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DD-PROGRAM 10																			
AUTISM WAIVER	$ 1,219,845	**$ 914,884**	$ 306,761		$ 608,123	$ 309,139		$ 605,745	56	7	The Children's Autism Waiver provides intensive, evidenced based services for 50 children ages 2-8 diagnosed with an Autism Spectrum Disorder. Services to this population have been shown to improve skills, reducing the need for long term services. Services include intensive training using Applied Behavioral Analysis, case management, and respite.	Without these supports some children would also be at risk of out of home placement and as adults might require a more restrictive environment such as MDC.	25% cost shift to Children's Mental Health and Foster Care.	25%		X	X	X	X
COMMUNITY SUPPORTS WAIVER	$ 1,485,912	**$ -**	$ -		$ -	$ -		$ -	258	40	The Community supports waiver is a $7800 per person capped waiver serving 320 adults, most living in their natural homes or independently. Services are designed for individuals whose caregiving needs are primarily met by unpaid family and friends and include residential and work support, companionship and community integration activities.	With out these supports many individuals would be at risk of needing a more restrictive level of support such as MDC or Montana State Hospital others would be at risk of judicial intervention and/or homelessness.	100+% cost shift to MDC or MSH. If as few as ten individuals out of the 258 (less than 4% of the clients) were placed at MDC or MSH as a consequence of the loss of services, then the state would experience more costs than the savings.	100%		X	X	X	X
COMPREHENSIVE HCBS WAIVER	$ 51,050,286	**$ -**	$ -		$ -	$ -		$ -	1,574	62	The 0208 waiver provides services to over 2500 children and adults. Residential supports account for more than half of the annual waiver expenditures. Other services include work services, transportation, and respite all intended to promote independent living in the community. This waiver serves most of the individuals previously living at Eastmont and MDC.	With out these supports many individuals would be at risk of needing a more restrictive level of support such as MDC or Montana State Hospital. Some children would be at risk of out of home placement and some adults would be at risk of judicial intervention.	100+% cost shift to MDC or MSH. If as few as 60 individuals out of the 1574 (less than 4% of the clients) were placed at MDC or MSH as a consequence of the loss of services, then the state would experience more costs than the savings.	100%		X	X	X	X
CASE MANAGEMENT	$ 2,834,087	**$ 1,898,838**	$ 636,680		$ 1,262,158	$ 641,617		$ 1,257,221	1,888	4	Adult targeted case management serves individuals 16 years and older who are diagnosed developmentally disabled. They assess the needs of the individual and develop plans of care to meet the needs identified. They make referrals for appropriate services not yet accessed and monitor all follow up activities to include assisting the individual with crisis intervention. *To access DDP waiver services, individuals are required to have Personal Support Plans, Individual Cost Plans, and waiver 5 form. These tasks are performed by case managers.*	For some individuals on the waiting list for DD services the case manager is the only person assisting them. Without that support they might have their health and safety put at risk. They could potentially lose other benefits such as Medicaid, housing assistance, etc. Some individuals would potentially become homeless or require judicial intervention. *Other contracted or state staff would absorb the requirements of PSPs, ICPs, and waiver 5 forms, or if this is not possible the waivers would not be eligible for federal participation.*	Assuming 33% of the case managers wok is required to meet documentation requirements for access to waiver services, contracting for those services in lieu of case management would cost shift approximately $940,000 per year.	33%		X	X	X	X
