



## **Senior and Long Term Care Division**

**P.O. Box 4210  
Helena, MT 59604**

### **COMMUNITY ALTERNATIVES**

A wide range of community-based long term care services have been developed over recent years. They are designed to keep people as independent as possible in the community for as long as possible. These services range from home chore services or assistance with activities of daily living (like eating, bathing, etc.) to comprehensive or intensive services like those available under the Home and Community-Based Waiver Program. Sources of payment for these services may include:

- private pay
- private insurance policies
- Medicare
- Medicaid

As payers of in-home community-based services, Medicaid and Medicare have had a large influence on the development of home service providers. Most communities now have available such service providers as personal assistance agencies, home health agencies, adult day care, hospice agencies and case management teams. While Medicaid and Medicare pay only for individuals who are eligible for those programs, these agencies can and do provide services to people who pay from their own funds for the services. It is important for people to understand that they may be able to receive services in their own home at less cost than entering a hospital or nursing home. In other words, people can make their money stretch farther by buying only the specific services they need rather than paying the comprehensive, all-inclusive cost of an institutional setting. Likewise, Medicaid can often save money by purchasing community-based services rather than services in an institution.

Below is an explanation of the community-based services available to those who are eligible for Medicaid or Medicare. The phone numbers listed on the back page can help people get more information about any of these services, including how to locate a qualified provider in their community.

## **PERSONAL ASSISTANCE SERVICES - Medicaid**

Personal assistance services are in-home services provided to individuals whose chronic health problems cause them to need help in performing activities of daily living.

1. **Personal Care** - Activities related to a person's physical health and personal hygiene. Examples of personal care activities include bathing, eating, dressing, grooming, routine hair and skin care, toileting, help with self-administered medication and transfer/ambulation.
2. **Meal Preparation** - Activities related to the provision of food according to a person's needs and wishes. Meal preparation activities include: planning menus; shopping for groceries; and storing, preparing and serving food.
3. **Household Tasks** - Performing incidental household tasks essential to the maintenance of a person's health and safety in the home. Examples of household tasks include housecleaning, laundering, washing dishes, hanging bed linens, shopping for essential health related items and arranging furniture. The household tasks do not include basic homemaker services that maintain an entire household or family. It is expected that when a person lives with a family that the family will provide most homemaker services. Household tasks are available only in conjunction with personal care services and are limited.
4. **Escort** - Accompanying a person on trips to obtain Medicaid reimbursable medical services when the person requires personal care services en route or at the destination, and a family member or caregiver is not available.

## **SELF-DIRECT PERSONAL ASSISTANCE SERVICES - Medicaid**

Self-directed services are available to consumers who are capable and willing to manage their attendant services. The consumer has the responsibility to recruit, hire, train, manage, schedule and discharge the attendants. The provider agency insures that Medicaid is billed and the attendant is paid. In addition to the other personal assistance services, self-directed consumers also have the option of managing appropriate health maintenance activities. This includes bowel and bladder programs, wound care and medication administration.

## **HOSPICE SERVICES - Medicare and Medicaid**

Hospice care is an approach to treatment that, recognizing a person's impending death, focuses on comfort care rather than curative care. Hospice seeks to help the person and those close to the person come to terms with the terminal condition and live the remaining life as fully as possible.

Hospice assists by providing care and managing the person's terminal condition. This includes providing nursing services, respite care, inpatient services, pharmaceuticals, durable medical equipment, bereavement counseling and nursing facility services.

Hospice services can be provided in a skilled nursing facility, private home or assisted living facility. The Home and Community-Based Services Waiver can pay for residential hospice services.

To qualify for services, a physician must certify that the person's condition is terminal and life expectancy is less than 6 months.

### **HOME HEALTH SERVICES - Medicare and Medicaid**

Home health services are the following services provided by a licensed home health agency to a person considered homebound in his or her place of residence for the purposes of postponing or preventing institutionalization: skilled nursing services, home health aide services; physical therapy services; occupational therapy services; speech therapy services; and medical supplies and equipment suitable for use in the home. Skilled nursing services are nursing services provided on a part time basis to meet the medical needs of individuals who need nursing procedures to prevent institutionalization.

Home health aide services are assistance in activities of daily living and care of the household provided to maintain the person in their home, for a short period of time.

Homebound means either that a person is confined to their home for medical reasons and unable to leave home without considerable taxing effort or that the person cannot readily obtain needed medical services other than through a home health agency. The confinement can be of a part time or intermittent basis.

Place of residence includes a person's own home, an assisted living facility, a foster home, a group home, a rooming house or a retirement home. Place of residence does not include a hospital or a nursing home, schools, Adult Day Treatment Centers or Day Programs for Persons with Developmental Disabilities.

A home health service visit is a personal contact in the person's place of residence made for the purpose of providing a covered home health service.

### **HOME and COMMUNITY-BASED SERVICES WAIVER PROGRAM - Medicaid**

Montanans are choosing to stay at home in their own communities with appropriate support services. Under Medicaid, certain home services are available; but these do not always meet the needs of consumers who require more than personal care or home health services. Family members and other informal support systems are not always able to fill the gap.

**The Home and Community-Based Services Waiver Program** provides a wide range of services that can help people to remain in their own homes. A case management team makes the program work by pulling together and coordinating community services in a plan of care tailored to meet the needs of individual consumers. Access is limited to this program and there is often a waiting list. Home and Community-Based Services are paid for by Medicaid, generally at no cost to people who are Medicaid eligible.

There are numerous benefits. Not only do consumers who wish to stay at home benefit, the program is particularly valuable as an alternative to a nursing facility. Broader use is made of health-care and other appropriate services existing in the community. The consumers and their families have the security of health care programs that are custom-designed to meet individual needs and are constantly monitored to ensure they are effective.

Services include a holistic approach meeting the specialized support and social needs of individuals. Some of the following services may be available: care in an assisted living facility, adult day program, dietitian and nutritional services, modifications to a home or vehicle, homemaker services, therapies for habilitation, emergency response system, private duty nursing, respite care for caregivers, respiratory therapy, specialized medical equipment and supplies, social transportation, supported living and employment services, and a number of services targeted to people with brain injury. The amount of services available may be limited by cost and individual need. The case management team will work with the consumer and family to develop a plan with the best mix of services for each person.

**For more information on Community-Based Services, contact:** Senior and Long Term Care Division/DPHHS at **1-800-332-2272** or your local Regional Program Officer (See website at [www.dphhs.mt.gov/sltc/services/communityservices/index.shtml](http://www.dphhs.mt.gov/sltc/services/communityservices/index.shtml)).

<b>Regional Program Officer Locations</b>	<b>Phone</b>
Billings	655-7644 or 655-7635
Bozeman	586-4089
Butte	496-4989
Glendive	377-6252
Great Falls	453-8902 or 453-8975
Helena	444-1707
Kalispell	755-5420
Missoula	329-1312 or 329-1310