. The Director can discover any potential issues that arise, aggregate data for trend analysis and implement corrections as needed.~~

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.

~~a.i.a.1;
The Autism Program Manager reports any issues/concerns to the Autism Waiver Director. The Director returns any individual assessments to the appropriate Regional Eligibility Team for correction and re-submission. There is also an analysis of whether there are any patterns and trends that emerge, that might require intervention on a systemic level. Follow up is then conducted by the Autism Project Manager to determine whether any individual or systemic intervention has been effective.~~

~~a.i.b.1
The Autism Waiver Director tracks any issues that are identified. This is done for both individual and systemic issues. The Director follows up on all issues to assure correction.~~

ii Remediation Data Aggregation

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

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

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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 ~~child-applicant~~ meets the financial and clinical eligibility criteria for the waiver. The MASSCAP is conducted to assess whether the ~~child-applicant~~ meets the ICF/ID requirements for entrance into the waiver. Based on both the ~~child's-applicant's~~ Medicaid eligibility status and the ~~child's-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 ~~individual-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 legally responsible caregiver~~ 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 ~~child's-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. ~~The Department of Developmental Services (DDS) has developed multiple approaches to promote and help ensure access to the waiver by Limited English Proficient persons. One of the central methods is a contractual relationship established between DDS and the Multicultural Services Translation Center in order to provide written information to families and individuals with Limited English Proficiency in their primary language. This includes information such as applications, brochures, forms that need to be signed by individuals and family members/guardians, service plans, etc. General Waiver and service information needed by families is typically translated into six languages, other than English, that are most commonly spoken by residents in Massachusetts. This includes Spanish, Portuguese, Chinese, Russian, Vietnamese, and Khmer. The Translation Center has a roster of translators and interpreters for other languages as well so that we can respond to the need of families who speak languages beyond those listed previously, such as Haitian Creole or French. 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 the Multicultural Services Translation Center or through other local 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 shall be 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 will be again ~~be~~ 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 checked="" type="checkbox"/>	Community Integration
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>):	
a.	Assistive Technology	
b.	Behavioral Supports and Consultation	
<u>c.</u>	<u>Community Integration</u>	

c.	Family Training
d.	Home Modifications and Adaptations
e.	Individual Goods and Services
f.	Vehicle Modification
Extended State Plan Services <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> :
Supports for Participant Direction <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 checked="" type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other			
Service Name: Community Integration Prevocational Services			
Alternative Service Title (if any): Community Integration			
<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.			
HCBS Taxonomy			
Category 1:		Sub-Category 1:	
08 Home-Based Services		08010 home-based habilitation	
Category 2:		Sub-Category 2:	
04 Day Services		04070 community integration	
Service Definition (Scope):			
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 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, of Care and/or the Positive Behavior Support Plan, designed as part of Expanded Habilitation, Education, or Behavioral Support and Consultation and monitored by the Senior Therapist or Therapist to insure carry-over interventions and skill development. Community Integration services occur in the home or in the natural environments of the participant.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
This service is limited to no more than two different activities per month.			
Service Delivery Method (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 Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Therapist	Autism Specialty Providers

(check one or both):	Direct Support Professionals	Community Organizations	
	Community Trainers		
Provider Qualifications			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<u>Therapist</u>			<p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>AND</u></p> <p><u>All Therapists must demonstrate compliance with state and national criminal history background checks as described at</u></p>

				<u>Appendix C-2(a), and must supply a resume and two professional or personal references as evidence of qualifications.</u>
<u>Direct Support Professional</u>				<p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>AND</u></p> <p><u>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.</u></p> <p><u>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.</u></p>
<u>Autism Specialty Providers</u>				<p><u>- 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:</u></p> <p><u>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</u></p>

				<p><u>- 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.</u></p> <p><u>- 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.</u></p> <p><u>- 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.</u></p> <p><u>Autism Specialty Provider agencies must meet the following requirements:</u></p> <p><u>- 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.</u></p> <p><u>- 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.</u></p> <p><u>- Policies/Procedures: Autism Specialty Provider agencies must have policies and procedures in place that comply with the</u></p>
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			<p><u>applicable standards under 115 CMR 13.00 (DDS regulations for incident reporting).</u></p> <p><u>- Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</u></p> <p><u>- Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</u></p> <p><u>- 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).</u></p>
<u>Community Organizations</u>			<p><u>- 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:</u></p> <p><u>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</u></p> <p><u>- 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.</u></p> <p><u>- 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.</u></p> <p><u>- 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.</u></p>

			<p><u>Community Organization agencies must meet the following requirements:</u></p> <ul style="list-style-type: none"> - <u>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.</u> - <u>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.</u> <p><u>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).</u></p> <ul style="list-style-type: none"> - <u>Responsiveness: Community Organization agencies must be responsive to family requests for information and services.</u> - <u>Confidentiality: Community Organization agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</u> - <u>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).</u>
Therapist			<p>Master's Degree in Psychology, education, or related field, including 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 years of relevant experience in assuming the</p>

			<p>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 on-going training and supervision. Eight (8) hours of annual training required or</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and or training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Five years supervised experience, post degree and maintenance of professional skills through on-going training and supervision. Ten (10) hours of annual training on ASD required.</p> <p>OR</p> <p>Bachelor's Degree in non-related field; 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 years supervised, post degree experience; maintenance of professional skills through 15 hours of on-going training about ASD and supervision annually.</p>
Direct Support Professionals			<p>Direct Support Professionals must: have a Bachelor's degree, have received 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. Direct experience providing care for a child on the autism spectrum or if the individual has no direct experience must receive 160 hours of supervised training.</p> <p>Two sessions of initial home visits under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter. Direct Support Staff must have expertise in serving children with autism spectrum disorders possess appropriate qualifications as evidenced by resume reviews or interviews, two personal or professional references, and a Criminal Offender Record Information inquiry (CORI). Staff members shall have 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</p>

				<p>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>
	Community Trainers			<p>Master's Degree in Psychology, education, or related field, including 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 and therapy). The relevant training may be part of the advanced degree program. Two 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 on-going training and supervision. Eight (8) hours of annual training required or</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and or training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of developmentally appropriate positive behavior support interventions behaviorally based therapies for children with ASD. Five Two years supervised experience, post degree and maintenance of professional skills through on-going training and supervision. Ten (10) hours of annual training on ASD required.</p> <p>OR</p> <p>Bachelor's Degree in non-related field; 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 behaviorally based therapies for children with ASD. Seven Two years supervised, post degree experience; maintenance of professional skills through 15 hours of on-going training about ASD and supervision annually.</p>
	Autism Specialty Providers			<p>Master's Degree in Psychology, education, or related field, including 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 and therapy). The relevant training may be part of the advanced degree program. Two years of relevant experience in assuming the lead role in designing and implementing</p>

			<p>comprehensive interventions for children with ASD. Experience using data-based decision making, including data collection and analysis. Maintenance of professional skills through on-going training and supervision. Eight (8) hours of annual training required or</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and or training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of developmentally appropriate positive behavior support interventions behaviorally based therapies for children with ASD. Five Two years supervised experience, post degree and maintenance of professional skills through on-going training and supervision. Ten (10) hours of annual training on ASD required.</p> <p>OR</p> <p>Bachelor's Degree in non-related field; 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 behaviorally based therapies for children with ASD. Seven Two years supervised, post degree experience; maintenance of professional skills through 15 hours of on-going training about ASD and supervision annually.</p>
Community Organizations			<p>Master's Degree in Psychology, education, or related field, including 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 and therapy). The relevant training may be part of the advanced degree program. Two 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 on-going training and supervision. Eight (8) hours of annual training required or</p> <p>Bachelor's Degree in non-related field; 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 behaviorally based therapies for children with ASD. Seven Two years supervised, post degree experience; maintenance of professional skills through</p>

				15 hours of on-going training about ASD and supervision annually.
Verification of Provider Qualifications				
Provider Type:		Entity Responsible for Verification:		Frequency of Verification
Therapist		Department of Developmental Services.		Annually or prior to utilization of service and annually thereafter
Direct Support Professionals		Department of Developmental Services.		Annually or prior to utilization of service and annually thereafter
Community Trainers		Department of Developmental Services		Annually or prior to utilization of service and annually thereafter.
Autism Specialty Providers		Department of Developmental Services.		Annually or p Prior to utilization of service and <u>every 2 years</u> annually thereafter.
Community Organizations		Department of Developmental Services.		Annually or p Prior to utilization of service and <u>every 2 years</u> annually thereafter.

Service Specification	
Service Type: <input checked="" type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input type="checkbox"/> Other	
Service Name: Habilitation	
Alternative Service Title (if any): Expanded Habilitation, Education	
	<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.
HCBS Taxonomy	
Category 1:	Sub-Category 1:
08 Home-Based Services	08010 home-based habilitation
Category 2:	Sub-Category 2:
13 Participant Training	13010 participant training
Service Definition (Scope):	
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. These interventions are often used in combination across settings and are designed to improve skills across settings. 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. 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 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 must be designed to be provided at least six hours per week ~~of direct services to the participant~~ in the home or in the other natural environments of the participant.

Examples of Expanded Habilitation, Education include 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 child's-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 insure ensure that the professionals understand the meaning of the behavior and provide the child-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. Interventions which may be provided include the following: Antecedent Package, Comprehensive Behavioral Treatment of Young Children, Joint Attention, Modeling, Naturalistic Teaching, Schedules, Self- Management, Story-based Interventions, ~~Floortime~~Floor time, Relational Developmental Interventions, Modeling and Imitation, and Visual Supports.

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 usage.

~~A participant's Autism Plan of Care cannot include both: Expanded Habilitation, Education and Behavioral Supports and Consultation. Behavioral Supports and Consultation cannot be provided while the participant is receiving Expanded Habilitation, Education.~~

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 ~~Support~~ Plan of Care.

Service Delivery Method (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:
		Senior Therapist		Autism Speciality Specialty Providers
		Therapist		
		Direct Support Professional		

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<u>Senior Therapist</u>	<u>State licensure required for the specific discipline.</u>		<u>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.</u> <u>OR</u> <u>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</u>

				<p><u>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.</u></p> <p><u>AND</u></p> <p><u>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.</u></p>
<u>Therapist</u>				<p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>OR</u></p>

			<p><u>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.</u></p> <p><u>AND</u></p> <p><u>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.</u></p>
<u>Direct Support Professional</u>			<p><u>Other Standard:</u></p> <p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>AND</u></p> <p><u>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</u></p>

				<p><u>of living. Additional specific competencies needed to meet the support needs of the participant will be delineated in Autism Support Planning Document.</u></p> <p><u>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.</u></p>
	<u>Autism Specialty Provider</u>			<p><u>- 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:</u></p> <p><u>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</u></p> <p><u>- 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.</u></p> <p><u>- 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.</u></p> <p><u>- 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.</u></p>

			<p><u>Autism Specialty Provider agencies must meet the following requirements:</u></p> <ul style="list-style-type: none"> - <u>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.</u> - <u>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.</u> <p><u>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).</u></p> <ul style="list-style-type: none"> - <u>Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</u> - <u>Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</u> - <u>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).</u>
Direct Support Professional			<p><u>Direct Support Professionals must: have a Bachelor's degree, have received 120 hours of supervised training, of which 30 hours must be direct supervision in the implementation of positive behavior support interventions</u></p>

				<p>for children with ASD. Direct experience providing care for a child on the autism spectrum or if the individual has no direct experience must receive 160 hours of supervised training. Two sessions of initial home visits under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter. Direct Support Staff must have expertise in serving children with autism spectrum disorders possess appropriate qualifications as evidenced by resume reviews or interviews, two personal or professional references, and a Criminal Offender Record Information inquiry (CORI). Staff members shall have 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>
	Autism Speciality Providers			<p>Master's Degree in Psychology, education, or related field, including 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 and therapy). The relevant training may be part of the advanced degree program. Two 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 on-going training and supervision. Eight (8) hours of annual training required or</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and or training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of developmentally appropriate positive behavior support interventions behaviorally based therapies for children with ASD. Five Two years supervised experience, post degree and maintenance of professional skills through on-going training and supervision. Ten (10) hours of annual training on ASD required.</p> <p>OR</p>

				<p>Bachelor's Degree in non-related field; 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 behaviorally based therapies for children with ASD. Seven Two years supervised, post degree experience; maintenance of professional skills through 15 hours of on-going training about ASD and supervision annually.</p>
Therapist				<p>Master's Degree in Psychology, education, or related field, including 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 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 on-going training and supervision. Eight (8) hours of annual training required or</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and or training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Five years supervised experience, post degree and maintenance of professional skills through on-going training and supervision. Ten (10) hours of annual training on ASD required.</p> <p>OR</p> <p>Bachelor's Degree in non-related field; 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 years supervised, post degree experience; maintenance of professional skills through 15 hours of on-going training</p>

			about ASD and supervision annually.
Senior Level Therapist	Doctoral degree in psychology, medicine, or related discipline and any related state licensure required for the specific discipline.		<p>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 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>Master's degree in psychology, education, or related field, 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 two year advanced degree program. Three years (or four 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 on-going training and supervision.</p>

Verification of Provider Qualifications

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

Service Specification							
Service Type: <input checked="" type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input type="checkbox"/> Other							
Service Name: Homemaker							
Alternative Service Title (if any):							
<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.							
HCBS Taxonomy							
Category 1:				Sub-Category 1:			
08 Home-Based Services				08050 homemaker			
Service Definition (Scope):							
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.							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
Homemaker services up to <u>2 episodes 8 hours</u> per month as designated in the Autism Support Plan of Care and reviewed quarterly.							
Service Delivery Method (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 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		
Provider Qualifications							
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)				
Individual Qualified Homemaker	N/A	High School diploma, GED, or relevant equivalencies or competencies.	<u>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.</u> <u>Must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a). Taxpayer identification number required. Employees need to be at least 18 years of age and must have a Criminal Offender Record Information inquiry (CORI) and two personal and/or professional references. Must maintain confidentiality and privacy of consumer information, must be respectful and</u>				

			accepting of different values, nationalities, races, religions, cultures and standards of living.
Homemaker Agencies	N/A	High School Diploma, GED, or relevant equivalencies or competencies.	<u>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 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).</u> Taxpayer identification, 18 years of age or older, must have a Criminal Offender Record Information inquiry (CORI), 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.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual Qualified Homemaker	Department of Developmental Services.		Annually or prior to utilization of service and annually thereafter.
Homemaker Agencies	Department of Developmental Services.		Annually or p 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	
Service Name: Respite	
Alternative Service Title (if any):	
<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.	
HCBS Taxonomy:	
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
Service Definition (Scope):	
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 such as Expanded Habilitation, Education, 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.					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Service Delivery Method (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 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 Respite Provider		Respite Provider Agency
Provider Qualifications					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Individual Qualified Respite Provider	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, <u>must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a), and a Criminal Offender Record Information Inquiry (CORI)</u> ; 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.		
Respite Provider Agency	Department of Early Care and Education.	High School Diploma, GED, or relevant competencies or equivalencies.	All individual providers <u>Respite Provider Agency staff providing Respite services</u> must: Possess appropriate qualifications as evidenced by resume review or interview(s), two personal or professional references, and a Criminal Offender Record Information inquiry (CORI) ; 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		