DSD ICF/MR Boulder	$ 13,329,994	**$ 2,665,999**	$ 893,909		$ 1,772,089	$ 900,841		$ 1,765,158	57	1	The MDC is a residential facility for the seriously developmentally disabled who are committed to the facility by court order.	People would receive services in a variety of settings including MT state prison, MT state hospital, and community based setting where they would continue to receive required state plan services.	Approximately one half of the individuals would be placed in community settings. 80% of the costs would be shifted to other areas (MSH, Correctional facilities).	80%			X	X	
TOTAL DD- PROGRAM 10	$ 69,920,124	**$ 5,479,721**	$ 1,837,350	$ -	$ 3,642,370	$ 1,851,598	$ -	$ 3,628,123	3,833	114									

Note: The costs for DD waiver services do not include any impact from eliminating optional state plan therapy services. Expenditures funded with one time only appropriations are removed from the amounts above (Autism group home, structural balance, HB 645)

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HRD- PROGRAM 11																			
PODIATRIST	$ 479,035	**$ 239,518**	$ 80,310		$ 159,207	$ 80,933		$ 158,585	3,752	37	Medicaid covers routine podiatric care when a medical condition affecting the legs or feet (such as diabetes or arteriosclerosis obliterans) requires treatment by a physician or podiatrist.	Physician/ Clinic	It is estimated that there will be a 50% cost shift to physician and clinic services for this item. Services provided by physicians are paid at the same rate.	50%	X		X		
PHYSICIAN ASSISTANT, NURSE ANESTHETIST		**$ -**	$ -		$ -	$ -		$ -	3,752	37	Medicaid covers services provided by physician assistants and nurse anethetists.	Physician, clinic, emergency department; anestheologist	Estimate 100% cost shift to other services	100%	X		X		
ORGAN TRANSPLANTS - HEART, LUNG, LIVER	$ 750,000	**$ 375,000**	$ 125,738		$ 249,263	$ 126,713		$ 248,288	3	2	An organ transplant is the moving of an organ from one body to another, or from a donor site on the patient's own body, for the purpose of replacing the recipient's damaged or absent organ. ...	Move to another state that would cover this service	Hospitals	50%	X		X		
CRITICAL ACCESS HOSPITALS (CAH)	$ 37,524,147	**$ -**	$ -		$ -	$ -		$ -	24,400	45	A Critical Access Hospital (CAH) is a hospital that is certified to receive cost-based reimbursement from Medicare. The reimbursement that CAHs receive is intended to improve their financial performance and thereby reduce hospital closures.	Physician Offices/Hospitals in other communities	Rule changes, State Plan Changes. CMS has indicated to state staff that elimination of Cah reimbursement would not be allowed because IP and OP hospitals services are mandatory, and there is no alternative in these communities so a state plan would be denied based on access issues	100%	X		X		
PHYSICAL THERAPIST	$ 908,682	**$ 227,170**	$ 76,170		$ 151,000	$ 76,761		$ 150,410	2,180	303	Medicaid covers a maximum of 40 hours of each type of therapy for adults age 21 and older during a fiscal year (July 1-June 30).	Hospital	It is estimated that there will be a 75% cost shift to Hospitals for this item. Services provided in this setting will be more expensive than from therapists directly.	75%	X		X	X	X
SPEECH PATHOLOGIST	$ 52,029	**$ 13,007**	$ 4,361		$ 8,646	$ 4,395		$ 8,612	192	54	Medicaid covers a maximum of 40 hours of each type of therapy for adults age 21 and older during a fiscal year (July 1-June 30).	Hospital	It is estimated that there will be a 75% cost shift to Hospitals for this item. Services provided in this setting will be more expensive that from therapists directly.	75%	X		X	X	X
AUDIOLOGIST	$ 9,964	**$ 4,982**	$ 1,671		$ 3,312	$ 1,683		$ 3,299	344	28	Audiology services are hearing aid evaluations and basic audio assessments provided to clients with hearing disorders within the scope of service permitted by state law. Audiologists must be licensed by the state of Montana.	FQHCs / Charity Organizations / Nursing Facilities	It is estimated that there will be a 50% cost shift to other providers for this item.	50%	X		X	X	X

