

## Montana's Money Follows the Person (MFP) Demonstration Project

This demonstration project is designed to shift Medicaid Long-Term Care from its emphasis on institutional care to home and community-based services. Studies show that MFP participants are happier, and healthier when they reside in the community. **Montana's MFP Project** partners with three waiver programs (SDMI, DDP, and Big Sky) in its goal of transitioning individual Medicaid recipients back to the community from an institutional setting.

### Montana MFP Goals

- Increase the use of home and community-based services.
- Increase expenditures in the home and community-based services programs.
- Decrease the use of institutional long-term care services.
- Increase the utilization of Self-directed services in home and community-based programs.
- Increase the availability of affordable, accessible housing.
- Demonstrate the effectiveness of transition/demonstration services.

### Eligibility

- Eligible participants include those who have resided in a long-term care facility for not less than 60 consecutive days. One of those days must have been paid for by Medicaid.
- Eligible participants must participate in one of the Montana Waiver Partner Programs.
- Participants must meet the institutional level of care and be determined appropriate for one of the waiver partner programs.
- Participants must continue to meet institutional levels of care criteria after transitioning to the community.
- Target populations include older adults, adults, and children with physical and/or developmental disabilities or a serious mental illness.
- After transitioning to the community, participants meet regularly with their case manager throughout their 365-day period of participation.

### Demonstration Services

MFP assists participants with their transition from an institutional setting through the provision of demonstration and transition services as outlined below:

- When necessary, provision of the first month rent and deposit.
- Assistance with past due rent and utility bills/deposits.
- Household goods and services to include (limited) basic household furnishing, bedding, kitchenware, etc.
- Environmental and vehicle modifications.
- Peer Support and/or overnight supports.
- Information Technology

### Referrals

Referrals are generally made by discharge planners, nursing staff, social workers, case managers, ombudsmen. Individuals may self-refer to this program. Referrals can be made online at: <https://dphhs.mt.gov/sltc/mfp>

The Medicaid Community First Choice (CFC) and Personal Assistance Services (PAS) programs are designed to provide long term personal care in a home setting to Medicaid eligible individuals in Montana. These programs enable thousands of folks who are elderly and/or individuals living with a disability to remain in their homes. The type of care that is authorized is tailored to each individual in a person-centered manner and is dependent upon an individual's medical condition, personal care needs, and living situation. The Medicaid services that are available include help with personal care needs, such as bathing, dressing, hygiene, grooming, toileting, eating, meal preparation, medication assistance, ambulation, and exercise.

The PAS program provides additional assistance for limited grocery shopping, housekeeping and laundry and medical escort. The CFC program also provides community integration, yard hazard removal, correspondence assistance, and personal emergency response system. The Medicaid CFC/PAS Program does not pay for tasks such as household repairs or modifications, major house cleaning, pet care, banking/financial assistance, or supervision.

## Service Options

There are two options to receive Medicaid CFC and PAS program services: Agency Based or Self-Directed.

1. **Self-Directed (SD):** The Self-Directed option is available to individuals who elect to direct their own care. The individual or their Personal Representative is responsible for hiring, training, and managing their personal care attendants. Under the Self Directed CFC/PAS program, individuals may be eligible to direct the four skilled services: bowel program, catheter care, medication administration, and wound care. To participate in the Self-Directed CFC/PAS program, an individual must obtain authorization from his/her health care professional. The individual, or Personal Representative, must also meet capacity, which means he/she can demonstrate a thorough understanding of the program requirements and direct the service. Under the Self-Directed option, the individual assumes medical and related liability for the care that is delivered.
2. **Agency Based (AB):** The Agency Based option is available to individuals who want a Medicaid CFC/PAS provider to be responsible for the hiring, training, and managing of personal care attendants and provide a nurse supervisor to oversee their CFC/PAS services. Under the Agency Based option, the personal care attendant cannot perform skilled services. If a member on the Agency Based CFC/PAS program requires skilled tasks, he/she could either switch to the Self-Directed option, utilize informal supports and/or pursue other Medicaid programs that offer skilled nursing.

## Member Eligibility

Eligibility requirements for CFC/PAS programs include:

- Individual must have a health condition that limits his/her ability to perform activities of daily living; and
- Individual must participate in the authorization and screening process; and
- Individual must be eligible for Medicaid.