			<p>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><u>Respite Provider Agencies must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</u></p>
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual Qualified Respite Provider	Department of Developmental Services.	Annually or prior to utilization of service <u>and annually thereafter.</u>
Respite Provider Agency	Department of Developmental Services.	Annually or prior Prior to utilization of service <u>and every 2 years thereafter.</u>

Service Specification					
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other					
Service Name: Assistive Technology					
Alternative Service Title (if any):					
<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.					
HCBS Taxonomy:					
Category 1:			Sub-Category 1:		
14 Equipment, Technology, and Modifications			14031 equipment and technology		
Service Definition (Scope):					
<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 Support Plan of Care Document, 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>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Prior approval from the Autism Division for purchase requests for assistive technology. Limit of \$ 800-1,200 annually; Limit of 1 computer (such as: Tablet, Laptop or Desktop) per waiver participant during length of participation.					
Service Delivery Method (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	<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 <u>Executive Office of Health and Human Services (EOHHS)</u> Division of Health Care Finance and Policy (DHCFP) 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 <u>rehabilitation technology specialist (RTS)</u> 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); <u>and</u></p> <p>(6) <u>demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</u> Conduct CORI checks on all employees or subcontractors where the employee or subcontractor delivers or sets up equipment in the participant's home.</p>
Individual Qualified contractors authorized 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</p>

sell, maintain, repair or make adaptations to this equipment			<p>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 <u>Executive Office of Health and Human Services (EOHHS) Division of Health Care Finance and Policy (DHCFP)</u> 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); <u>and</u></p> <p>(5) <u>demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a). Complete a Criminal Offender Record Information inquiry (CORI).</u></p>
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Qualified Contractors authorized to sell, maintain, repair or make adaptations to this equipment	Department of Developmental Services.	Annually or p Prior to utilization of service <u>and every 2 years thereafter.</u>
Individual Qualified contractors authorized to sell, maintain, repair or make adaptations to this equipment	Department of Developmental Services.	Annually or p Prior to utilization of service <u>and annually thereafter.</u>

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
Service Name: Behavioral Supports and Consultation	
Alternative Service Title (if any):	
<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.	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
08 Home-Based Services	08010 home-based habilitation
Category 2:	Sub-Category 2:
13 Participant Training	13010 participant training
Service Definition (Scope):	
<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 <u>Positive Behavior-Support-Plan</u> 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. Behavioral Supports and Consultation cannot be provided when the participant is receiving Expanded Habilitation, Education. Enrollment in only one of these services is permitted in the Autism Support Plan of Care. 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:					
Service Delivery Method (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 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			
Provider Qualifications					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
<u>Senior Therapist</u>	<u>State licensure required for the specific discipline.</u>		<u>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.</u> <u>OR</u> <u>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.</u>		

				<p><u>AND</u></p> <p><u>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.</u></p>
<u>Therapist</u>				<p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p>

				<p><u>AND</u></p> <p><u>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.</u></p>
<u>Direct Support Professional</u>				<p><u>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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>AND</u></p> <p><u>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.</u></p> <p><u>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.</u></p>
<u>Autism Specialty Providers</u>				<p><u>- Autism Specialty Provider agency staff providing Behavioral Supports and Consultation, which includes Senior</u></p>

			<p><u>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 Behavioral Supports and Consultation. RBT staff must meet the following qualifications:</u></p> <ul style="list-style-type: none"> <u>- Certification as a Registered Behavior Technician (RBT) by the Behavior Analyst Certification Board.</u> <u>- 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.</u> <u>- 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.</u> <u>- 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.</u> <p><u>Autism Specialty Provider agencies must meet the following requirements:</u></p> <ul style="list-style-type: none"> <u>- 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.</u>
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			<p><u>- 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.</u></p> <p><u>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).</u></p> <p><u>- Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</u></p> <p><u>- Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</u></p> <p><u>- 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).</u></p>
Autism Specialty Providers			<p>Senior Therapists must have a Doctoral degree in psychology, medicine, or related discipline and any related state licensure required for the discipline.</p> <p>In addition Senior Therapists must have: 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 interventions for children on the autism spectrum. The relevant training may be part of an advanced degree program. Two years of relevant experience in assuming the lead role in designing and implementing comprehensive developmentally appropriate positive behavior support interventions for children with ASD.</p> <p>Therapists must have a Master's degree in psychology, education, or related field and any state licensure required for the discipline.</p>

				<p>In-addition Therapists must have:</p> <p>2000 hours of relevant training (including course work in child development, principles of learning and behavior theory and therapy and positive behavior supports). The relevant training may be part of the advanced degree program. Two years of relevant experience in assuming the lead role in designing and implementing comprehensive developmentally appropriate positive behavior support interventions for children with ASD. Maintenance of professional skills through on-going training and supervision.</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and/or training about the characteristics, therapies, curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of developmentally appropriate positive behavior support interventions for children with ASD. Two years supervised, post degree and maintenance of professional skills through on-going training and supervision.</p> <p>OR</p> <p>Bachelor's Degree in non-related field; 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. Two years supervised, post degree experience; maintenance of professional skills through 10 hours of on-going training and supervision.</p> <p>Direct Support Professionals must have a high school diploma or GED.</p> <p>In-addition Direct Support Professionals must: have 120 hours of supervised training, of which 30 hours must be direct supervision in the implementation of behaviorally based therapies for children with ASD, have direct experience providing care for a child on the autism spectrum or if the individual has no direct experience must receive 160 hours of supervised training. Have two sessions of initial home visits under the direct supervision of the Senior Therapist with monthly supervision by a Senior Therapist thereafter. Direct Support staff must possess appropriate qualifications as</p>
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				evidenced by interviews, two personal or professional references, a Criminal Offender Record Information inquiry (CORI). Staff members shall have 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.
	Therapist			<p>Master's Degree in Psychology, education, or related field, plus 2000 hours of relevant training (including course work in principles of child development, learning and behavior theory and therapy). The relevant training may be part of the advanced degree program. Two years of relevant experience in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Maintenance of professional skills through on-going training and supervision.</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and or training about the characteristics, therapies, curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of behaviorally based therapies for children with ASD. Two years supervised experience, post degree and maintenance of professional skills through on-going training and supervision.</p> <p>OR</p> <p>Bachelor's Degree in non-related field; 800 hours of training about the characteristics, therapies, curriculum, assessments and documentation involving children with ASD. Experience in development and implementation of behaviorally based therapies for children with ASD. Two years supervised, post degree experience; maintenance of professional skills through 10 hours of on-going training and supervision.</p>
	Senior Therapist	Doctoral degree in		<p>Senior Therapists must have:</p> <p>1500 hours of relevant training, including course work in</p>

		psychology, medicine, or related discipline and any related state licensure required for the specific discipline.		<p>principles of child development, learning and behavior theory, positive behavior supports, knowledge and experience in a range of interventions for children on the autism spectrum. The relevant training may be part of an advanced degree program. Two 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, 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 two year advanced degree program. Three years (or four 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 on-going training and supervision.</p>
Direct Support Professional				<p>Direct Support Professionals must: have a Bachelor's degree, have received 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. Direct experience providing care for a child on the autism spectrum or if the individual has no direct experience must receive 160 hours of supervised training. Two sessions of initial home visits under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter. Direct Support Staff must have expertise in serving children with autism spectrum disorders possess appropriate qualifications as evidenced by resume reviews or interviews, two personal or professional references, and a Criminal Offender Record Information inquiry (CORI). Staff members shall have 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</p>

				participant will be delineated in Autism Support Planning Document.
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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 <u>and annually thereafter.</u>
Therapist	Department of Developmental Services.	Annually or prior to utilization of service <u>and annually thereafter.</u>
Direct Support Professional	Department of Developmental Services.	Annually or prior to utilization of service <u>and annually thereafter.</u>
Autism Specialty Providers	Department of Developmental Services.	Annually or p Prior to utilization of service <u>and every 2 years thereafter.</u>

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
Service Name: Family Training	
Alternative Service Title (if any):	
<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.	
HCBS Taxonomy	
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 in the community. The service provides training and instruction <u>on how family problems and interactions impact Autism behavior and symptomatology about the treatment regimes, Positive Behavior Support Plan designed and monitored by the Senior Therapist,</u> and <u>in</u> 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 <u>parental behavior and interactions that influence success or hinder progress for the child,</u> 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 Support Plan of Care. Participation in Family Training <u>is dependent upon family need identified by Senior Therapist and agreed to by the family</u>occurs on at least on a monthly basis throughout the participant's enrollment in the program. 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 needs of the family to understand the specialized needs of their family member. The one-to-one</p>	

<p>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 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:					
Service Delivery Method <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	
Provider Specifications					
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:	
		<u>Family Training Senior Therapist</u>		Autism Specialty Providers	
		<u>Family Training</u> Therapist		Community Organizations	
		<u>Family Training</u> Direct Support Professionals			
Provider Qualifications					
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>		
<u>Family Training Senior Therapist</u>	<u>State licensure required for the specific discipline.</u>		<u>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, 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</u>		

			<p><u>effectively with other community systems that may offer support to the family and the waiver participant, such as educational and health systems.</u></p> <p><u>OR</u></p> <p><u>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, 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-going training about family systems and supervision annually.</u></p> <p><u>AND</u></p> <p><u>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.</u></p>
<u>Family Training Therapist</u>			<p><u>LISCW or LMHC with at least one (1) year post-licensure experience working in a community based setting with families that have extensive psychosocial needs.</u></p> <p><u>OR</u></p> <p><u>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</u></p>

				<p><u>stresses, 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 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.</u></p> <p><u>OR</u></p> <p><u>Bachelor's degree in psychology, education, or 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, 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.</u></p> <p><u>OR</u></p> <p><u>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, 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</u></p>
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			<p><u>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.</u></p> <p><u>AND</u></p> <p><u>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.</u></p>
<u>Family Training Direct Support Professional</u>			<p><u>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 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.</u></p> <p><u>OR</u></p> <p><u>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.</u></p> <p><u>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.</u></p> <p><u>AND</u></p> <p><u>All Family Training Direct Support Professionals must demonstrate the ability to communicate</u></p>

			<p><u>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.</u></p> <p><u>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 qualifications.</u></p>
<u>Autism Specialty Providers</u>			<p><u>- 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.</u></p> <p><u>- 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.</u></p> <p><u>- 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</u></p>

			<p><u>participant quality data and reports, as required.</u></p> <p><u>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).</u></p> <p><u>- Responsiveness: Autism Specialty Provider agencies must be responsive to family requests for information and services.</u></p> <p><u>- Confidentiality: Autism Specialty Provider agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</u></p> <p><u>- 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).</u></p>
<u>Community Organizations</u>			<p><u>- 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.</u></p> <p><u>- 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.</u></p> <p><u>- 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</u></p>

			<p><u>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.</u></p> <p><u>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).</u></p> <p><u>- Responsiveness: Community Organization agencies must be responsive to family requests for information and services.</u></p> <p><u>- Confidentiality: Community Organization agencies must maintain confidentiality and privacy of consumer information in accordance with applicable laws and policies.</u></p> <p><u>- 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).</u></p>
Community Organizations		<p>Where applicable if the individual is overseeing or providing the activity the individual must have the necessary certifications. This includes Allied Health Professionals such as Physical Therapy Assistants, Occupational Therapy Assistants, and Athletic Trainers. For Mental Health Professionals such as family therapists or rehab counselors, necessary certification must be met for those disciplines.</p>	<p>Direct Support Staff must have expertise in serving children with autism spectrum disorders; possess appropriate qualifications as evidenced by resume reviews or interviews, two personal or professional references, a Criminal Offender Record Information inquiry (CORI). Staff members shall have 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>

Therapist			<p>Master's Degree in Psychology, education, or related field, plus 2000 hours of relevant training (including course work in principles of child development, learning and behavior theory and therapy). The relevant training may be part of the advanced degree program. Two years of relevant experience in assuming the lead role in designing and implementing comprehensive interventions for children with ASD. Maintenance of professional skills through on-going training and supervision.</p> <p>OR</p> <p>Bachelor's degree in psychology, education, or related field. 800 hours of course work and or training about the characteristics, therapies, curriculum, assessments, and documentation involving children with ASD. Experience and development and implementation of behaviorally based therapies for children with ASD. Two years supervised experience, post degree and maintenance of professional skills through on-going training and supervision.</p> <p>OR</p> <p>Bachelor's Degree in non-related field; 800 hours of training about the characteristics, therapies, curriculum, assessments and documentation involving children with ASD. Experience in development and implementation of behaviorally based therapies for children with ASD. Two years supervised, post degree experience; maintenance of professional skills through 10 hours of on-going training and supervision.</p>
Direct Support Professionals			<p>Direct Support Professionals must: have a Bachelor's degree, have received 120 hours of supervising training, of which 30 hours must be direct supervision in the implementation of positive behavior support interventions for children with ASD. Direct experience providing care for a child on the autism spectrum or if the individual has no direct experience must receive 160 hours of supervised training. Two sessions of initial home visits under the direct supervision of the Senior Therapist, with monthly supervision by a Senior Therapist thereafter. Direct Support Staff must have expertise</p>

				in serving children with autism spectrum disorders; possess appropriate qualifications as evidenced by resume reviews or interviews, two personal or professional references, a Criminal Offender Record Information inquiry (CORI). Staff members shall have 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.
Autism Specialty Providers		Where applicable if the individual is overseeing or providing the activity the individual must have the necessary certifications. This includes Allied Health Professionals such as Physical Therapy Assistants, Occupational Therapy Assistants, and Athletic Trainers. For Mental Health Professionals such as family therapists or rehab counselors, necessary certification must be met for those disciplines.		Direct Support Staff must have expertise in serving children with autism spectrum disorders; must be age 18 years or older, possess appropriate qualifications as evidenced by interviews, two personal or professional references, a Criminal Offender Record Information inquiry (CORI). Staff members shall have 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.