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HEARING AID DISPENSER	$ 139,917	**$ 69,958**	$ 23,457		$ 46,501	$ 23,639		$ 46,320	379	28	All hearing aids are prior authorized by the program officer. Medicaid pays for one hearing aid for adults who have a 40 decibel loss or greater in both ears. If an adult is working or going to school and they have the 40 decibel loss and have worn one aid for 6 months Medicaid will pay for two. The limit on hearing batteries is 8 per month.	FQHCs / Charity Organizations / Nursing Facilities	It is estimated that there will be a 50% cost shift for this item. Services might be provided in a hospital setting or other settings and require clients to move from community settings.	50%	X		X	X	X
OCCUPATIONAL THERAPIST	$ 194,128	**$ 48,532**	$ 16,273		$ 32,259	$ 16,399		$ 32,133	538	77	Medicaid covers a maximum of 40 hours of each type of therapy for adults age 21 and older during a fiscal year (July 1-June 30).	Hospital	It is estimated that there will be a 75% cost shift to Hospitals for this item. Services provided in this setting will be more expensive that from therapists directly.	75%	X		X		
AMBULATORY SURGICAL CENTER	$ 907,177	**$ -**	$ -		$ -	$ -		$ -	1,421	20	Ambulatory surgery centers (ASC) are also known as outpatient surgery centers or same day surgery centers. Medical facilities where surgical procedures not requiring an overnight hospital stay are performed are sometimes called surgicenters. Such surgery is commonly less complicated than that requiring hospitalization. Avoiding hospitalization can result in cost savings to the party responsible for paying for the patient's health care.	Outpatient Hospital/Physician Offices/FQHC's	It is estimated that there will be a 100% shift to outpatient hospital or physician / clinic setting. No cost savings are expected.	100%	X		X		
DENTAL	$ 6,028,508	**$ 3,014,254**	$ 1,010,679		$ 2,003,575	$ 1,018,516		$ 1,995,738	7,592	324	The Medicaid Dental program provides preventive and dental restoration services to eligible Medicaid clients. Includes services provided by Dentists, Denturists, Orthodontists, and Oral Surgeons. Prior Authorization is required for Orthodontia Services, PFM Crowns and Essential for Employment.	Hospital ER / FQHCs / Nursing Facilities	Must cover medical and surgical services provided by a dentist. In addition, emergent services and pain treatment in hospital or physician offices are expected to increase resulting in a 50% cost shift.	50%	X		X		
DURABLE MEDICAL EQUIPMENT (DME) & PROSTHETICS	$ 604,428	**$ 302,214**	$ 101,332		$ 200,882	$ 102,118		$ 200,096	221	44	Montana Medicaid's Durable Medical Equipment, Prosthetic, Orthotic and Medical Supply (DMEPOS) program covers medically necessary healthcare equipment. The Department follows Medicare's coverage requirements for most items and considers Medicare, Region D, DMERC medical review policies as the minimum DMEPOS industry standard. The Department's coverage determinations are a combination of Medicare, Region D DMERC policies, Centers for Medicare and Medicaid Services (CMS) National Coverage Decisions, Local Coverage Determinations, and Department designated medical review decisions.	Hospitals, Physicians and some DME must be provided to home health clients.	Cost shifting to Hospitals and home health are estimated at 50%.	50%	X		X	X	X

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PHARMACY	$ 42,641,179	**$ -**	$ -		$ -	$ -		$ -	25,747	344	The Prescription Drug Program covers pharmaceuticals and pharmacist services to clients served by the Department in the Medicaid program.	FQHCs / Hospital ER	Cost shifting to Physician, hospital and other mandatory settings would be expected to cost more that the pharmacy benefit. No cost savings are assumed by the elimination of this category.	100%	X		X		
OPTOMETRIST	$ 703,914	**$ 703,914**	$ 236,022		$ 467,892	$ 237,853		$ 466,061	7,393	147	Eye exams and Eyeglasses are available for FULL coverage clients only. Age 21 and under, exam once per year (every 365 days). Age 21 and over, exam every 24 months (every 730 days). Medicaid will pay for an annual eye exam for clients who are diabetic due to medical condition.	FQHCs / Charity Organizations / Nursing Facilities	There is not an alternative service under Medicaid. No cost shift is expected.	0%	X		X		
