

# HJR 24 STUDY: INDIVIDUAL COST PLAN OVERVIEW

## Background

House Joint Resolution 24 requested a study of community services for adults with developmental disabilities. The resolution suggested that the study look at – among other things – how the state determines the amount of money it will pay for services for each individual and the limitations placed on the use of those funds.

This briefing paper provides a general overview of individual cost plans, the term used for the amount of money that is approved for purchasing community-based services.

## Developing the Cost Plan: The MONA

Individual cost plans can range from \$1,500 a year for a person who is able to live fairly independently and who has family supports in place to \$450,000 a year for an individual with intensive needs. The average cost plan is about \$48,000.

The cost plan pays for both residential and vocational services and supports for a person to safely remain in a community setting. Residential supports may include staff at a group home or in another living arrangement, such as the person's own home. Vocational supports include day and retirement activities, job discovery and preparation assistance, and employment supports for people with jobs.

The Department of Public Health and Human Services (DPHHS) uses an assessment tool known as the Montana Resource Allocation Protocol, or MONA, as the starting point for determining a person's cost plan. Case managers work with individuals to fill out the MONA, which looks at:

- where and in what setting a person currently lives and would like to live;
- the level of paid, personal support a person will need because of behavioral issues or limitations on the person's ability to live independently or care for himself or herself; and
- whether and to what degree a person is able to engage in employment.

The MONA scores the responses to 39 different statements to reflect the level of paid support that a person will need to live safely in the community. A score of "1" on a statement indicates the person will need little or no paid assistance. A score of "4" or "5" indicates the person will need a high level of support to manage intensive needs. The score is based on the intensity of the assistance the person needs, rather than on the frequency with which the service will be needed.

The statements cover topics that include the person's ability to shop for food and clothes, prepare meals, arrange social opportunities, manage financial affairs, take medications, and undertake activities of daily living, such as bathing and dressing. The score for each response is entered into a database that calculates the dollar amount of services the person will need. The

person's care team then agrees on a plan of care based on the assessed needs. The plan of care outlines the specific type and amount of services the person needs.

The total annual cost plan is based on the reimbursement rate for each service the person is eligible to receive and the number of units of each service that is determined to be necessary.

## Exceptions to the MONA

When the MONA indicates that a person will need a high level of paid assistance because of challenging behaviors or limited ability to provide for the person's own health and safety, the tool will indicate that the estimate provided isn't an accurate assessment of the costs of the needed services.

The person's care team then takes a closer look at the person's assessed needs and adjusts the plan of care as necessary to meet those needs. Based on that review, the individual cost plan is adjusted to reflect the cost of the needed services.

## Using the Available Funds

An individual cost plan identifies the units of service that a person will need, with a unit typically representing one hour of service. A community provider then bills DPHHS for each unit of service. Providers generally may bill for the service only if the person is present for the service and the service is provided by a qualified employee; some limited exceptions exist to these requirements.

If the person doesn't show up for a scheduled service or if a direct-care employee isn't available to provide the service, the provider may not bill for the service even if it's included in the cost plan. For example, if two staff members are to be present for services and only one staff member is available for a shift, the provider may only bill for the hours that the one staff member provided.

As a result, it's possible a provider may not receive all of the reimbursement identified in a cost plan.

### Sources:

- "Montana Resource Allocation Protocol (MONA): Adult Assessment Tool-Version 12.3a," *Developmental Disabilities Program*, March 2009.
- Presentation to the Children, Families, Health, and Human Services Interim Committee by DPHHS Developmental Services Division Administrator Rebecca de Camara and Lindsey Carter, regional manager, DPHHS Developmental Disabilities Program, Sept. 11, 2017.
- "Manual of Service Rates and Procedures for Reimbursement for HCBS 1915c 0208 & 0667 Waiver Programs," *Developmental Disabilities Program*, July 1, 2016.