Estimated Savings/ Revenues	Office of Planning, Coordination & Analysis (OPCA) – Projects	Actual Revenues/ Savings
$3,000,000 annually 2003 Legislative directive	•**Targeted Case Management Services (TCM) for Child and Family Services Division:** OPCA wrote and submitted the TCM state plan amendment to include children of all ages who are at risk of abuse/neglect for CFSD. The approval was received in writing on September 17, 2004, effective back to January 2003. Due to mitigating circumstances the full amount of this effort was not realized as CMS would not allow Medicaid reimbursement for TCM services provided to children in foster care. (Item #5 on Refinancing Activities spreadsheet) •**Random Moment Time Study (RMTS):** A revised social worker RMTS was implemented April 1, 2004. The revision was necessary both for compliance purposes and for clarification of activities reported through the RMTS. Savings is impossible to estimate due to other changes or factors impacting revenues that occurred at the same time. •**IV-E Activity/County Attorney:** OPCA, working with Fiscal Division and CFSD, gained approval of an amendment to the cost allocation plan allowing for reimbursement to county attorneys who prepare and present child abuse cases on behalf of CFSD. The work of the county attorneys is an allowable IV-E administrative activity. Only county attorney offices that choose to participate are included. The county attorney offices pay the matching funds. **IV-E Activity/Eligibility Rate:** Title IV-E reimbursable foster care activities are now being allocated based on the number of children who are Title IV-E eligible where previously, it was cost-based payments only. (Item #6 on Refinancing Activities spreadsheet)	•**TCM:** SFY 2004: $1.7 million federal funds received; - SFY 2005 Year to Date: $726,562 federal funds received as of January 2, 2005 •**RMTS** Savings unknown at this time •**IV-E/County Attorney:** Approximately $ 80,000 federal funds to be paid to the county attorney offices annually beginning SFY04. •**Recovery of IV-E Admin Funds:** $156,992 retro claim
No projections were made for the remaining activities prior to being implemented	•**Hospital Tax:** OPCA was instrumental in the creation and implementation of the hospital tax, which passed into law in the 2003 legislative session. The tax is paid by all hospitals and all the revenue is used to fund supplemental Medicaid payments to hospitals. The hospital tax is being revisited this session (it was written to sunset June 30, 2005) and is expected to continue, as will the supplemental payments to hospitals. (Item #1 on the Refinancing Activities spreadsheet)	•Hospital Tax: - SFY 2004: $22,500,000 additional reimbursement was made to Montana's hospitals
	ICF/MR Tax: The OPCA created a provider tax on Intermediate Care Facilities for the Mentally Retarded (ICFMR). The state had two ICFMR facilities at the time the tax was created--Montana Developmental Center (MDC) in Boulder and Eastmont Human Services Center in Glendive. With the closure of Eastmont in December 2003, MDC is the only ICFMR facility impacted by the tax. The revenue from the tax is split, with 30% going to the GF and 70% being deposited in the prevention and stabilization account (PSA), which is used to fund various DPHHS programs. The tax revenue is eligible to be used as state match for Medicaid payments. (Item #2 on the Refinancing Activities spreadsheet)	•State Special Revenue deposited in the PSA: - SFY 2003: $318,265 - SFY 2004: $604,125 - SFY 2005 Year to Date: $244,736

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	•**Montana Mental Health Nursing Care Center (MMHNCC) inclusion in the Nursing Home Bed Tax:** OPCA gained the inclusion of the MMHNCC in the general nursing home bed tax. The MMHNCC is taxed at the same rate as all other nursing homes in the state, and the revenue is segregated, with 30% being returned to the GF and 70% being deposited in the prevention and stabilization account (PSA). (Item #3 on the Refinancing Activities spreadsheet)	•State Special Revenue deposited in the PSA: - SFY 2004: $86,657 - SFY 2005 Year to Date: $46,412
	•**MHSP General Fund Adjustment:** Many individuals who are enrolled in the Mental Health Services Plan (MHSP) later receive retroactive Medicaid eligibility. OPCA led efforts to adjust claims paid with general funds prior to the determination of retroactive Medicaid eligibility. Medicaid ultimately funded the claims. The project included changes to the Medicaid Management Information System-MMIS (includes the MHSP claim payment system) so the claim adjustment process is automated and will continue. (Item #7 on the Refinancing Activities spreadsheet)	•General Fund Savings: - Retro: $254,193 - SFY 2003: $375,670 - SFY 2004: $190,000 - SFY 2005: $ 10,000
	•**Forensic Patients in State Hospital:** OPCA is assisting AMDD in the legislative process for the State Hospital to seek reimbursement from all sources for forensic patients at the State Hospital (please refer to SB121 for more information). (Item #9 on the Refinancing Activities spreadsheet)	• No savings in SFY 2003 or SFY2004
	•**1115 Waiver for Basic Medicaid for Able-Bodied Adults** (effective February 1, 2004): OPCA developed the 1115 Waiver for Basic Medicaid for Able-Bodied Adults, which replaced the FAIM waiver with regard to Medicaid. OPCA remains the lead in the development of the Operational Protocol for this 1115 waiver, which is the single document containing the Special Terms and Conditions, the waiver proposal and the reporting requirements. In addition, the evaluation design and reporting requirements are being finalized. The 1115 waiver for Basic Medicaid for Able-Bodied Adults is a key component of the HIFA waiver.	•OPCA did not attribute any savings of the waiver towards the cost of the OPCA unit. Without the waiver, it would have been difficult for the Department to stay within legislative appropriations and certain optional services may have been reduced or eliminated for all individuals eligible for Medicaid.
	•**Ambulance Intergovernmental Transfer Program (IGT)**: The state plan for supplemental payments to ambulance providers who are eligible to participate in an intergovernmental transfer policy was developed by OPCA and has been approved by the Centers for Medicare and Medicaid Services. Lump sum supplemental payments will be issued to the qualifying ambulance providers when all parties have signed the contracts and the intergovernmental transfer occurs. Ambulance services are vital in rural areas and many small, rural ambulance providers are struggling financially and will benefit from the supplemental payments. No funds are retained by the Department or by the State. (Item #4 on the Refinancing Activities spreadsheet)	•No impact in SFY2003 or SFY2004