OPTICIAN	$ 30,666	**$ 30,666**	$ 10,282		$ 20,384	$ 10,362		$ 20,304	921	24	Eye exams and Eyeglasses are available for FULL coverage clients only. Age 21 and under, exam once per year (every 365 days). Age 21 and over, exam every 24 months (every 730 days). Medicaid will pay for an annual eye exam for clients who are diabetic due to medical condition.	FQHCs / Charity Organizations / Nursing Facilities	There is not an alternative service under Medicaid. No cost shift is expected	0%	X		X		
TAXI	$ 279,956	**$ -**	$ -		$ -	$ -		$ -	715	10	Medicaid Transportation is a Fee for Services Reimbursement. A Medicaid covered service must be provided before reimbursement for travel can be made. Mode to be used is the least expensive available and suitable to individual's medical needs.	County and private ambulance services	While transportation is not mandatory as a benefit, states must assure that necessary transportation to and from services is available. If not covered as a benefit, funding is at the administrative level(50/50). No savings are estimated from elimination.	100%	X		X		
TRANSPORTATION NON-EMERGENCY	$ 66,401	**$ -**	$ -		$ -	$ -		$ -	259	9	Medicaid Transportation is a Fee for Services Reimbursement. A Medicaid covered service must be provided before reimbursement for travel can be made. Mode to be used is the least expensive available and suitable to individual's medical needs.	County and private ambulance services	While transportation is not mandatory as a benefit, states must assure that necessary transportation to and from services is available. If not covered as a benefit, funding is at the administrative level(50/50). No savings are estimated from elimination.	100%	X		X		
AMBULANCE	$ 1,657,452	**$ -**	$ -		$ -	$ -		$ -	5,126	120	Medicaid covers authorized ambulance transports with medical intervention by ground or air to the nearest appropriate facility. Each service provided to the client (transport, life support, oxygen, etc.) must be medically necessary to be covered by Medicaid. All scheduled ambulance transports require prior authorization, and all non-scheduled ambulance transports require authorization before the claim is submitted.	County and private ambulance services	While transportation is not mandatory as a benefit, states must assure that necessary transportation to and from services is available. If not covered as a benefit, funding is at the administrative level(50/50). No savings are estimated from elimination.	100%	X		X		

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DENTURIST	$ 1,464,604	**$ 1,098,453**	$ 368,311		$ 730,142	$ 371,167		$ 727,286	1,363	19	The Medicaid Dental program provides preventive and dental restoration services to eligible Medicaid clients. Includes services provided by Dentists, Denturists, Orthodontists, and Oral Surgeons. Prior Authorization is required for Orthodontia Services, PFM Crowns and Essential for Employment.	FQHCs / Charity Organizations / Nursing Facilities	While there is not an alternative service under Medicaid, Emergent services and pain treatment in hospital or physician offices are expected to increase along with the inability to stay in the community resulting in a 25% cost shift.	25%	X		X		
HOME INFUSION THERAPY	$ 683,537	**$ -**	$ -		$ -	$ -		$ -	140	10	Infusion therapy involves the administration of medication through a needle or catheter. It is prescribed when a patient's condition is so severe that it cannot be treated effectively by oral medications.	Hospitals	These services would be expected to be provided in a hospital setting and no savings would be estimated.	100%	X		X		
EYEGLASSES	$ 160,430	**$ 160,430**	$ 53,792		$ 106,638	$ 54,209		$ 106,221	5,430	3	Eye exams and Eyeglasses are available for FULL coverage clients only. Age 21 and under, exam once per year (every 365 days). Age 21 and over, exam every 24 months (every 730 days). Medicaid will pay for an annual eye exam for clients who are diabetic due to medical condition.	FQHCs / Charity Organizations / Nursing Facilities	There is not an alternative service under Medicaid. No cost shift is expected	0%	X		X		