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<u>Family Training Senior Therapist</u>	<u>Department of Developmental Services.</u>		<u>Annually or prior to utilization of service and annually thereafter.</u>
<u>Family Training Therapist</u>	Department of Developmental Services.		Annually or prior to utilization of service <u>and annually thereafter.</u>
<u>Family Training Direct Support Professionals</u>	Department of Developmental Services.		Annually or prior to utilization of service <u>and annually thereafter.</u>

Autism Specialty Providers	Department of Developmental Services.	Annually or p Prior to utilization of service <u>and every 2 years thereafter.</u>
Community Organizations	Department of Developmental Services.	Annually or p Prior to utilization of service <u>and every 2 years thereafter.</u>

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
Service Name: Home Modifications and Adaptations	
Alternative Service Title (if any):	
	<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.
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>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. Such adaptations include but are not limited to:</p> <ul style="list-style-type: none"> • 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 • Door and window alarm and lock systems • Air filtering devices and cooling adaptations and devices • Specialized non-breakable windows • Fences <p>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.</p> <p>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, such as carpeting, roof repair, <u>and</u> central air conditioning. 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</p>	

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 Support 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 \$ 40 <u>15</u> ,000 of which no more than \$5,000 may be spent in any waiver year.				
Service Delivery Method (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 <u>Qualified Home Modification/Adaptation Contractors</u>		<u>Home Modification Agencies/Assistive Technology Centers</u> Contractor entities
Provider Qualifications				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Individual <u>Qualified Home Modification/Adaptation Contractors</u>	Contractors for home modifications must be licensed to do business in the Commonwealth and meet applicable qualifications and they must be insured.		<u>Must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</u>	
Contractor entities <u>Home Modification Agencies/Assistive Technology</u>	Contractors for home modifications must be licensed to do business in the Commonwealth and meet applicable qualifications and be		<u>Must demonstrate compliance with state and national criminal history background checks as described at Appendix C-2(a).</u>	

<u>Centers</u>	insured.		
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Individual <u>Qualified Home Modification/Adaptation</u> Contractors	Department of Developmental Services.	Annually or prior to utilization of service.	
Contractor entities	Department of Developmental Services.	Annually or prior Prior to utilization of service <u>and every 2 years thereafter.</u>	

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
Service Name: Individual Goods and Services	
Alternative Service Title (if any):	
<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.	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17 Other Services	17010 goods and services
Service Definition (Scope):	
<p>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 Support 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 <u>integration involvement and engagement</u>, 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. One or more of the following criteria are met:</p> <ol style="list-style-type: none"> (1) The item or service would increase the participant's functioning related to the disability (2) The item or service would increase the participant's safety in the home environment or (3) The item or service would decrease dependence on other Medicaid funded services (4) The item or service is not available through other sources and (5) The service does not include experimental goods/services or treatment for which there is no evidence to support its efficacy. <p>Examples of allowable Individual Goods and Services include:</p> <p>Enrollment fees, dues or membership costs associated with the individual's participation in community habilitation; <u>certain costs associated with service dogs (e.g., preventive veterinary care and maintenance);</u></p>	

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 <u>Assistive Technology</u> waiver service or Medicaid state-State plan-Plan durable Durable medical Medical equipmentEquipment .							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
Limited to \$1,700 <u>\$1500</u> per year.							
Service Delivery Method (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 Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
	Individual <u>Qualified</u> Vendor	Community		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 <u>Qualified</u> Community Vendor				Services, supports or goods can be purchased from typical vendors in the community.			
Verification of Provider Qualifications							
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.			Annually or prior Prior to utilization of service <u>and every 2 years thereafter</u> .			
Individual <u>Qualified</u> Community Vendor	Department of Developmental Services.			Annually or prior to utilization of service <u>and annually thereafter</u> .			

Service Specification	
Service Type: <input type="checkbox"/> Statutory <input type="checkbox"/> Extended State Plan <input checked="" type="checkbox"/> Other	
Service Name: Vehicle Modification	
Alternative Service Title (if any):	
<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.	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<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>Examples of vehicle modifications include:</p> <ul style="list-style-type: none"> •Van lift •Tie downs •Ramp •Specialized seating equipment •Seating/safety restraint <p>The following are specifically excluded vehicle modifications:</p> <ol style="list-style-type: none"> 1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the participant. 2. Purchase or lease of a vehicle 3. Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the adaptations. <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"> 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 Support 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:					
Lifetime limit of \$10,000 of which no more than \$5,000 may be spent in any waiver year.					
Service Delivery Method (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 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		Contractor entities — <u>Vehicle Modification Agencies</u>	
Provider Qualifications					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Independent Contractors			Vehicle Modifications must be performed by certified entities who <u>that</u> are licensed to perform vehicle modifications and conversions.		
Contractor entities			Vehicle Modifications must be performed by certified entities who <u>that</u> are licensed to perform vehicle modifications and conversions.		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Independent Contractors	Department of Developmental Services.		Annually or prior to utilization of service <u>and annually thereafter.</u>		
Contractor entities	Department of Developmental Services.		Annually or prior Prior to utilization of service <u>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"/>	Not applicable – Case management is not furnished as a distinct activity to waiver participants.
<input checked="" type="radio"/>	Applicable – 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.

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>Yes. 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><u>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.</u></p> <p><u>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, also 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 receives the criminal background check report and informs the DDS of whether the results prohibit the applicant from being hired. For any individual who will be working directly with a waiver participant, a Criminal Offender Record Information inquiry (CORI) check will be performed. These checks are mandated by DDS regulations 115 CMR 11.01 through 11.21. These are state background checks on the criminal record history of applicants. These checks are done through the CHSB (Criminal History Systems Board) which is a subdivision of the Department of Public Safety. Participants may request a CORI check through the Fiscal Management Service. CORI investigations are State background checks. The FMS requests the CORI check from the Massachusetts Criminal History Systems Board, the State agency which handles the CORI process. The Financial Management Services Manual contains guidance and the forms to assist the family in</u></p>
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	making this request. The Financial Management Service receives the report from the Criminal History Systems Board and follows the DDS guidance provided. The DDS regulations govern the CORI process, which includes information on how problem CORI checks are handled. The waiver participant is not responsible for paying for the CORI checks. All returned CORI reports are logged in this on-line Provider Application Portal. The FMS then updates and sends the list to DDS. The DDS Clinical Managers review the list, verify the information about the provider in the on-line Provider Application Portal and then request the Meditech Team to build the Provider into the 'Good to Provide' Provider Dictionary.
<input type="radio"/>	No. 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"/>	Yes. 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"/>	No. 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"/>	No. 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"/>	Yes. 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"/>	No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
<input type="radio"/>	Yes. 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"/>	The State does not make payment to relatives/legal guardians for furnishing waiver services.
<input type="radio"/>	The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services. 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"/>	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. 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> No legal guardian and no legally responsible individuals can provide services <u>The state does not make payment to guardians or legally-responsible individuals for furnishing waiver services.</u> All other relatives <u>who are qualified to furnish the waiver service</u> may provide <u>receive payment for furnishing waiver services as long as they meet provider criteria for the specific service that they are providing for the participant on the waiver.</u> Relatives, other than legal guardians, 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 the <u>sevenall</u> 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.

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.

Performance Measure:	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.)		
Data Source (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 Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	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).		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: <u>Financial Management Service (FMS) tracking and verification database</u>			
<u>Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports</u>			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
	<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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

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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<input type="checkbox"/> Continuously and Ongoing

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

Performance Measure:	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.)
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Data Source (Select one) (Several options are listed in the on-line application): Other

If 'Other' is selected, specify: ~~Financial Management Service (FMS) tracking and verification database~~

Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports

Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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

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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	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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providing services.)			
Data Source (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 Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
	<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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

Performance Measure:	Percent of agency providers that are not subject to licensure or certification who continue to be qualified to provide services. (Number of <u>individual-agency</u> providers that are not subject to licensure or certification who continue to be qualified to provide services/Total number of <u>individual-agency</u> providers that are not subject to licensure or certification and appear on a qualified provider list).		
Data Source (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 Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

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.)

Data Source (Select one) (Several options are listed in the on-line application): Other

If 'Other' is selected, specify: Fiscal Management Service (FMS) Tracking and Verification Database

Fiscal Management Services (FMS) reports

Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
<u>Fiscal Management Service (FMS)</u>	<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

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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	Percent of individuals who are not subject to licensure or certification who are 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).		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: <u>Fiscal Management Services (FMS) Tracking and Verification Database</u>			
<u>Fiscal Employer Agent/Fiscal Management Services (FEA/FMS) reports</u>			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
	<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<input type="checkbox"/> Continuously and Ongoing

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

Performance Measure:	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).		
Data Source (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 Employer Agent/Fiscal Management Services (FEA/FMS) reports			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
	<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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

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
<u>Fiscal Employer Agent/Fiscal Management Service (FEA/FMS)</u>	<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

Performance Measure:	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.)		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: <u>Fiscal Management Services (FMS) Tracking and Verification Database</u>			
<u>Fiscal Management Services (FMS) reports</u>			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
	<u>Fiscal Management Service (FMS)</u>	<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
<u>Fiscal Management Service (FMS)</u>	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	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 individual agency providers providing services.)		
Data Source (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			
<u>Fiscal Management Services (FMS) reports</u>			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	
	<u>Fiscal Management Service (FMS)</u>	<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 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 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. The Autism Program Manager or designee reviews the FMS tracking and verification database and follows up on any issues that emerge. Any patterns and trends identified become the subject of statewide intervention and correction.

ii Remediation Data Aggregation

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

Responsible Party (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)

<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: Specify:</i>	<input checked="" type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other: 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 Qualified Providers that are currently non-operational.

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes 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"/>	Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
<input checked="" type="radio"/>	Applicable – The State imposes additional limits on the amount of waiver services.

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"/>	Limit(s) on Set(s) of Services. 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>
<input checked="" type="checkbox"/>	Prospective Individual Budget Amount. 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>(a) The prospective limit is up to \$28,000\$25,000 of which no more than \$6,000\$5,500 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\$25,000 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 dollar-expenditure for services on a pro-rated basis for each waiver year available under this waiver may not exceed \$8,500\$7,500. <u>These limits exclude the cost of vehicle modifications and fences. All other waiver services are included in these limits.</u></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 from both 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 child<u>participant</u>. During the creation of the Autism Support Planning Document further discussion with the family indicates the goals that are a priority for their child<u>the participant</u>. 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 child<u>participant</u>.</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</p>

	<p>budget is as follows:</p> <p>Should a participant experience a change in circumstances, the Autism Clinical Manager will submit a 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 safeguards that are in effect to insure continuous monitoring of the participant by 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>Budget Limits by Level of Support. 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>Other Type of Limit. 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.

The Massachusetts Executive Office of Health and Human Services (EOHHS), the single State Medicaid Agency, convened an interagency workgroup to address how best to comply with the requirements of the federal Home and Community Based (HCB) settings requirements at 42 CFR 441.301 (c)(4)-(5). The Massachusetts Department of Developmental Services (DDS), an agency within EOHHS that has primary responsibility for day-to-day operation of the Children's Autism Spectrum Disorder Waiver (Autism waiver), was a member of the workgroup. Prior to the submission of the Statewide Transition Plan on February 27, 2015 DDS reviewed their regulations, standards, policies, and related requirements to ensure compliance of this waiver with the new federal requirements. None of the necessary regulatory changes identified is applicable to this waiver.

Further, DDS undertook a review of the specific settings in which Autism waiver services are delivered. All waiver services are delivered either in the family home or in community settings in which children typically socialize (for example in parks, a YMCA, Boys and Girls Clubs, libraries, grocery stores, and outdoor public events, as well as other kinds of natural environments where children of similar chronological age are present in the community). Waiver services delivered in the community are designed to help participants develop and maintain skills to more fully and effectively participate in community activities.

Through this scrutiny, DDS confirmed that all services within the Autism waiver are, by their nature and under the terms of the waiver, available and delivered only in settings that are fully integrated into the community. The Autism waiver supports children who reside in their family home, and receive services either within their family home, or in the broader community with the explicit goal of full and appropriate integration of the child into his or her community.

DDS assures that it will undertake on-going review of any new planned waiver service settings to ensure compliance within the Autism waiver.

The State assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to the waiver when the next amendment or renewal is submitted.

Appendix D: Participant-Centered Planning and Service Delivery

State Participant-Centered Service Plan Title:	Autism Support 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"/>	Registered nurse, licensed to practice in the State
<input type="checkbox"/>	Licensed practical or vocational nurse, acting within the scope of practice under State law
<input type="checkbox"/>	Licensed physician (M.D. or D.O)
<input type="checkbox"/>	Case Manager (qualifications specified in Appendix C-1/C-3)
<input checked="" type="checkbox"/>	Case Manager (qualifications not specified in Appendix C-1/C-3). <i>Specify qualifications:</i> <p>The Targeted Case Management (TCM) function is conducted in accordance with the state Medicaid office's <u>agency's</u> approved TCM State Plan definition for Case Management for the Intellectually Disabled. The Division of Autism of the Department of Developmental Services provides this function. These TCM positions, referred to as Autism Clinical Managers (ACMs), perform the job responsibilities as outlined in the State Plan. These responsibilities include:</p> <ul style="list-style-type: none"> - Providing a new family with the information on an <u>overview of</u> the Autism Waiver Program and teaching them about their role in this self-directed program. The ACM also informs the family about potential conflict of interest issues, <u>and discusses and reviews issues and points out the specific section in the Autism Waiver Family Manual that contains this information.</u> - The ACM also informs <u>Informing</u> the family about other state services that may be available for the child/family. - The ACM provides <u>Providing</u> administrative oversight over the design and monitoring of the <u>Autism</u> Plan of Care. The ACM produces the Autism Support Plan of Care (POC) document based on the outcomes of the participant directed service planning process as outlined in the Autism Support Planning Document <u>Plan of Care</u>. - The ACMs evaluate <u>Evaluating</u> that the person's <u>participant's</u> health and safety needs are addressed within the Autism Support Plan of Care <u>Planning Document</u>. - The ACMs evaluate <u>Evaluating</u> the appropriateness of the POC <u>Autism Plan of Care</u> to ensure that the goods and services align with the service descriptions and the child's <u>participant's</u> assessed needs. - When necessary, the ACMs review <u>Reviewing</u> requests for additional funding for environmental modifications and adaptive aids and mak<u>ing</u> the necessary recommendations to the Autism Division for final approval. - Review<u>ing</u> individual budget and spending on a quarterly basis including providing technical assistance to the family and the Autism Support Broker regarding the budget and fiscal records management and tak<u>ing</u> corrective action if needed. - Review<u>ing</u> reports related to vulnerability or misuse of public funds. - Monitor<u>ing</u> provider performance, <u>including a yearly quality assurance review.</u>

	<p>- Monitor<u>ing</u> and evaluat<u>ing</u>e the implementation of the <u>POC</u>Autism Plan of Care, including health and safety, satisfaction and the adequacy of the current plan and the possible need for revisions. <u>At the quarterly meetings, discussing possible revisions to the goals or objectives and making adjustments as appropriate.</u></p> <p>- Coordinate the annual update of the <u>POC</u>Autism Plan of Care. <u>The team meets to create the Autism Support Planning Document and the ACM updates the Autism Plan of Care for signature.</u></p>
<input type="checkbox"/>	<p>Social Worker</p> <p><i>Specify qualifications:</i></p>
<input checked="" type="checkbox"/>	<p>Other</p> <p><i>Specify the individuals and their qualifications:</i></p> <p>The Autism Support Broker facilitates the development of the person-centered Autism Support Planning Document. This document is the core source for information gathering during the participant directed planning process. The Brokers ensure that the participant has the opportunity to engage and/or direct the process to the extent they wish; provide adequate notice of the meeting; ensure that needs are assessed and services meet those needs and that the process is completed in a timely manner.</p> <p><u>Specific Staffing Requirements for Autism Support Brokers for Children:</u></p> <ul style="list-style-type: none"> <u>Bachelor's degree in a related field such as special education, psychology, or applied behavior analysis.</u> <u>Have three years of experience working with young children with Autism and their families.</u> <u>Extensive knowledge of in-home programming, skill acquisition programs, and functional communication.</u> <u>Experience working with families with issues such as poverty, domestic violence, and other social determinants.</u> <u>Knowledgeable about public benefits, entitlements, and generic services in the geographic areas they serve.</u> <u>—</u>

b. Service Plan Development Safeguards.