In order to qualify for the CFC program an individual must also receive a level of care determination. For information on Medicaid eligibility call: 1-888-706-1535 or visit:

<https://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices>

To apply for the CFC/PAS program, contact the Mountain Pacific Quality Health at: 1-800-219-7035

For web-based CFC/PAS program information visit: <https://dphhs.mt.gov/sltc/csb/communityfirstchoiceprogram>

## Provider Enrollment

In order to enroll as a Medicaid CFC/PAS provider, a provider must enroll with Montana Medicaid and meet the requirements outlined in administrative rule, ARM 37.40.1013, which includes submitting documentation to demonstrate general liability, workers compensation, motor vehicle liability, and unemployment insurance, comply with onsite visit requirements, and attend new provider training. For Provider Enrollment go to <https://medicaidprovider.mt.gov/providerenrollment>.

Fee schedules may be accessed online at <https://medicaidprovider.mt.gov/12>

## Purpose

Under the Big Sky Waiver (BSW), qualified Montanans can receive long-term services and supports in their home or community rather than in a nursing home or institutional setting. BSW's design targets the needs of the elderly and individuals with physical disabilities. Service options available through BSW go above and beyond the services available through traditional Montana Medicaid. Qualified members can access a comprehensive array of services, including, but not limited to, Personal Assistance Services, Residential Habilitation, Private Duty Nursing, Environmental Accessibility Adaptions (Home modifications), Vehicle Modifications, Non-Medical Transportation, and Specialized Medical Equipment and Supplies. In addition, BSW provides advanced self-direct opportunities through the Big Sky Bonanza program option for qualified members.

## Program Eligibility

To be eligible for BSW services, individuals must meet criteria including but not limited to:

1. Financial eligibility for waiver Medicaid;
2. Be elderly (65 years or older) or meet the Social Security Administration's (SSA) physical disability criteria;
3. Have a need(s) that can only be met through BSW services;
4. Be determined appropriate for the BSW program given the individual's current needs and risks. Appropriateness criteria include but are not limited to: requiring one or more BSW services, the services provided by BSW are appropriate or effective in relation to the member's needs, without the services offered, the individual would be institutionalized, and the BSW service providers necessary to the delivery of services as provided for in the service plan are available; and
5. Require the level of care of a nursing facility via a level of care assessment completed by Mountain Pacific Quality Health (MPQH). Refer to BSW 804 (Record Requirements).

## Provider Enrollment

Requests for enrollment in the Big Sky Waiver program are processed through the Montana [Healthcare Programs Provider Information Website](#). BSW-specific provider manuals and notices are available at [Big Sky Waiver \(Provider Type 28\)](#). Enrollment packages are then submitted to the Community Services Bureau (CSB) for approval. All approved BSW providers have a provider charge file in the claims processing system that lists the procedure codes, rates, and effective dates of the services a provider can bill. The CSB manages the provider charge file. Big Sky Waiver rates are available online at

<https://medicaidprovider.mt.gov/docs/feeschedules/2022FS/July2022/July2022BigSkyWaiverFeeScheduleREVISED08292022.pdf>.

## Provider Qualifications

Big Sky Waiver providers, at a minimum, must:

1. Be enrolled in the Montana Medicaid Program as a BSW provider;
2. Meet the requirements in ARM 37.85.401 through 37.85.416 <https://rules.mt.gov/gateway/chapterhome.asp?chapter=37%2E85>; and
3. Meet all pertinent state statutes and rules governing licensure and certification.

Additional service-specific provider qualifications are outlined in the [Big Sky Waiver Policy Manual](#).

## Population Description:

The SDMI waiver provides long term services and supports to members with a SDMI in a community setting as an alternative to receiving long term care services in a nursing facility setting. Montana Medicaid Members can access the waiver if they meet a nursing home level of care, have an approved SDMI diagnosis and level of impairment, and are 18 years of age or older.

## Program Objectives:

The Montana Department of Public Health and Human Services (DPHHS) submitted a five year renewal request to the Centers for Medicare and Medicaid Services (CMS) for the Severe and Disabling Mental Illness (SDMI) 1915(c) Home and Community Based Services (HCBS) Waiver (Waiver) effective from July 1, 2020 to June 30, 2025. The following amendments were made to increase access and improve services for members with a SDMI:

- The unduplicated members served was increased from 357 members to 600 in waiver year one, 650 in Waiver year two, and 750 in Waiver years three through five;
- Additional reserve capacity was added in the waiver for individuals discharging from Montana State Hospital, Montana Mental Health Nursing Care Center, and individuals accessing Money Follows the Person.
- Speciality mental health services were added that address the specific needs of members with a SDMI.