FREESTANDING DIALYSIS CLINIC	$ 1,902,289	**$ -**	$ -		$ -	$ -		$ -	309	14		Hospitals	Services would shift to a hospital setting, no cost savings expected and transportation requirements might increase.	100%	X		X		
PUBLIC HEALTH CLINIC	$ 18,913	**$ 9,457**	$ 3,171		$ 6,286	$ 3,195		$ 6,261	895	34	Public health clinics provide a range of services such as screening and testing, immunizations, and family planning services	Physician/ Clinic	Services would shift to Hospital, physician and clinic settings.	50%	X		X		
INDEP DIAG TESTING FACILITY	$ 750,304	**$ 375,152**	$ 125,788		$ 249,363	$ 126,764		$ 248,388	1,876	21	IDTF is independent of both an attending or consulting physician's office and of a hospital.	Hospital/physician/clinic	Services would shift to Hospital, physician and clinic settings.	50%	X		X		
GROUP PROVIDER INCLUDES PASSPORT-TEAM CARE AND HEALTH IMPROVEMENT PROGRAM	$ 885,976	**$ -**	$ -		$ -	$ -		$ -	25,628	403	Passport to Health, a cost savings program, is Medicaid's primary care case management program that requires most medical care to be managed by one primary care provider (PCP). The PCP gives referrals for specialty, outpatient, and inpatient care not delivered by the PCP	Case Management services not provided	These waiver services must be cost neutral or show savings in order to be approved. No savings would be expected from the elimination of this service.	100%	X	X	X		

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STATE ELIGIBILITY OPTION FOR FAMILY PLANNING SERVICES: Sec. 2303 ACA		$ -	$ -		$ -	$ -		$ -			Plan First is a new planned eligibility group to provide medical assistance for family planning and family planning-related services and supplies. CMS now allows these services under state plan amendment because the provision of such services has been found to be cost effective for the Medicaid program.	Physician, Title X clinic	Service not now provided; scheduled to be implemented 1/1/2011	0%	X	X	X		
TOTAL HRD- PROGRAM 11	$ 98,843,634	$ 6,672,707	$ 2,237,359	$ -	$ 4,435,349	$ 2,254,708	$ -	$ 4,418,000	120,576	2,157									
SLTC- PROGRAM 22																			
HOSPITAL - SWING BED	$ 4,453,076	$ 222,654	$ 74,656		$ 147,998	$ 75,235		$ 147,419	209	35	Medicaid reimburses for long term care services in a hospital setting under the swing bed program when no nursing facility bed is available in the community.	Nursing facilities outside their local communities because all swing bed residents meet nursing facility level of care.	There will be no cost savings related to the elimination of payment for swing beds under Medicaid if all residents move to a nursing facility. There may be increased costs in some cases as the nursing facility payment rate may be higher than the calendar year average rate that is paid in the swing bed setting.	95%	X			X		
PERSONAL CARE AGENCY (Net of Health Care for Health Care workers and OTO wages and 2% provider rates)	$ 25,502,838	$ 10,201,135	$ 1,563,235	$ 1,857,206	$ 6,780,695	$ 1,589,758	$ 1,857,206	$ 6,754,172	3,144	66	Medicaid pays for medically necessary in-home services provided to Medicaid residents whose health problems cause them to be functionally limited in performing activities related to physical health and personal hygiene, such as feeding, bathing, transferring, toileting, med reminders and some housekeeping and shopping. Health Care for Health Care Workers is paid for under this program.	Nursing Facilities, hospitals, emergency rooms, home health agency.	363 consumers who receive more than 30 hours per week may need to go to nursing facilities at a higher cost per day than in the community. Some individuals receive Home Health services through the PAS program who will then cost shift to home health under Medicaid at a higher rate per hour for nursing. Others may remain in their homes and continue to debilitate and subsequently go to higher level service settings when their health becomes compromised such as nursing homes or hospitals. The Olmstead Supreme court decision focused on providing access to community services will be an issue. Americans with Disabilities Act compliance issues.	60%	X			X	X	X