Select one:

<input type="radio"/>	<p>Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.</p>
<input checked="" type="radio"/>	<p>Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.</p> <p>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></p> <p>Safeguards exist to assure that the participant has free choice of providers and understands the full range of waiver services available. The primary safeguard established is the required participation in the development of, and approval of the <u>Autism Support Planning Document-- which generates the Autism</u> Plan of Care-- by the Autism Clinical Manager (ACM). The ACM provides the family with information about the Autism Support Centers throughout the state who could provide certain waiver administrative services <u>functions</u> and explain the</p>

qualifications and requirements for waiver service providers as noted in Appendix C.

Neither the Autism Clinical Managers (employed by the Autism Division of DDS) nor the Autism Support Brokers (employed by Autism Support Centers) may provide direct services or supports to participants. 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 of waiver services to ensure participants' free choice of waiver service providers and independent service plan development. The ACM who has oversight responsibility for the 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.

- 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.

Safeguards exist to assure that the participant has free choice of providers and understands the full range of waiver services available ~~inclusive of the support broker service~~. The Autism Support Broker will support the ~~child-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:

- A review of the past year and the ~~individual's-participant's~~ progress
- Issues to discuss at the service plan meeting
- Explanation of the service planning process
- Information about the range of services and supports offered through the waiver
- Who to invite to the meeting and team composition
- The date, time, and place of the meeting

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. A manual is available for families to help guide them through the process.

- 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):

PLAN PARTICIPANTS, DEVELOPMENT AND TIMING

In collaboration with the family, ~~The~~ Autism Support Broker is the principal facilitator of 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~~and~~ final approval of the Autism Support Planning Document~~POC~~. Other team members include the ~~child-participant~~ and family, service providers and professional staff. A representative from the ~~child's-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 ~~Plan of Care~~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 ~~an~~ Plan of CareAutism 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 ~~Plan~~ Autism Support Planning Document – identifying the ~~child-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 ~~Plan~~-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~~Plan~~ Update – conducting an annual review and update of the plan;
- Autism Support Planning Document ~~Plan~~-Modification – reconvening the team if a significant change occurs that requires a modification to the Autism Support Planning Document~~plan~~, such as: ~~This may include~~ a change in the health status of the child or caregiver, a significant behavioral change in the ~~individual-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 ~~plan~~ represents the ~~individual's-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~~Plan of Care~~, monitoring the ~~individual's~~ guardian's satisfaction with the plan and progress on goals
- Scheduling periodic progress or update meetings,

- Reasonable accommodations needed for the ~~child-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 ~~will have a current~~ 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-Plan of Care. 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 Autism Clinical Manager~~ 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 invention strategy employed for the participant)
- Quality of the interventions
- Need for modification
- Satisfaction with the ~~Positive Behavior Support Plan (PBSP) (participant only)~~

INFORMING THE PARTICIPANT OF SERVICES AVAILABLE UNDER THE WAIVER

Upon initial enrollment in the waiver, the ~~Autism Clinical Manager (ACM)~~ will provide the family with information about support services available under this waiver and potential providers of these support 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 ~~child's~~ participant's needs. The Team creates a list of any significant experiences, events, or changes in the ~~child~~ participant's family's life and documents this in the Autism Support Plan of Care 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 ~~their child~~ 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 individual participant and family and how those supports may affect the ~~person's~~ 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 Team, led by the Support Broker, develops 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. The Broker then works with the family to develop a person-centered budget that identifies how to use the participant's funding to support these outcomes. The Autism Clinical Manager reviews ~~and approves~~ the completed Autism ~~Support~~ Plan of Care. The Autism Broker enters the relevant Autism ~~Support~~ Plan of Care (POC) and Budget information into the DDS Meditech system ~~to create the Plan of Care~~. The Autism Division Director Program Manager or designee approves the POC Autism Plan of Care, and the family signs-off on it.

After the approval of the POC 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 ~~Plan of Care~~. 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 ~~child~~ 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) ~~PLAN~~

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 ~~Positive Behavior Support Plan (PBSP)~~ (participant only)

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 ~~plan~~ 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 ~~plan~~ 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 He/she~~ writes a note in the ~~individual's-participant's~~ record about the review of the ~~Quarterly~~ 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

~~Massachusetts DDS~~ regulations at 115CMR 6.33-6.34 ~~115CMR 6.33-6.34~~ sets forth the appeal process for the ~~POC~~ Autism Plan of Care. ~~115CMR 6.33-6.34~~ Additional information regarding appeals is contained in ~~see~~ 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 ~~POC~~, the team addresses potential risks to the ~~individual's-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 ~~or a worker fails to show up~~. 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 ~~child~~ 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 ~~such as~~ and emergencies, ~~including the failure of a support worker to appear when scheduled to provide necessary services when the absence of the service presents 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. supports available under the waiver and potential providers of these supports including the Autism Centers throughout the state.

~~As part of the preplanning activities for the participant directed service planning meeting, and as requested by the family, the Autism Broker also provides access to an electronic index of statewide providers, information about the range of services and supports offered through this waiver, and other sources such as the State Plan.~~

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 relevant-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 service plansAutism Plans of Care developed by Autism Clinical Managers employed by ~~the Department of Developmental Services~~DDS. Waiver participant files are subject to sample reviews by ~~the Department of Developmental Services~~DDS ~~and the Office of Medicaid~~. ~~DDS/OOM~~ staff will conduct retrospective reviews of assessment data and service plansAutism Plans of Care for the identified sample. This monitoring and oversight activity ensures that service plansAutism 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"/>	Every three months or more frequently when necessary
<input type="radio"/>	Every six months or more frequently when necessary
<input checked="" type="radio"/>	Every twelve months or more frequently when necessary
<input type="radio"/>	Other schedule
	<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"/>	Medicaid agency
<input type="checkbox"/>	Operating agency
<input type="checkbox"/>	Case manager
<input type="checkbox"/>	Other
	<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 ~~Support~~ Plan of Care (POC) to ensure that the participant is satisfied with waiver services, ~~and that they 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 ~~child-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 ~~Plan-POC~~ and services delivery.

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

~~The Autism Support Broker and the Autism Clinical Manager regularly review the service plan; quarterly meetings are held with all team members to verify that the participant has access to waiver services identified in the service plan.~~

To ensure services are accessible, are moving forward according to the ~~plan~~POC, and continue to meet the ~~child's-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 Autism Support Brokers directly assist the family in implementing the service plan.~~ 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 ~~their child~~the participant. ~~The Waiver is entirely participant-directed. All service providers are chosen by the participant/family.~~

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 Autism Support Plans 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 ~~Program Manager~~ Division Director/-or 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 Program Manager and~~ 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>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.</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 (<u>employed by the Autism Division of DDS</u>) nor the Autism Support Brokers (employed by Autism Support Centers) may provide other services or supports to the participant. <u>Other individuals employed by community organizations of which an Autism Support Center is a functional unit</u> The Autism Support Centers may provide direct services to waiver participants. <u>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.</u></p> <p>The ACM who has oversight responsibility for the <u>Autism</u> 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>

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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.

Performance Measure:	Percent of Autism Support Plans of Care that reflect needs identified through the assessment process <u>(including health and safety risk factors)</u> and personal goals. (Number of Autism Support Plans of Care that address assessed needs and personal goals/Total number of Autism Support Plans of Care reviewed.)		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Autism Waiver Review Tool			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 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.

Performance Measure:	Percent of participants whose Autism Support Plans of Care are-is reviewed and updated annually. (Number of participants whose Autism Support Plans of Care are-is reviewed and updated annually/ <u>Number of participants whose Autism Plan of Care is due for review</u> Total number of
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<i>participants on the Autism Waiver.)</i>			
Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify:			
<i>Meditech Consumer Database</i>			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	Percent of Autism Support Plans of Care that were revised as needs changed. (Number of Autism Support Plans of Care that were revised as participants' needs changed/Total number of Autism Support Plans of Care reviewed where needs changed.)
Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i>	
If 'Other' is selected, specify: <i>Meditech Consumer Database</i>	
<i>Autism Waiver Review Tool</i>	

	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 = 95% confidence interval with a 5% margin of error.
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input checked="" type="checkbox"/> Continuously and Ongoing	
		<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 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.

Performance Measure:	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.)
Data Source (Select one) (Several options are listed in the on-line application): Other	

If 'Other' is selected, specify: <i>Fiscal Management Service (FMS)</i>			
<i>Fiscal Management Service (FMS) reports and Autism Waiver Review Tool</i>			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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 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	<u>95% confidence interval with a 5% margin of error.</u>
		<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 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

Performance Measure:	Percent of participants who were given an array of choices of providers. (Number of participants who -were <u>access to the online provider directory</u>
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given a list of qualified providers during the planning process/ Total number of Autism Support Plans of Care reviewed.)			
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Autism Waiver Review Tool			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 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.*

~~The Autism Support Plan of Care is the basis upon which all services for a participant are identified and monitored. Responsibility for developing the Autism Support Plan of Care rests with the Autism Support Broker and is subject to final approval by the Autism Clinical Manager. As an important safeguard and discovery mechanism the Autism Program Manager or designee reviews a random sample of Autism Support Plans of Care to make sure that they contain all the required information. This is accomplished through the use of a standardized review checklist. The completion of the checklist enables the Autism Program Manager to identify any individual or systemic issues which may arise.~~

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.

~~The Autism Program Manager is responsible for the review of the random sample of Autism Support Plans of Care. A separate checklist is required for each review, thus enabling the Program Manager to identify and remedy any individual problems noted. The Program Manager directly supervises the Autism Clinical Managers and reviews any issues identified with them. The Autism Program Manager then follows up with the Autism Clinical Managers to assure that any corrections were made. In addition, the results of reviews are aggregated and analyzed by the Autism Program Manager and the Autism Division Director for the purpose of identifying any systemic patterns and trends which may require correction. When identified, the Autism Program Manager follows up with the Autism Clinical Managers, Support Brokers and the Autism Support Centers to assure that system wide issues are addressed and corrected.~~

~~The Autism Program Manager or designee reviews the Meditech Consumer database and the FMS tracking and verification database and follows up on any issues that emerge. Any patterns and trends identified become the subject of statewide intervention and correction.~~

ii. Remediation Data Aggregation

Remediation-related Data Aggregation	Responsible Party (check each that applies):	Frequency of data aggregation and
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<i>and Analysis (including trend identification)</i>		analysis <i>(check each that applies):</i>
	<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:
		<i>Every 2 years Semi-annually</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 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"/>	Yes. This waiver provides participant direction opportunities. Complete the remainder of the Appendix.
<input type="radio"/>	No. This waiver does not provide participant direction opportunities. 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"/>	Yes. The State requests that this waiver be considered for Independence Plus designation.
<input checked="checked" type="radio"/>	No. Independence Plus designation is not requested.

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 ~~child's-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 ~~results~~ provides background information on the ~~child's-participant's~~ strengths and areas of concern for the family as well as outlining the goals and objectives for the ~~childparticipant~~. 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 ~~on~~to the Fiscal Employer Agent/Fiscal Management Service (FEA/FMS) entity for use in determining payment to providers. The ~~Financial Management Services~~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 ~~Fiscal Management Service~~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 ~~Fiscal Management Service~~FEA/FMS. With Budget Authority, the participant has the authority to manage the budget allocation through the ~~Fiscal Management Service~~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 ~~Support~~ Plan of Care to ~~assure~~ 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"/>	Participant – Employer Authority. 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"/>	Participant – Budget Authority. 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"/>	Both Authorities. 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"/>	Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The participant direction opportunities are available to persons in the following other living arrangements <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"/>	Waiver is designed to support only individuals who want to direct their services.
<input type="radio"/>	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.
<input type="radio"/>	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. <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 in a Family Handbook. 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 ~~are in~~ continual/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"/>	The State does not provide for the direction of waiver services by a representative.
<input checked="" type="radio"/>	The State provides for the direction of waiver services by representatives. Specify the representatives who may direct waiver services: (<i>check each that applies</i>):
<input checked="" type="checkbox"/>	Waiver services may be directed by a legal representative of the participant.
<input type="checkbox"/>	Waiver services may be directed by a non-legal representative freely chosen by an adult participant. 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"/>
Homemaker	<input checked="" 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 checked="" 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"/>	Yes. Financial Management Services are furnished through a third party entity. (Complete item E-1-i). Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	Governmental entities
<input checked="" type="checkbox"/>	Private entities
<input type="radio"/>	No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. Do not complete Item E-1-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 The waiver service entitled:
<input checked="" type="radio"/>	FMS are provided as an administrative activity. <i>Provide the following information</i>
i.	Types of Entities: 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>Payment for FMS. 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. <u>Families and staff have access to the PPL Portal (web based system) at all times and can review current spending and timesheets.</u></p>																
iii.	<p>Scope of FMS. 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>Assists participant in verifying support worker citizenship status</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Collects and processes timesheets of support workers</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td> Other <i>Specify:</i> <u>Process state and federal criminal history background checks</u>Processes Criminal Offender Record Information inquiry (CORI); 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>Maintains a separate account for each participant's participant-directed budget</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Tracks and reports participant funds, disbursements and the balance-of participant funds</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Processes and pays invoices for goods and services approved in the service plan</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Provide participant with periodic reports of expenditures and the status of</td></tr> </table>	<input checked="" type="checkbox"/>	Assists participant in verifying support worker citizenship status	<input checked="" type="checkbox"/>	Collects and processes timesheets of support workers	<input checked="" type="checkbox"/>	Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance	<input checked="" type="checkbox"/>	Other <i>Specify:</i> <u>Process state and federal criminal history background checks</u> Processes Criminal Offender Record Information inquiry (CORI) ; provides information to participants; provides a help line and maintains a "good to provide" list.	<input checked="" type="checkbox"/>	Maintains a separate account for each participant's participant-directed budget	<input checked="" type="checkbox"/>	Tracks and reports participant funds, disbursements and the balance-of participant funds	<input checked="" type="checkbox"/>	Processes and pays invoices for goods and services approved in the service plan	<input checked="" type="checkbox"/>	Provide participant with periodic reports of expenditures and the status of
<input checked="" type="checkbox"/>	Assists participant in verifying support worker citizenship status																
<input checked="" type="checkbox"/>	Collects and processes timesheets of support workers																
<input checked="" type="checkbox"/>	Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance																
<input checked="" type="checkbox"/>	Other <i>Specify:</i> <u>Process state and federal criminal history background checks</u> Processes Criminal Offender Record Information inquiry (CORI) ; provides information to participants; provides a help line and maintains a "good to provide" list.																
<input checked="" type="checkbox"/>	Maintains a separate account for each participant's participant-directed budget																
<input checked="" type="checkbox"/>	Tracks and reports participant funds, disbursements and the balance-of participant funds																
<input checked="" type="checkbox"/>	Processes and pays invoices for goods and services approved in the service plan																
<input checked="" type="checkbox"/>	Provide participant with periodic reports of expenditures and the status of																