## Program Participation:

In fiscal year 2020, 354 members received HCBS SDMI Waiver services through standard Medicaid. In fiscal year 2020, 16 members received HCBS SDMI Waiver services through Medicaid Expansion.

## Provider Requirements:

Providers must enroll with Montana Medicaid as a HCBS SDMI Waiver provider and be approved by the Department.

## Program Authorization:

Medicaid Home and Community Based Waiver, §1915(c) of the Social Security Act

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### RESOURCES

- §1915(c) of the Social Security Act
- For more information about the HCBS SDMI waiver, please see our website at:  
<https://dphhs.mt.gov/amdd/mentalhealthservices/severedisablingmentalillness-sdmi-homeandcommunitybased-hcbs-waiverprogram>

## The Developmental Disabilities Program

The mission of the Developmental Disabilities Program is to create a system that coordinates resources, supports and provides services for individuals to have meaningful lives in their communities. DDP offers developmental disabilities services for individuals throughout their lifetime. DDP managed and funded services for 3,386 Montanans with development disabilities in FY2021. Services are primarily delivered through Medicaid waiver and State Plan services. DDP serves the entire continuum of developmental disability needs from individuals who require minimal support to thrive in the community, to individuals with very intensive needs who require 24-hour care.

## Eligibility

Eligibility is determined through the Developmental Disabilities Program. Eligibility requirements are outlined in the *Determining Eligibility for Services to Persons with Developmental Disabilities in Montana: A Staff Reference Manual, 6<sup>th</sup> Edition, 2013*. DDP eligibility is separate from other programs. Eligibility generally means the following criteria are met:

- IQ approx. 70 or ↓
- ABC approx. 70 or ↓
- Functional limitations in major life activities (3)
- Disability originated prior to age 18
- Disability is expected to continue indefinitely
- Disability meets definitions/requirements for substantial disability and treatment needs

Once an individual is determined eligible for the Developmental Disabilities Program, they are placed on the waitlist for waiver services.

## Targeted Case Management

All eligible individuals age 16 and older, who are determined eligible by the Developmental Disabilities Program, may receive Targeted Case Management. The Case Manager will assess an individual to determine needs for medical, educational, social and other services.

## Applied Behavior Analysis (ABA)

Applied Behavioral Analysis (ABA) is a type of therapy that can improve social, communication, and learning skills through positive reinforcement. Many experts consider ABA to be the gold-standard treatment for children with Autism Spectrum Disorder (ASD), but it can be used in the treatment of other conditions as well. This therapy is provided by a licensed Board Certified Behavior Analyst (BCBA).

Montana Medicaid offers ABA services for individuals enrolled in Montana Medicaid (members) with the following diagnoses:

- Autism Spectrum Disorder (ASD) (the member is no older than 20 years of age).
- Serious Emotional Disturbance (SED) (the member is no older than 17 years of age or the member is no older than 20 years of age and enrolled in an accredited secondary school. and meet certain functional impairment criteria)



- Intellectual and/or Developmental Disability (defined as having been deemed eligible for the receipt of state sponsored developmental disabilities services and no older than 20 years of age) and meet certain functional impairment criteria.

For more information please see: [Applied Behavior Analysis Services \(mt.gov\)](#)

### **Waiver Services**

Waiver services are Medicaid funded Services and Support that provide more extensive options within community-based options. Waiver Services are long-term services and supports that may be provided by a Contracted DDP Provider or Self-Directed by the Individual with Provider Choice or Employer Authority. Waiver Services generally offer skills training, residential, community inclusion and employment support based on the person's assessed level of needs. DDP Waiver Services in Montana are limited and not entitled services for all eligible persons. A person may be determined to be eligible for DDP Services and will likely be placed on a waiting list. It is important that action is taken as soon as possible to determine eligibility of a person with a disability so that the person is placed on the list of those in need of Waiver Services. More information regarding waiver services, including rates can be found in the [DDP Program Manual](#).

### **Provider Enrollment**

In order to enroll as a Developmental Disabilities Program Provider, several steps must be taken. The Developmental Disabilities Program has a checklist with resources to assist with this process. In order to begin the process of enrolling, please contact your local [regional office](#) and they will provide you with the necessary information.

- Region I and Region II: Great Falls; (406) 454-6085
- Region III: Billings; (406) 259-8122
- Region IV: Helena; (406) 444-1714
- Region V: Missoula; (406) 329-5415