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HEALTH CARE FOR HEALTH CARE WORKERS	$ 3,654,198	**$ 3,654,198**	$ 1,225,253		$ 2,428,945	$ 1,234,754		$ 2,419,444			Health Care for Health Care workers is paid out in the form of a provider rate increase to pay for health insurance premiums for workers in personal assistance programs. If the agency employing the PCA accepts the rate increase, it must provide health insurance coverage that meets benchmarks for coverage for all of its employees	The Health Care for Health Care Workers payment and insurance program would be eliminated if the personal assistance program was eliminated.	None this program would be eliminated and health insurance would no longer be provided to workers. No cost shift is expected.	0%					
PACE Program for All Inclusive Care for the Elderly	$ 965,296	**$ 482,648**	$ 161,832		$ 320,816	$ 163,087		$ 319,561	42	1	PACE or program of all-inclusive care for the elderly is a long term care option that is offered under a three way agreement with the PACE provider, Medicaid and Centers for Medicare and Medicaid. The payment is in the form of a PMPM all inclusive rate that covers both long term and acute care needs of participants who are age 55 or older, regardless of the service setting. It is a shared reimbursement with Medicare and Medicaid and is available only in Yellowstone County and in Livingston and is capped at 130 participants.	Nursing Facility or HCBS Waiver program if there are openings.	All PACE participants meet the nursing facility level of care criteria and would be eligible for the HCBS waiver or for the nursing facility program if they would choose to move to that entitlement service setting. Many live in their own homes still and would not choose to move to the institutional setting. Capitated rate is $2,545 per month for dual eligible's and $3,653.35 per month for Medicaid only participants. Olmstead decision focused on providing access to community services will be an issue.	50%	X				X
HOSPICE	$ 4,185,350	**$ 1,046,338**	$ 350,837		$ 695,501	$ 353,557		$ 692,780	373	27	Hospice provides health and support services to terminally ill individuals and their families such as palliative/comfort care through the dying process. Services include nursing, medical social services, bereavement counseling, acute pain management, room and board and pharmaceuticals.	Most individuals receive hospice services in the nursing facility setting already.	If this program is eliminated, most individuals will remain in the nursing facility and the room and board cost will shift to the Medicaid nursing facility program.	75%	X		X	X	X

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HOME AND COMMUNITY BASED SERVICES (Net of OTO slots and AR Rate increase and 2% provider rate)	$ 32,253,266	**$ 3,225,327**	$ -	$ 1,081,452	$ 2,143,875		$ 1,089,838	$ 2,135,489	2,411	333	Elderly and disabled individuals that meet nursing facility level of care but can be maintained in their own homes are served by the waiver program. Services include case management, personal care, respite, habilitation, meals, environmental mods, nursing services and residential care in assisted living and services for traumatic brain injury. Assisted Living Facility represents approximately $9,600,000 of the total waiver budget (w/o case mgt. and other waiver costs) approximately 800 of the 2411 consumers are in Assisted Living facilities	All waiver participants are eligible for nursing facility services as they meet the same level of care criteria. Many physically disabled will not choose the nursing facility unless this is the last option for them. Olmstead will be an issue with reducing community service options for this population.	There will be no cost savings related to the elimination of the HCBS waiver if residents move to a nursing facility. There will be a cost increase in these cases as institutional care on average is higher than services delivered under the waiver program. State Plan/Waiver Plan changes will be required. Administrative Rule changes will be needed. The Olmstead Supreme court decision focused on providing access to community services will be an issue. Americans with Disabilities Act compliance issues. Conflicts with the American Recovery and Reinvestment Act SEC. 2402. REMOVAL OF BARRIERS TO PROVIDING HOME AND COMMUNITY-BASED SERVICES. (a) OVERSIGHT AND ASSESSMENT OF THE	90%	X	X	X	X	X