	the participant-directed budget
<input checked="" type="checkbox"/>	Other services and supports <i>Specify:</i> <u>Maintains a portal that allows participants the ability to review spending, timesheets and approved provider information.</u> Assures that payment is made to only those providers qualified to provide supports.
	Additional functions/activities:
<input checked="" type="checkbox"/>	Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency
<input checked="" type="checkbox"/>	Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
<input checked="" type="checkbox"/>	Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget
<input checked="" type="checkbox"/>	Other <i>Specify:</i> The <u>FEA/FMS</u> and the Department <u>DDS</u> -provide <u>information</u> the family manual to each <u>individual-participant</u> to whom it provides fiscal intermediary services under their-its state contract. The enrollment packet includes the forms and information including employee application, fact sheet on employer liability and safety, <u>Criminal-Background-checks,state and national criminal history background checks</u> , Individual Provider Agreements, Employee and Vendor Agreement forms, Individual Provider Training Verification Record, and training materials. <u>Materials are available on-line in the portal operated by the fiscal intermediary FEA/FMS.</u>
iv.	Oversight of FMS Entities. 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. The Department of Developmental Services (<u>DDS</u>) is responsible under its competitive procurement and negotiated contract to manage the performance of the <u>FEA/FMS</u> . The Department <u>DDS</u> -has established performance metrics and requires that the <u>FEA/FMS</u> meet them and has established a process of remediation if they do not achieve them. The <u>FEA/FMS</u> maintains monthly individual budgets <u>on a portal where on-a management information system and provides monthly financial reports to</u> both participants and the Department <u>DDS can view all spending. The portal</u> Monthly invoices contains specific line items identifying the disbursements made on behalf of the participants. The <u>Monthly FEA/FMS portal-reports</u> reconciles expenditures for a participant with that participant's approved budget. The Quarterly reports by the FEA/FMS portal <u>analyzes</u> 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 Reports~~ examine ~~the monthly~~ 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 ~~insure-ensure~~ that waiver participants do not experience any disruption in their waiver services. The ~~FEA/FMS~~ is required to maintain a log of complaints. ~~The Department also uses Performance Based Objectives process for participants in this waiver to gather information about how the waiver is functioning as well as participant satisfaction.~~

- 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"/>	Case Management Activity. 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"/>	Waiver Service Coverage. 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):	
	Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
	(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"/>
	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"/>	Administrative Activity. Information and assistance in support of participant direction are furnished as an administrative activity.	

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:

The Autism Support Centers are the entities that ~~furnish and~~ provide information and assistance in support of participant direction. ~~The Autism Clinical Managers meet monthly with the Autism Support Centers and review current functioning of the performance of the Support Brokers. The Autism Support Centers are reviewed annually by the Autism Program Manager using a standardized set of performance measures.~~ 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 ~~homemakers~~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-participant~~ is in the Autism Support Planning Document service plan. 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~~plan~~. 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 ~~individual-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 ~~individual's-participant's~~ person-centered Autism Support Planning Document, Autism Plan of Care and Individual Budget
- Monitor and assist the ~~individual-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 ~~individual-participant~~ in working with the ~~Financial-Management Service~~FEA/FMS to recruit, screen, hire, train, schedule, monitor, and pay support workers

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.

k. Independent Advocacy (*select one*).

<input checked="" type="radio"/>	No. Arrangements have not been made for independent advocacy.
<input type="radio"/>	Yes. 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 ~~the Department~~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

- a) refusal to participate in the development and implementation of the Autism Support Planning ~~Process~~Document process,
- b) multiple attempts to hire individuals who are inappropriate or unqualified,
- c) on-going inability to supervise and retain employees,

d) failure to submit time-sheets in a timely manner,
e) 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, ~~the Department of Developmental Services~~ 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.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1		<u>325400</u>
Year 2		<u>325410</u>
Year 3		<u>325420</u>
Year 4 (only appears if applicable based on Item 1-C)		<u>325430</u>
Year 5 (only appears if applicable based on Item 1-C)		<u>325440</u>

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"/>	Participant/Co-Employer. 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. Specify the types of agencies (a.k.a., "agencies with choice") that serve as co-employers of participant-selected staff:
<input checked="" type="checkbox"/>	Participant/Common Law Employer. 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.

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"/>	Recruit staff
<input type="checkbox"/>	Refer staff to agency for hiring (co-employer)
<input checked="" type="checkbox"/>	Select staff from worker registry
<input checked="" type="checkbox"/>	Hire staff (common law employer)
<input checked="" type="checkbox"/>	Verify staff qualifications
<input checked="" type="checkbox"/>	Obtain criminal history and/or background investigation of staff Specify how the costs of such investigations are compensated: <u>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. Payment for these investigations does not come from the individual's budget but it is made by the FMS as part of its cost of doing business.</u>
<input checked="" type="checkbox"/>	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. Specify the state's method to conduct background checks if it varies from Appendix C-2-a: Criminal background checks are conducted in accordance with processes outlined

	in Appendix C-2-a. <u>All employees are subject to state and national criminal history background checks.</u>
<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~~~~the Department~~ that the individual budget of up to ~~\$28,000~~~~\$25,000~~ can meet waiver participants assessed needs. The individual budget is based on current utilization and experience.

- 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. ~~T~~; 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 ~~Support~~ Plan of Care.

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

<input checked="" type="radio"/>	Modifications to the participant directed budget must be preceded by a change in the service plan.
<input type="radio"/>	<p>The participant has the authority to modify the services included in the participant directed budget without prior approval.</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 ~~the~~ DepartmentDDS 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~~the Department~~'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 ~~a participant waiver eligible individual~~ 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/~~or~~-designee. If entrance to the waiver is denied, the ~~person 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 ~~participant individual~~ is fully informed of their right to a Fair Hearing, when necessary, the written information ~~when necessary~~ 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 ~~post-enrollment~~ (e.g., services are denied, reduced or terminated), the participant is notified in writing by letter from the Autism Division Director/~~or~~-designee of the action ~~on a timely basis~~ 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 under consideration~~. 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, ~~and~~ instructions regarding how to appeal and refers the individual and/or legal representative to the DDS regulations at 115 CMR 6.330-6.34, which describe the procedures for requesting and receiving a Fair Hearing. In addition, ~~it~~ 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. ~~The notices refer the individual and/or legal representative to the DDS regulations at 115 CMR 6.330—6.34 which describe the procedures for requesting and receiving a Fair Hearing. Those regulations state that a request for a Fair Hearing may be initiated by the individual and/or legal representative by notifying in writing the Autism Director or his/her designee. Within sixty days of receipt of such a notice, the Autism Division Director or his/her designee will hold an informal conference to attempt to conciliate the issues raised. If the informal conference does not succeed in resolving the dispute, a Fair Hearing will be scheduled within thirty days of the end of the informal conference.~~

~~Informal conferences and~~ Fair Hearings are conducted in accordance with the Massachusetts Administrative Procedures Act and the Standard Adjudicatory Rules of Practice and Procedure, Informal Rules. See M.G.L. c. 30A and 801 CMR 1.020 et seq. Individuals are notified that they may appeal Fair Hearing decisions to ~~the Supreme Judicial~~Superior Court pursuant to M.G.L. c. 30A ~~(the Massachusetts Administrative Procedures Act.)~~. 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. ~~The participant can request a Medicaid fair hearing at any time. Families are informed that they may request a Fair Hearing at any time; they do not need to exhaust alternative processes.~~

~~Notice of adverse actions and the opportunity to request a Fair Hearing are maintained by the Department's Central Office Legal Division and are also included in the individual record which is kept in the Autism Division.~~

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

- 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"/>	No. This Appendix does not apply
<input type="radio"/>	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. **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"/>	Yes. The State operates a Critical Event or Incident Reporting and Management Process <i>(complete Items b through e)</i>
<input type="radio"/>	No. This Appendix does not apply <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 Alleged instances of abuse or neglect 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 4.02000-et seq. (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, ~~known as~~ the Home and Community Services Information System (HCSIS), ~~which was implemented in July 2006.~~ 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 ~~children on the autism waiver 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 at the time ~~that the~~ 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 ~~Program~~

~~Manager~~Division Director/~~or~~ designee and the Autism Clinical Managers. Regulations governing incident reporting can be found at 115 CMR 139.00 (DDS regulations regarding Incident Reporting).

~~Alleged instances of abuse or neglect 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 et seq. (Department of Children and Families Intake regulations outlining the procedures for receipt and screening of Protective Service reports).~~

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.

Additionally, there are DDS tracks other reportable events (ORE), outside of major or minor incidents, and alleged instances of abuse and/or neglect that are reported outside the IT system. 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.

- 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 f~~Family members and other informal caregivers are given with information regarding how to report suspected instances of abuse or neglect at the time of the development of the ~~Initial~~ Autism Support ~~Plan of Care~~Planning Document and annually thereafter at the Autism p~~Plan of Ceare~~ meeting. ~~The responsibility for providing this information rests with the Autism Support Brokers from the Autism Support Centers.~~ Information provided includes a description of what constitutes abuse and neglect, how to report suspected abuse, the contact numbers for the ~~State~~ Department of Children and ~~Family Families Services~~(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 ang~~o~~ ~~through the~~ 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 ~~two~~three distinct processes for reporting incidents – one for incidents (classified as requiring a minor or major level of review), ~~and~~ one for reporting of suspected instances of abuse or neglect and one for reporting other reportable events. A reported incident may ~~also~~ 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 are reported 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. ~~No incident reports can~~ not be closed ~~unless and~~ until the Autism Clinical Managers approve ~~of~~ 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. ~~The Autism Clinical Manager is able to produce a printable summary for the family to share with them containing a the summary of the incident and the subsequent actions taken to close the incident to share with the family.~~ 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 ~~seven~~ days to review the incident and action plan. If they approve the action plan, the incident is closed; ~~and~~ if not, it is returned to the Autism Support Broker for further action. ~~Incident reports will be considered closed only after there is consensus among the parties as to the action steps taken.~~ 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~~ ~~Incidents that rise to the level of a reportable event~~, subject to investigation, are reported to the ~~State~~ 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. ~~All other~~ ~~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 ~~also~~ notified. Reports may ~~also~~ 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 the Department of Children and Families.~~ DCF is responsible for any follow-up, action planning, and notification of all parties, in accordance with 110 CMR 4.00.

Other reportable events (ORE's) are created ~~outside the IT system~~ 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 ~~Program Manager~~ Division Director/~~or~~ designee is responsible for reviewing management reports on an ongoing basis, with data aggregation occurring on an annual~~a quarterly~~ 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 ~~assure~~ ensure follow up on individual issues. By reviewing management reports ~~on a quarterly basis~~, the Autism ~~Program Manager~~ Division Director/~~or~~ designee is able to identify potential patterns and trends and make recommendations regarding statewide service improvement efforts. In addition to the Autism ~~Program Manager~~ Division Director/~~or~~ 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.)*

<input checked="" type="checkbox"/>	<p>The State does not permit or prohibits the use of restraints</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><u>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.</u></p> <p><u>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.</u></p>
<input type="checkbox"/>	<p>The use of restraints is permitted during the course of the delivery of waiver services. 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).