TOTAL SLTC- PROGRAM 22	$ 71,014,024	**$ 18,832,299**	$ 3,375,812	$ 2,938,658	$ 12,517,829	$ 3,416,390	$ 2,947,044	$ 12,468,865	6,179	462									
AMDD-PROGRAM 33																			
PSYCHOLOGIST	$ 260,265	**$ 195,199**	$ 65,450		$ 129,749	$ 65,958		$ 129,241	1109	101	Psychological testing and counseling services provided by individual practitioners and mental health centers	No other provider type licensed to conduct psychological testing; counseling may be available from physicians or psychiatrists (see note a and b below)	Services provided by physician or psychiatrist are more expensive per unit than those of psychologist.	25%	X		X	X	X
CHEMICAL DEPENDENCY CLINIC	$ 775,761	**$ -**	$ -	$ -	$ -	$ -		$ -	700	19	Outpatient chemical dependency treatment provided by state-approved programs	Unused alcohol tax will revert to county government - counties could be expected to assume responsibility for some services. Providers also have contracts funded with SAPT Block Grant funds - funding is inadequate to cover all eligible recipients. Many will go without treatment; some will receive services at MCDC. See AMDD note d, below.	Treatment episode @ MCDC @ $10,000 per person	100%	X		X	X	X
CHEMICAL DEPENDENCY - TARGETED CASE MANAGEMENT	$ 2,527,462	**$ -**	$ -	$ -	$ -	$ -		$ -	257	20	Targeted case management services furnished to assist individuals who reside in a community setting, or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services.	Service will be incorporated into outpatient and intensive outpatient treatment by state-approved cd programs; alcohol tax reverts to county	no cost shift - service absorbed into outpatient or from charity organization.	100%	X		X	X	X
SOCIAL WORKER	$ 680,665	**$ 340,333**	$ 114,113		$ 226,219	$ 114,998		$ 225,334	2194	137	Outpatient assessment and counseling provided by individual practitioners and mental health centers	Recipients may seek counseling from physicians or community health clinics or charity organizations.	Services provided by physicians @ higher unit cost.	50%	X		X	X	X
LICENSED PROFESSIONL COUNSELOR	$ 1,656,996	**$ 828,498**	$ 277,795		$ 550,703	$ 279,950		$ 548,549	3686	275	Outpatient counseling provided by individual practitioners and mental health centers; some providers are able to do assessment and testing	Recipients may seek counseling from physicians or community health clinics or charity organizations.	Services provided by physicians @ higher unit cost.	50%	X		X	X	X

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MENTAL HEALTH CENTER	$ 4,772,296	**$ -**	$ -		$ -	$ -		$ -	2151	11	Provide an array of services across the state with satellite offices in most counties. Services include psychiatrist and mid-level practitioners, prescription and monitoring of medication, crisis stabilization, practitioner therapies, and rehabilitation services including day programs and support services.	Most mental health center services are not available elsewhere. Individuals in crisis will seek services in emergency rooms and community hospitals, and when capacity is unavailable, transferred to Montana State Hospital. Without supportive and therapeutic services provided by mental health centers, the impact would be felt at Montana State Hospital, local and regional detention centers. (see AMDD note c and d, below)	Hospital emergency room charges; MSH @ $500/person/day	100%	X		X	X	X
PROGRAM OF ASSERTIVE COMMUNITY TREATMENT	$ 4,938,396	**$ 493,840**	$ 165,584		$ 328,255	$ 166,868		$ 326,971	562	3		Due to severity of illness, and absence of other supports, most would require long-term hospital level of care. (See AMDD note c and d, below)	Estimated 90% cost shift to Montana State Hospital @ $500/person/day	90%	X		X	X	X