~~The Department of Developmental Services is the State agency responsible for detecting the unauthorized use of restraints. The continuous 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 detecting the unauthorized use of restraints are required to make a report to the Autism Support Center.~~

~~When the use of restraints is employed for children in the Autism Waiver, the standards and regulations of the Commonwealth's child care agency, the Department of Early Education and Care (DEEC) apply. In all situations, restraint is considered a~~

~~last resort and individuals providing supports must employ all possible less intrusive measures first. Restraint may only be used when an individual is demonstrating by his/her actions that he/she is dangerous to him/herself and the danger has been or is unlikely to be averted by alternatives to restraint. All other positive behavior support strategies must be used first and be directed toward the goal of maximizing the growth and development of the child.~~

~~According to DEEC standards, if a restraint is utilized, it must be the least restrictive position available. Typically, staff can initiate a standing restraint and progress to more restrictive positions, such as a sitting or floor restraint, if necessary. Headlocks, choke holds, full or half nelsons, or pressure points to cause pain are not allowed under any circumstances. Similarly, a hold that puts a child in the “hog tied” position or a “prone basket” is prohibited.~~

~~Documentation of the use of unauthorized restraints is achieved through the HCSIS restraint reporting system. The restraint reporting system includes detailed information including but not limited to the reason for the restraint, a description of the antecedent events, other less restrictive methods used prior to restraint, position of restraint, duration of the restraint, the child’s condition during the restraint, monitoring checks, as well as the individual’s comments regarding the restraint.~~

~~Restraints are rarely utilized for participants in the Autism Waiver Program. However, any provider who might utilize a restraint in an emergency situation must be trained in the appropriate and safe application of the restraint. All curricula used to train individuals to implement restraints must be reviewed and approved by a DDS curriculum review committee. The curriculum must meet specific criteria and address specific topics including preventive and de-escalation strategies, non-violent applied methods of intervention, specific hands on training with respect to allowable restraint positions. The curriculum must adhere to a minimum of 16 of hours of training.~~

~~Support staff who may utilize restraints during the course of their work with children will be trained in the appropriate utilization of the restraint including the use of prevention strategies, de-escalation strategies focused on non-confrontational approaches as alternatives to restraint, the circumstances and parameters under which they are permitted to use restraint, and the safe administration of physical restraint when necessary. Competency to administer restraints will be incorporated into the Autism Support Plan of Care, if deemed a necessary skill for the individual providing supports. Restraint cannot be incorporated into a positive behavior support plan as a technique. It can only be used when there is a clear danger to the waiver participant or to others.~~

~~DDS has a committee that reviews and approves restraint curriculum to assure that providers utilize an approved curriculum.~~

~~Chemical restraints, mechanical restraints and seclusion are not allowed.~~

~~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.~~

- 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:

~~DDS has primary responsibility for overseeing and monitoring the use of restraints. Within 24 hours of the restraint application, the individual subject (family member) to the restraint comments on the circumstances leading to the use of the restraint and on the manner of restraint used. The report also includes the staff implementing the restraint, the rationale (antecedents) to using the restraint, other less restrictive interventions employed, position and duration of restraint, and monitoring checks. As part of the HCSIS database, all restraints get electronically reported and reviewed by the Autism Clinical Managers, who comment and follow up as necessary.~~

~~The HCSIS system, a web-based electronic incident reporting system, tracks all restraints reported. The system has the capacity to generate any number of management reports which facilitate the identification of patterns and trends regarding restraint utilization. This includes but is not limited to data regarding who has implemented the restraint, the time and place of the restraint, the participant involved, the type of restraint, and the reason for the restraint. Any reports generated would be reviewed by the Autism Clinical Managers, the Autism Program Manager or designee, the Autism Division Director and the Assistant Commissioner for Quality Management to identify possible patterns and trends. Service improvement strategies would be developed dependent upon the specific issue identified.~~

~~The HCSIS incident management system includes both the reporting of incident categories referenced in the application as well as the utilization of restraints. All incidents get entered 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, therefore, is subject to review to assure that actions taken both respond to the immediate situation but also include further actions to mitigate the chance of a recurrence.~~

~~The total number of incidents and restraints has been very limited. In the last 5 years of operation of the Autism Waiver there have only been 2 instances of the application of restraints; both were allowable restraints. As such, there has been no inappropriate/ineffective use of restraints or seclusion. Nor are there any patterns and trends to review, other than the fact that the utilization of restraints is the exception rather than the rule. However, management reports electronically generated by the HCSIS system allow for the aggregation of data and the analysis of any patterns and trends. The Autism Clinical Managers, the Autism Program Manager or designee, the Autism Division Director and the Assistant Commissioner for Quality Management review the data to assure that any statewide or targeted improvement activities are~~

~~identified and carried out in a timely manner.~~

~~The continuous presence and oversight by the support brokers with the participants and their families provides the most important safeguard for detecting unauthorized use of restraints. 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 inappropriate application of a restraint. Autism Clinical Managers and Support Brokers provide information to families regarding how to file a complaint.~~

b. Use of Restrictive Interventions

<input checked="" type="radio"/>	<p>The State does not permit or prohibits the use of restrictive interventions</p> <p>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<u>continuous</u> 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 assure<u>ensure</u> 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>The use of restrictive interventions is permitted during the course of the delivery of waiver services. 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.

- 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.)*

<input checked="" type="radio"/>	<p>The State does not permit or prohibits the use of seclusion</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 continuous-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 assure-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>
<input type="radio"/>	<p>The use of seclusion is permitted during the course of the delivery of waiver services. 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:

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

--

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"/>	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. <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).

--

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

○	Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies). <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:
○	Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State. 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.

Performance Measure:	Percent of reported <u>allegations of</u> abuse, neglect, exploitation and unexplained death <u>incidents by a provider</u> with appropriate follow up (Number of reported <u>allegations of</u> abuse, neglect, exploitation and unexplained death <u>by a provider</u> with appropriate follow up documented/ Total number of reported <u>allegations of</u> abuse, neglect, exploitation and unexplained death <u>incidents by a provider</u> .)		
Data Source (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	Percent of participants' families who report knowing how to report abuse, neglect, exploitation and unexplained death. (Number of families who report knowing how to report abuse, neglect, exploitation and unexplained death/Total number of Autism Support Plans of Care reviewed.)		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Autism Waiver Review Tool			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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	<u>95% confidence interval with a 5% margin of error. +/- 9</u>
		<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	Frequency of data aggregation and analysis: (check each that applies)
--	---

<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>

<i>Performance Measure:</i>	<i>Autism Clinical Managers and Support Brokers receive training on their responsibilities as mandated reporters of abuse, neglect, exploitation and unexplained death. (Number of Autism Clinical Managers and Support Brokers with documentation of training on abuse, neglect, exploitation, unexplained death and mandated reporter requirements/Total number of Autism Clinical Managers and Support Brokers.)</i>		
<i>Data Source</i> (Select one) (Several options are listed in the on-line application): <i>Other</i>			
<i>If 'Other' is selected, specify:</i>			
<i>Training documentation records</i>			
	<i>Responsible Party for data collection/generation</i> (check each that applies)	<i>Frequency of data collection/generation:</i> (check each that applies)	<i>Sampling Approach</i> (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 checked="" type="checkbox"/> <i>Annually</i>	
		<input 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>

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 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 demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.**

Performance Measure:	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.)		
Data Source (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 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.**

Performance Measure:	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.)		
Data Source (Select one) (Several options are listed in the on-line application): Critical events and incident reports			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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 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.**

Performance Measure:	Percent of Autism Support Plans of Care that address health care, emergency and safety needs. (Number of Autism Support Plans of Care reviewed that address health care, emergency, and safety needs/Total number of Autism Support Plans of Care reviewed.)		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify:			
Autism Waiver Review Tool			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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%

	<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

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 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.

~~a.i.1; a.i.2~~

~~Incidents that rise to the level of a reportable event, subject to investigation, are reported to the State Department of Children and Families (DCF). Autism Support Brokers and Autism Clinical Managers are mandated reporters and as such any suspected instance of abuse/neglect gets reported to DCF. This is documented in the monthly notes maintained by the Autism Support Brokers and Autism Clinical Managers. DCF is required to review all reported allegations and to make an appropriate disposition. In this manner, all suspected instances of abuse/neglect are discovered and documentation maintained on a continuous basis in the required monthly notes.~~

~~a.i.a.2; a.i.3.; a.i.b.1, a.i.c.1~~

~~DDS utilizes a web-based incident reporting and management system known as the Home and Community Services Information System (HCSIS). Incidents that meet specifically defined~~

~~criteria are reported within 24 hours (major) and within 3 days (minor). Autism Support Brokers are responsible for entering the incident, and the Autism Clinical Managers are responsible for reviewing the report. This allows for "real time" discovery of incidents.~~

~~a.i.a.1~~

~~The Autism Program Manager or designee reviews training documentation records and follows up on any issues that emerge. Any patterns and trends identified become the subject of statewide intervention and correction.~~

~~a.i.a.2,; a.i.d.1~~

~~The Autism Support Plan of Care is required to assess and address all health and safety needs, as well as including an emergency form which details what to do and who to call in the event of an emergency. Families and participants are also informed of how to report abuse, neglect exploitation and unexplained death. As part of the review of a sample of Autism Support Plans of Care, the Autism Program Manager or designee looks to see that both these requirements are included in the plan. As such, the Autism Program Manager/designee is able to identify and discover any issues with compliance with this requirement~~

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.

~~Autism Support Brokers and Autism Clinical Managers follow up on all issues that rise to the level of a reportable allegation to DCF. Due to their close and on-going contact with Waiver Program participants, Autism Support Brokers are in a unique position to follow up and assure that appropriate action has been taken. In addition, through close supervision and documentation in monthly case notes, the Autism Clinical Managers provide an additional layer of oversight to assure that action has occurred.~~

~~Incidents reported in the web-based HCSIS incident management system, cannot be closed until they have been reviewed by the Autism Clinical Manager and there is consensus regarding action taken. In this manner, there is assurance and documentation that appropriate actions have been taken.~~

~~Each Autism Clinical Manager receives feedback regarding the results of the reviews of the~~

~~Autism Support Plan of Care from the Autism Program Manager/designee. Issues identified in individual plans must be corrected, and the Autism Program Manager/designee follows up to determine that appropriate corrections have been made.~~

ii. Remediation Data Aggregation

	Responsible Party (<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>)
	<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 checked="" 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:
		<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"/>	No
<input type="radio"/>	Yes

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

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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 ~~child~~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~~Individuals 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~~individual and family's needs for support and the risks they may experience.
4. Quality is approached from three levels: the ~~individual~~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~~individuals 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, ~~performance-based objectives~~contract requirements, and licensure/certification processes.
9. The system involves active participation from ~~participant~~individuals, 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~~individual, the provider and the system. On each level, the focus is on discovery of issues, remediation and service improvement. Information gathered ~~about~~on the

~~participant individual~~ 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. ~~Due to the relatively small size of the Waiver as well as the organizational structure described below,~~ The Waiver Program is able to be supportive and responsive to the needs of ~~its~~ 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, ~~assure that all individual providers meet the required qualifications~~, and closely monitor the implementation of the Autism ~~Support~~ Plan of Care to ensure that the participant ~~is 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 ~~seven~~ qualified Autism Support Centers. They work closely with the Autism Clinical Managers to ~~assure ensure~~ that providers are qualified and that the services are being delivered as designed and articulated in the Autism ~~Support~~ Plan of Care.
- Autism Clinical Managers: ~~Currently there are five full time~~ Autism Clinical Managers, staff of the Autism Division within DDS, ~~who~~ oversee and approve the development of the Autism ~~Support~~ Plan of Care, monitor its implementation, ~~assure that all individual providers meet the required qualifications, and~~ assure that the ~~participant~~ child'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 participant~~ on the waiver.
- Autism ~~Program Manager/designee and Autism Division Director/designee~~: These staff provides statewide clinical, programmatic and administrative oversight of the entire waiver program. ~~The Autism Program Manager~~ 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 ~~Program Manager~~ Division Director/designee, ~~under the leadership of the Autism Division Director,~~ 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 Program Manager/designee and~~ 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. ~~The Waiver Unit also oversees the implementation of various components of the Autism Waiver Program.~~
- ~~Office of Medicaid~~ 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 ~~Services~~ 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 ~~Program Manager~~ Division Director/designee regularly reviews data to assure that levels of care are reviewed annually and that all participants have a current Autism ~~Support~~ Plan of Care.

After data are collected and reviewed, it is the responsibility of the Autism ~~Program Manager~~ 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. ~~the Performance Based Objective review would highlight areas needing improvement which would be monitored and tracked.~~

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 ~~Program Manager~~ 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) ~~There are o~~Other reportable events (ORE) outside of major or minor incidents and alleged instances of abuse and/or neglect also ~~that~~ 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.

34) A review of a sample of Autism Support Plans of Care is conducted by the Autism ~~Program Manager~~ Division Director/designee to assure that the plans address all the necessary

assurances and that support brokers are monitoring the implementation of plans.

45) 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. The Autism Program Manager/designee conducts biennial review of the identified performance based objectives for the autism support centers. The review measures the achievement of each Autism Support Center in specific objectives identified. The Program Manager/designee, when and, as necessary, sets target improvement goals with the Center in question individual centers to address areas in which performance does not meet contractual standards.

6)5) DDS' The – Executive Office of Health and Human Services (“EOHHS”) Bureau of Program Integrity (“Bureau”) monitors the quality, efficiency and integrity of programs administered by the Executive Office of Health and Human Services (“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.

Summary of findings of Performance Based Objectives and findings of Reviews of Sample of Autism Support Plans of Care are compiled and analyzed. Based on analysis, the information is used to improve overall quality and address potential service areas needing improvement.

In addition, the Department, through the single Medicaid State agency, also submits for its consideration 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 pProgram.

The DDS Autism Program ManagerDivision 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 7 Autism Support Centers, and to assure that identified issues are corrected. Finally, the Autism Program ManagerDivision 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. For the past several years, DDS has had a very active statewide Family Support Council comprised primarily of families of individuals with intellectual or developmental disabilities. The Family Support Council will reviews the aggregated results of all the discovery methods and will identify identifies areas for service improvement. DDS will utilize its partnership with the Center for Developmental Disabilities Evaluation & Research (CDDER) of University of Massachusetts Medical School to assist members of the Council to analyze the information, ask the important questions, and make recommendations for improvements. DDS also has a statewide quality council whose sole purpose is to review quality management data and make recommendations for statewide improvement targets. This council will expand their scope to review data

~~generated for individuals receiving supports through the Autism Waiver.~~

ii. System Improvement Activities

Responsible Party (<i>check each that applies</i>):	Frequency of monitoring and analysis (<i>check each that applies</i>):
<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 checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Quality Improvement Committee	<input checked="" type="checkbox"/> Annually
<input checked="" type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Other 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, ~~in collaboration with the Autism Program Manager/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.

~~In addition to the above efforts, the Autism Division engaged the services of Brandeis University to conduct a study of the effectiveness of the various clinical interventions in leading to improved outcomes for Waiver participants. The results of this independent research study were published in 2013 and affirmed and endorsed the self-directed model of the Waiver for families with children with Autism Spectrum Disorder.~~

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.

~~As a result of the QA processes previously described, e.g. review of a sample of Autism Support Plans of Care, review of Autism Support Broker notes, the review of the Autism Support Centers using the Performance Based Objectives Tool a number of issues were identified which led to system improvements. Subsequent reviews indicated that the issues identified had in fact led to increased effectiveness. Examples include:~~

~~1) A second review of the Autism Support Centers utilizing the Performance Based Objectives Tool demonstrated that as a result of an identified issue, the specific ASC had acquired necessary interpreters, had assured appropriate documentation of training of individual providers and had developed and implemented complaint logs.~~

~~2) A review of the Autism Support Broker notes revealed that improvements had been made, so that all required notes had been entered.~~

~~3) A review of the Autism Support Plans of Care revealed that improvements had been made with respect to completion of the family and provider training document.~~

- 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 ~~the DDS~~ department has an effective quality management and improvement system in place for both the ~~HCBS~~ 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) DDS has a long standing partnership with the Center for Developmental Disabilities Evaluation and Research (CDDER) of the University of Massachusetts Medical School. As an objective, outside party, CDDER has and will continue to assist the Department to evaluate the effectiveness of its quality management systems and to make recommendations for improvements.~~

4) Finally, in the past, DDS ~~has~~ 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~~.

~~The QMIS system will be reviewed and potentially updated twice during this Waiver; once~~

~~during the Waiver period and a second time prior to submission of a subsequent Waiver Renewal application.~~

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 (~~Department~~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 the Department'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), ~~the Medicaid category of assistance (CAT)~~ 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.

(c) The Commonwealth also conducts an annual Single State Audit that includes sampling from DDS's the Department's waiver(s) 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 the Department 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.

~~The Department of Developmental Services~~DDS pays service providers for waiver services through the Fiscal Employer Agent/Financial Management Service (FEA/FMS). The ~~Financial Management Services (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. ~~The Department~~DDS submits the claims to the Medicaid agency for Federal Financial Participation (FFP) claiming. The ~~Division of~~Autism Division is a division of ~~the Department of Developmental Services~~DDS and adheres to DDS's the ~~Department's~~ assurances of financial integrity and accountability.

Individual waiver participants are coded as such in DDS's the ~~Department's~~ database, and eClaims checks assure that (1) Level of Care, Plan of Care~~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.

~~When necessary, the Department can establish an audit trail including point of service, date of service, rate development, provider payment status, claim status, and any other waiver-related financial information.~~

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

Performance Measure:	Services are coded and paid for in accordance with the reimbursement methodology specified in the waiver application. (Dollar value of claims denied/Total dollar value of claims submitted).		
Data Source (Select one) (Several options are listed in the on-line application): Financial records (including expenditures)			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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

Performance Measure:	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).		
Data Source (Select one) (Several options are listed in the on-line application): Financial records (including expenditures)			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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
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.**

Performance Measure:	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)
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Data Source (Select one) (Several options are listed in the on-line application): Financial records (including expenditures)

If 'Other' is selected, specify:

	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (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

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
UMass Revenue Unit	<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.*

~~All claims submitted are checked to assure that all requirements of waiver participation are met including level of care, plan of care, Medicaid eligibility and case management. The Autism Program Manager receives a monthly management report detailing the Medicaid status of participants in the waiver program. Claims checks are reviewed by the Revenue Division so that any discrepancies can be identified.~~

~~As a further check, the Fiscal Management Service (FMS) reviews all submitted bills for payment against the participant's allocated budget and approved individual provider rates. Monthly expenditure reports are submitted to and reviewed by the Autism Program Manager. This assures that any issues regarding qualified providers and approved rates are identified.~~

~~The FMS submits reviewed service data through the Department's electronic service delivery reporting system. Claims checks are done prior to any claim being processed.~~

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.*

Claims that do not have the necessary components in place are returned to the DDS Autism Program Manager Division Director/designee to remedy. In addition, the FEA/FMS and the Autism Program Manager Division Director/designee review and discover any discrepancies, which are then returned for correction. A final check through the Department's 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.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)	Responsible Party (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 type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually

	Specify:	
		<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 Financial Accountability that are currently non-operational.

<input 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
- Homemaker
- Home Modifications and Adaptations
- Individual Goods and Services
- Vehicle Modification

~~Waiver service rates are developed based on service expenditures and utilization. The Executive Office of Health and Human Services (EOHHS) with the assistance of rate analysis from Center for Health Information and Analysis (CHIA) sets the rates for all waiver services that are the basis for the draw of federal funds and claiming of these expenditures on the CMS-64. In accordance with M.G.L. c. 118g s.7, rates established by EOHHS require public meetings and include comments from both stakeholders and the general public. As part of rate setting process prior to public hearing, EOHHS organizes provider technical assistance groups to provide feedback and information about the elements of the rate. Upon rate approval, payment rates are entered into the Meditech system and MMIS. Self-directed services are paid through the Fiscal Management Service at rates within an established range of payment.~~

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 web-based Electronic Invoice Management~~

System (EIM).

~~The Department staff~~ The parent/guardian reviews and ~~confirms~~ approves the individual dates of service ~~dates information for all individuals~~. These service dates are then reviewed and validated by DDS, and ~~T~~his approved data provides the documentation necessary for payment to the provider and for the development of a claim to the ~~Medicaid Agency~~ MMIS. Original paper source documentation of service delivery is maintained.

Once ~~the Department staff~~ DDS has approved all service delivery entries in ~~EIM~~ 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 the Department'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 ~~meets Level of Care, has an approved~~ Plan of Care, ~~and-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~~ the Department.

Participant information is on file at ~~DDS the Department~~ 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"/>	No. State or local government agencies do not certify expenditures for waiver services.
<input checked="" type="radio"/>	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. <i>Select at least one:</i>
<input checked="" type="checkbox"/>	Certified Public Expenditures (CPE) of State Public Agencies. 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</i>

	<p><i>Item I-4-a.)</i></p> <p>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.</p>
<input type="checkbox"/>	<p>Certified Public Expenditures (CPE) of Local Government Agencies.</p> <p>Specify: (a) the local government agencies that incur certified public 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>

- 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.
~~As described above, the EIM and Meditech systems provide ample checks and balances to assure that all claims are valid for waiver eligible individuals, receiving waiver eligible services from waiver eligible providers. The EIM system reconciles provider payments to dates of service reporting and the Meditech system removes any services through claim checks to assure that claims are processed only for services included in the participant's approved service plan and that the participant is Medicaid eligible at the time of service.~~

- 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"/>	Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).
<input type="radio"/>	Payments for some, but not all, waiver services are made through an approved MMIS. 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"/>	Payments for waiver services are not made through an approved MMIS. 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: <u>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.</u> <u>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.</u> <u>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</u>

	<p>on file in the DDS Meditech database. The Department of Developmental Services makes payments to providers through the Meditech claims processing system. DDS's payments are validated through the state's approved MMIS system through which units of service, approved rates and member eligibility are processed and verified. The audit trail is maintained through EIM <u>the PPL Web Portal</u> 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.</p>
○	<p>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.</p> <p>Describe how payments are made to the managed care entity or entities:</p>

- 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"/>	The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.
<input type="checkbox"/>	The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.
<input checked="" type="checkbox"/>	<p>The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.</p> <p>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:</p> <p>Provider billings flow from a provider to the <u>Fiscal Employer Agent/Financial Management Service (FEA/FMS)</u> 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 <u>FEA/FMS</u> is then responsible for submitting service data through the EIM system <u>PPL Web Portal</u>. Individuals are coded as waiver participants in the Department's database and claims checks assure that the Level of Care, 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.</p>
<input type="checkbox"/>	<p>Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity.</p> <p>Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.</p>

- 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"/>	No. The State does not make supplemental or enhanced payments for waiver services.
<input type="radio"/>	Yes. The State makes supplemental or enhanced payments for waiver services. 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"/>	No. State or local government providers do not receive payment for waiver services. <i>Do not complete Item I-3-e.</i>
<input type="radio"/>	Yes. State or local government providers receive payment for waiver services. <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

	<p>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.</p> <p>Describe the recoupment process:</p>

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

- g. **Additional Payment Arrangements**

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

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

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

<input checked="" type="radio"/>	<p>No. The State does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.</p>
<input type="radio"/>	<p>Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.</p> <p>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</p>

	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:*

<input checked="" type="radio"/>	The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.
<input type="radio"/>	<p>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.</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>
<input type="radio"/>	<p>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.</p>
<input type="radio"/>	<p>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.</p>

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"/>	Appropriation of State Tax Revenues to the State Medicaid agency
<input checked="" type="checkbox"/>	Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency. 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: Annual legislative appropriation to the Department of Developmental Services provides the non-federal share which is expended directly by DDS as CPEs. The Department DDS makes expenditures from its appropriation and Federal Financial Participation (FFP) is returned to the State General Fund.
<input type="checkbox"/>	Other State Level Source(s) of Funds. 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:

- 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"/>	Not Applicable. There are no local government level sources of funds utilized as the non-federal share.
<input type="radio"/>	Applicable <i>Check each that applies:</i>
<input type="checkbox"/>	Appropriation of Local Government Revenues. 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"/>	Other Local Government Level Source(s) of Funds. 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:*

	<input checked="" type="radio"/>	None of the specified sources of funds contribute to the non-federal share of computable waiver costs.
	<input type="radio"/>	The following source(s) are used. <i>Check each that applies.</i>
	<input type="checkbox"/>	Health care-related taxes or fees
	<input type="checkbox"/>	Provider-related donations
	<input type="checkbox"/>	Federal funds
	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:

--

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"/>	No. The State does not impose a co-payment or similar charge upon participants for waiver services. <i>(Do not complete the remaining items; proceed to Item I-7-b).</i>
<input type="radio"/>	Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services. <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"/>	Nominal deductible
<input type="checkbox"/>	Coinsurance
<input type="checkbox"/>	Co-Payment
<input type="checkbox"/>	Other charge
	<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.

--

- 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"/>	No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.
<input type="radio"/>	Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement. 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	\$11,254.10	\$15,471.22	\$26,725.33	\$275,483.73	\$2,921.04	\$278,404.77	\$251,679.44
2	\$11,254.10	\$15,746.61	\$27,000.72	\$280,387.34	\$2,973.04	\$283,360.38	\$256,359.66
3	\$11,254.10	\$16,026.90	\$27,281.01	\$285,378.24	\$3,025.96	\$288,404.19	\$261,123.19
4	\$11,469.49	\$16,312.18	\$27,781.67	\$290,457.97	\$3,079.82	\$293,537.79	\$265,756.12
5	\$11,469.49	\$16,602.54	\$28,072.03	\$295,628.12	\$3,134.64	\$298,762.76	\$270,690.73

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	\$14,818.85	\$14,665.96	\$29,484.81	\$199,926.85	\$1,539.43	\$201,466.28	\$171,981.47
2	\$14,931.86	\$14,783.29	\$29,715.15	\$201,526.26	\$1,551.74	\$203,078.00	\$173,362.85
3	\$15,044.87	\$14,901.56	\$29,946.43	\$203,138.47	\$1,564.16	\$204,702.63	\$174,756.20
4	\$14,279.59	\$14,106.96	\$28,386.55	\$192,306.48	\$1,480.75	\$193,787.23	\$165,400.68
5	\$15,258.23	\$15,140.93	\$30,399.16	\$206,401.69	\$1,589.28	\$207,990.97	\$177,591.81

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	<u>400325</u>	<u>400325</u>	N/A
Year 2	<u>410325</u>	<u>410325</u>	N/A
Year 3	<u>420325</u>	<u>420325</u>	N/A
Year 4	<u>430380</u>	<u>430380</u>	N/A
Year 5	<u>440380</u>	<u>440380</u>	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). Except for Waiver Year 4, the Average Length of Stay (ALOS) is 263 days, the average waiver length of stay of participants enrolled in the waiver as reported on the CMS-372 reports for 2009 through 2013 (Waiver Years 2 and 3 of the initial waiver cycle, and Waiver Years 1, 2 and 3 of the current waiver cycle).

The average length of stay for Waiver Year 4, 247 days, reflects a weighted average of new participants enrolling from January through September of WY4, and waiver participants with continued enrollment, whose length of stay is estimated at 263 days, consistent with estimates from prior waiver years. The state used this approach to account for the ramp up of enrollment in additional slots added in the amendment effective January 2019.

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 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.

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

- 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.

Factor D estimates are based on the following:

Factor D utilization estimates are based on averaging the utilization as reported in the FFY 2012 and FFY2013 CMS 372 reports for Autism waiver participants. For new component types (Community Integration—Provider Therapist and Family Training—Provider Therapist) utilization was estimated at 2 users per year with average units per user estimated at 50% of the direct service worker units per user based on modest

~~anticipated utilization of these additional provider types. For services with no utilization in FFY 2012 and FFY 2013 (Behavioral Supports and Consultation—Therapist) was estimated at 2 users per year with average units per user kept at the prior estimated level.~~

~~Rates for waiver services are based on current actual rates for each service and trended forward by the Consumer Price Index (0.8% annually) to estimate FFY 2016 (Waiver Year 1) costs, as well as costs for subsequent waiver years.~~

~~For services that are individually purchased such as Assistive Technology, Home Modifications and Adaptations, Vehicle Modifications and Individual Goods and Services, the average cost per unit is based on the average cost as reflected in the FFY2012 and FFY 2013 CMS 372 report for these services. No trend rate was applied to the cost of these services as these services are not rate-based and prices are not expected to increase annually, based on DDS's experience with the Children's Autism Spectrum Disorder Waiver (MA.40207).~~

- 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:
WY1 D' = [WY 2017 Average Annualized D' x (ALOS ÷ 365)] x 1.0178^4.

~~Factor D' costs are based on averaging expenditures for State Plan service utilization for Autism Waiver participants as reported in the FFY 2012 and FFY2013 CMS 372 reports, and trended forward by the Consumer Price Index (0.8% annually) to estimate FFY 2016 (Waiver Year 1) costs, as well as costs for subsequent waiver years. Any pharmacy costs incurred as a result of Medicare Part D implementation has been identified and excluded in the development of Factor D'.~~

- 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:
WY1 G = [WY 2017 Average Annualized G x (ALOS ÷ 365)] x 1.0178^4.

~~Factor G is derived from the FFY 2013 facility component cost per member per year for a long stay (at least 180 continuous days) in an ICF/ID. 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. All members in the sample were in a facility for at least 180 continuous days, although only the claims that occurred during FFY 2013 for the period of facility stays were included in the sample.~~

~~Costs are trended forward by the Consumer Price Index (0.8% annually) to estimate FFY 2016 (Waiver Year 1) costs, as well as costs for subsequent waiver years.~~

- 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 1.0178^4.