ADULT THERAPEUTIC FOSTER CARE	$ 1,906,642	**$ 381,328**	$ 127,859		$ 253,469	$ 128,851		$ 252,478	163	3		Those currently in foster care may become homeless, present at emergency rooms or to law enforcement and ultimately require admission to MSH. (See AMDD note c and d, below)	Estimated 80% cost shift to Montana State Hospital @ $500/person/day	80%	X		X	X	X
ADULT THERAPEUTIC GROUP CARE	$ 5,052,470	**$ 1,263,118**	$ 423,523		$ 839,594	$ 426,807		$ 836,310	229	7		Those currently in group home care may become homeless, present at emergency rooms or to law enforcement and ultimately require admission to MSH. would either require admission to MSH or be homeless. Individuals in the intensive group homes (35 - 40 people) would be transferred directly to Montana State Hospital or to the Nursing Care Center in Lewistown. (See AMDD note c and d, below)	Regular group home: estimate 50% cost shift to MSH @ $500/person/day; Intensive group homes estimate 100% cost shift to MSH @ $500/person/day or MMHNCC @ $270/person/day	75%	X		X	X	X
CASE MANAGEMENT - MNTAL HEALTH	$ 8,902,059	**$ 4,451,030**	$ 1,492,430		$ 2,958,599	$ 1,504,003		$ 2,947,027	3312	11	Targeted case management services furnished to assist individuals who reside in a community setting, or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services.	Individuals may seek similar services from charity organizations or other not-for-profit agencies in the community.	Individuals may seek similar support services from charity organizations or other not-for-profit organizations	50%	X		X	X	X
SNF/ICF-MENTAL AGED	$ 3,179,678	**$ -**			$ -	$ -		$ -	47	1	Federal Medicaid dollars generated by the Montana Mental Health Nursing Care Center for patients over 65. Funds are deposited in the state general fund.		All federal funds lost - estimate 100% cost shift.	100%	X		X	X	X
HCBS WAIVER	$ 1,508,795	**$ -**		$ -	$ -	$ -		$ -	114	62	Community services for individuals who meet nursing home level of care.	Alternative placement for this population includes nursing homes, Montana State Hospital, or the Montana Mental Health Nursing Care Center in Lewistown. (See AMDD note c and d, below)	MSH @ $500/person/day	100%	X		X	X	X

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HCBS WAIVER--Assisted Living	$ 746,136	$ -		$ -	$ -	$ -		$ -	51	20	This population is included in those above, and reside in assisted living facilities.	Alternative placement for this population includes nursing homes, Montana State Hospital, or the Montana Mental Health Nursing Care Center in Lewistown. (See AMDD note c and d, below)	MSH @ $500/person/day	100%	X		X	X	X
TOTAL AMDD- PROGRAM 33	$ 36,907,623	$ 7,953,345	$ 2,666,757	$ -	$ 5,286,588	$ 2,687,435	$ -	$ 5,265,910	14,575	670									
TOTAL AGENCY OPTIONAL AMOUNTS	$ 276,685,405	$ 38,938,072	$ 10,117,278	$ 2,938,658	$ 25,882,137	$ 10,210,131	$ 2,947,044	$ 25,780,898	145,163	3,403									

NOTES:
1. This is for those that are equal to 21 years of age or over.
2. This excludes pregnant women up to 250% FPL.
3. Transplants for adults is not an optional services. A one time only appropriation was received for these services.
4. Family planning new eliq. Group is optional.

AMDD Notes:
a. Although many optional services could potentially be provided by a psychiatrist, the availability of this provider type in Montana is extremely limited and it is unlikely that the need could be met by this alternative.
b. Many individuals may seek services from their physician. It is unlikely that most physicians have the specialized expertise to provide ongoing assessment, treatment, and monitoring to this population of seriously mentally ill adults.
c. Individuals who are admitted to Montana State Hospital because of symptoms that can no longer be managed in the community may not be clinically considered for discharge because services in the community would not be available to continue monitoring and treatment following hospitalization.
d. Licensed capacity of MSH is 201; MMHNCC capacity is 182; MCDC capacity is 70. Anticipated demand far exceeds capacity at state facilities.
e. Recipients are unduplicated by service - total number served in 2010 is approximately 13,000.