~~Factor G' costs are based on the utilization of all Medicaid services (G') other than ICF/ID services in FFY 2013 for MassHealth members residing in an ICF/ID for a long-stay (at least 180 continuous days). 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. All members in the sample were in a facility for at least 180 continuous days, although only the claims that occurred during FFY 2013 for the~~

~~period of facility stays were included in the sample.~~

~~Costs are trended forward by the Consumer Price Index (0.8% annually) to estimate FFY 2016 (Waiver Year 1) costs, as well as costs for subsequent waiver years.~~

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:	<u>\$3,765,348.55</u>
Expanded Habilitation, Education – Senior Therapist	15 min	<u>328</u>	<u>136</u>	<u>\$32.35</u>	
Expanded Habilitation, Education – Therapist	15 min	<u>140</u>	<u>503</u>	<u>\$15.95</u>	
Expanded Habilitation, Education – Direct Support Professional	15 min	<u>99</u>	<u>241</u>	<u>\$7.43</u>	
<u>Expanded Habilitation, Education – RBT</u>	15 min	<u>177</u>	<u>394</u>	<u>\$14.73</u>	
Homemaker	<u>Episode</u> 15 min	<u>4</u>	<u>8</u>	<u>\$183.75</u>	<u>\$5,880.00</u>
Respite	15 min	<u>120</u>	<u>359</u>	<u>\$5.23</u>	<u>\$225,334.40</u>
Assistive Technology	Item	<u>175</u>	<u>2</u>	<u>\$170.23</u>	<u>\$59,707.67</u>
Behavioral Supports and Consultation				Total:	<u>\$253,276.46</u>
Behavioral Supports and Consultation – Senior Therapist	15 min	<u>96</u>	<u>58</u>	<u>\$32.35</u>	
Behavioral Supports and Consultation – Therapist	15 min	<u>19</u>	<u>151</u>	<u>\$15.95</u>	
Behavioral Supports and Consultation – Direct Support Professional	15 min	<u>16</u>	<u>112</u>	<u>\$7.43</u>	
<u>Behavioral Supports and Consultation – RBT</u>	15 min	<u>15</u>	<u>56</u>	<u>\$14.73</u>	
Community Integration				Total:	<u>\$25,525.51</u>
Community Integration – Therapist	15 min	<u>4</u>	<u>28</u>	<u>\$15.95</u>	

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	<u>32</u>	<u>44</u>	<u>\$7.43</u>	
<u>Community Integration – RBT</u>	15 min	<u>32</u>	<u>28</u>	<u>\$14.73</u>	
Family Training				Total:	<u>\$51,341.52</u>
<u>Family Training – Family Training Senior Therapist</u>	15 min	<u>4</u>	<u>46</u>	<u>\$32.35</u>	
Family Training – Family Training Therapist	15 min	<u>60</u>	<u>46</u>	<u>\$15.95</u>	
Family Training – Family Training Direct Support Professional	15 min	<u>4</u>	<u>46</u>	<u>\$7.43</u>	
Home Modifications and Adaptations	Item	<u>92</u>	<u>2</u>	<u>\$124.19</u>	<u>\$22,944.48</u>
Individual Goods and Services	Item	<u>190</u>	<u>2</u>	<u>\$237.34</u>	<u>\$90,247.69</u>
Vehicle Modification	Item	<u>19</u>	<u>1</u>	<u>\$105.21</u>	<u>\$2,035.53</u>
GRAND TOTAL:					<u>\$4,501,641.81</u>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<u>400</u>
FACTOR D (Divide grand total by number of participants)					<u>\$11,254.10</u>
AVERAGE LENGTH OF STAY ON THE WAIVER					<u>309.60</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
Expanded Habilitation, Education				Total:	<u>\$3,859,482.28</u>
Expanded Habilitation, Education – Senior Therapist	15 min	<u>336</u>	<u>136</u>	<u>\$32.35</u>	
Expanded Habilitation, Education – Therapist	15 min	<u>143</u>	<u>503</u>	<u>\$15.95</u>	
Expanded Habilitation, Education – Direct Support Professional	15 min	<u>101</u>	<u>241</u>	<u>\$7.43</u>	
<u>Expanded Habilitation, Education – RBT</u>	15 min	<u>181</u>	<u>394</u>	<u>\$14.73</u>	
Homemaker	<u>Episode</u> <u>15 min</u>	<u>4</u>	<u>8</u>	<u>\$183.75</u>	<u>\$6,027.00</u>
Respite	15 min	<u>123</u>	<u>359</u>	<u>\$5.23</u>	<u>\$230,967.76</u>
Assistive Technology	Item	<u>180</u>	<u>2</u>	<u>\$170.23</u>	<u>\$61,200.36</u>
Behavioral Supports and Consultation				Total:	<u>\$259,608.37</u>
Behavioral Supports and Consultation – Senior Therapist	15 min	<u>99</u>	<u>58</u>	<u>\$32.35</u>	
Behavioral Supports and Consultation – Therapist	15 min	<u>20</u>	<u>151</u>	<u>\$15.95</u>	
Behavioral Supports and Consultation – Direct Support Professional	15 min	<u>17</u>	<u>112</u>	<u>\$7.43</u>	
<u>Behavioral Supports and Consultation – RBT</u>	15 min	<u>15</u>	<u>56</u>	<u>\$14.73</u>	
Community Integration				Total:	<u>\$26,163.65</u>
Community Integration – Therapist	15 min	<u>4</u>	<u>28</u>	<u>\$15.95</u>	
Community Integration – Direct Support Professional	15 min	<u>33</u>	<u>44</u>	<u>\$7.43</u>	
<u>Community Integration – RBT</u>	15 min	<u>33</u>	<u>28</u>	<u>\$14.73</u>	
Family Training				Total:	<u>\$52,625.06</u>
<u>Family Training – Family Training Senior Therapist</u>	15 min	<u>4</u>	<u>46</u>	<u>\$32.35</u>	
Family Training – Family Training Therapist	15 min	<u>62</u>	<u>46</u>	<u>\$15.95</u>	
Family Training – Family Training Direct Support Professional	15 min	<u>4</u>	<u>46</u>	<u>\$7.43</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	<u>95</u>	<u>2</u>	<u>\$124.19</u>	<u>\$23,518.09</u>
Individual Goods and Services	Item	<u>195</u>	<u>2</u>	<u>\$237.34</u>	<u>\$92,503.88</u>
Vehicle Modification	Item	<u>20</u>	<u>1</u>	<u>\$105.21</u>	<u>\$2,086.42</u>
GRAND TOTAL:					<u>\$4,614,182.87</u>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<u>410</u>
FACTOR D (Divide grand total by number of participants)					<u>\$11,254.10</u>
AVERAGE LENGTH OF STAY ON THE WAIVER					<u>309.60</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
Expanded Habilitation, Education				Total:	<u>\$3,953,615.99</u>
Expanded Habilitation, Education – Senior Therapist	15 min	<u>344</u>	<u>136</u>	<u>\$32.35</u>	
Expanded Habilitation, Education – Therapist	15 min	<u>147</u>	<u>503</u>	<u>\$15.95</u>	
Expanded Habilitation, Education – Direct Support Professional	15 min	<u>104</u>	<u>241</u>	<u>\$7.43</u>	
<u>Expanded Habilitation, Education – RBT</u>	15 min	<u>186</u>	<u>394</u>	<u>\$14.73</u>	
Homemaker	<u>Episode</u> <u>15 min</u>	<u>4</u>	<u>8</u>	<u>\$183.75</u>	<u>\$6,174.00</u>
Respite	15 min	<u>126</u>	<u>359</u>	<u>\$5.23</u>	<u>\$236,601.12</u>
Assistive Technology	Item	<u>184</u>	<u>2</u>	<u>\$170.23</u>	<u>\$62,693.05</u>
Behavioral Supports and Consultation				Total:	<u>\$265,940.29</u>
Behavioral Supports and Consultation – Senior Therapist	15 min	<u>101</u>	<u>58</u>	<u>\$32.35</u>	
Behavioral Supports and Consultation – Therapist	15 min	<u>20</u>	<u>151</u>	<u>\$15.95</u>	
Behavioral Supports and Consultation – Direct Support Professional	15 min	<u>17</u>	<u>112</u>	<u>\$7.43</u>	
<u>Behavioral Supports and Consultation – RBT</u>	15 min	<u>16</u>	<u>56</u>	<u>\$14.73</u>	
Community Integration				Total:	<u>\$26,801.78</u>
Community Integration – Therapist	15 min	<u>4</u>	<u>28</u>	<u>\$15.95</u>	
Community Integration – Direct Support Professional	15 min	<u>34</u>	<u>44</u>	<u>\$7.43</u>	
<u>Community Integration – RBT</u>	15 min	<u>34</u>	<u>28</u>	<u>\$14.73</u>	
Family Training				Total:	<u>\$53,908.60</u>
<u>Family Training – Family Training Senior Therapist</u>	15 min	<u>4</u>	<u>46</u>	<u>\$32.35</u>	
Family Training – Family Training Therapist	15 min	<u>63</u>	<u>46</u>	<u>\$15.95</u>	
Family Training – Family Training Direct Support Professional	15 min	<u>4</u>	<u>46</u>	<u>\$7.43</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	<u>97</u>	<u>2</u>	<u>\$124.19</u>	<u>\$24,091.70</u>
Individual Goods and Services	Item	<u>200</u>	<u>2</u>	<u>\$237.34</u>	<u>\$94,760.07</u>
Vehicle Modification	Item	<u>20</u>	<u>1</u>	<u>\$105.21</u>	<u>\$2,137.31</u>
GRAND TOTAL:					<u>\$4,726,723.91</u>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<u>420</u>
FACTOR D (Divide grand total by number of participants)					<u>\$11,254.10</u>
AVERAGE LENGTH OF STAY ON THE WAIVER					<u>309.60</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
Expanded Habilitation, Education				Total:	<u>\$4,128,614.85</u>
Expanded Habilitation, Education – Senior Therapist	15 min	<u>352</u>	<u>136</u>	<u>\$33.00</u>	
Expanded Habilitation, Education – Therapist	15 min	<u>150</u>	<u>503</u>	<u>\$16.27</u>	
Expanded Habilitation, Education – Direct Support Professional	15 min	<u>106</u>	<u>241</u>	<u>\$7.58</u>	
<u>Expanded Habilitation, Education – RBT</u>	15 min	<u>190</u>	<u>394</u>	<u>\$15.02</u>	
Homemaker	<u>Episode</u> <u>15 min</u>	<u>4</u>	<u>8</u>	<u>\$183.75</u>	<u>\$6,321.00</u>
Respite	15 min	<u>129</u>	<u>359</u>	<u>\$5.33</u>	<u>\$246,866.11</u>
Assistive Technology	Item	<u>189</u>	<u>2</u>	<u>\$170.23</u>	<u>\$64,185.74</u>
Behavioral Supports and Consultation				Total:	<u>\$277,737.39</u>
Behavioral Supports and Consultation – Senior Therapist	15 min	<u>103</u>	<u>58</u>	<u>\$33.00</u>	
Behavioral Supports and Consultation – Therapist	15 min	<u>21</u>	<u>151</u>	<u>\$16.27</u>	
Behavioral Supports and Consultation – Direct Support Professional	15 min	<u>18</u>	<u>112</u>	<u>\$7.58</u>	
<u>Behavioral Supports and Consultation – RBT</u>	15 min	<u>16</u>	<u>56</u>	<u>\$15.02</u>	
Community Integration				Total:	<u>\$27,986.52</u>
Community Integration – Therapist	15 min	<u>4</u>	<u>28</u>	<u>\$16.27</u>	
Community Integration – Direct Support Professional	15 min	<u>35</u>	<u>44</u>	<u>\$7.58</u>	
<u>Community Integration – RBT</u>	15 min	<u>35</u>	<u>28</u>	<u>\$15.02</u>	
Family Training				Total:	<u>\$56,299.81</u>
<u>Family Training – Family Training Senior Therapist</u>	15 min	<u>4</u>	<u>46</u>	<u>\$33.00</u>	
Family Training – Family Training Therapist	15 min	<u>65</u>	<u>46</u>	<u>\$16.27</u>	
Family Training – Family Training Direct Support Professional	15 min	<u>4</u>	<u>46</u>	<u>\$7.58</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	<u>99</u>	<u>2</u>	<u>\$124.19</u>	<u>\$24,665.31</u>
Individual Goods and Services	Item	<u>204</u>	<u>2</u>	<u>\$237.34</u>	<u>\$97,016.26</u>
Vehicle Modification	Item	<u>21</u>	<u>1</u>	<u>\$105.21</u>	<u>\$2,188.20</u>
GRAND TOTAL:					<u>\$4,931,881.19</u>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<u>430</u>
FACTOR D (Divide grand total by number of participants)					<u>\$11,469.49</u>
AVERAGE LENGTH OF STAY ON THE WAIVER					<u>309.60</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
Expanded Habilitation, Education				Total:	<u>\$4,224,629.16</u>
Expanded Habilitation, Education – Senior Therapist	15 min	<u>360</u>	<u>136</u>	<u>\$33.00</u>	
Expanded Habilitation, Education – Therapist	15 min	<u>154</u>	<u>503</u>	<u>\$16.27</u>	
Expanded Habilitation, Education – Direct Support Professional	15 min	<u>109</u>	<u>241</u>	<u>\$7.58</u>	
<u>Expanded Habilitation, Education – RBT</u>	15 min	<u>195</u>	<u>394</u>	<u>\$15.02</u>	
Homemaker	<u>Episode</u> <u>15 min</u>	<u>4</u>	<u>8</u>	<u>\$183.75</u>	<u>\$6,468.00</u>
Respite	15 min	<u>132</u>	<u>359</u>	<u>\$5.33</u>	<u>\$252,607.18</u>
Assistive Technology	Item	<u>193</u>	<u>2</u>	<u>\$170.23</u>	<u>\$65,678.43</u>
Behavioral Supports and Consultation				Total:	<u>\$284,196.41</u>
Behavioral Supports and Consultation – Senior Therapist	15 min	<u>106</u>	<u>58</u>	<u>\$33.00</u>	
Behavioral Supports and Consultation – Therapist	15 min	<u>21</u>	<u>151</u>	<u>\$16.27</u>	
Behavioral Supports and Consultation – Direct Support Professional	15 min	<u>18</u>	<u>112</u>	<u>\$7.58</u>	
<u>Behavioral Supports and Consultation – RBT</u>	15 min	<u>17</u>	<u>56</u>	<u>\$15.02</u>	
Community Integration				Total:	<u>\$28,637.37</u>
Community Integration – Therapist	15 min	<u>4</u>	<u>28</u>	<u>\$16.27</u>	
Community Integration – Direct Support Professional	15 min	<u>35</u>	<u>44</u>	<u>\$7.58</u>	
<u>Community Integration – RBT</u>	15 min	<u>35</u>	<u>28</u>	<u>\$15.02</u>	
Family Training				Total:	<u>\$57,609.11</u>
<u>Family Training – Family Training Senior Therapist</u>	15 min	<u>4</u>	<u>46</u>	<u>\$33.00</u>	
Family Training – Family Training Therapist	15 min	<u>66</u>	<u>46</u>	<u>\$16.27</u>	
Family Training – Family Training Direct Support Professional	15 min	<u>4</u>	<u>46</u>	<u>\$7.58</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	<u>102</u>	<u>2</u>	<u>\$124.19</u>	<u>\$25,238.93</u>
Individual Goods and Services	Item	<u>209</u>	<u>2</u>	<u>\$237.34</u>	<u>\$99,272.45</u>
Vehicle Modification	Item	<u>21</u>	<u>1</u>	<u>\$105.21</u>	<u>\$2,239.08</u>
GRAND TOTAL:					<u>\$5,046,576.12</u>
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					<u>440</u>
FACTOR D (Divide grand total by number of participants)					<u>\$11,469.49</u>
AVERAGE LENGTH OF STAY ON THE WAIVER					<u>309.60</u>