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 EXHIBIT
 DATE 1/13/2011

MEDICALLY NECESSARY DD PROGRAM 10	AMOUNT PAID IN SFY 2010 (DOP)	Net Cost Savings	NET COST SAVINGS FY 2012		NET COST SAVINGS FY 2013		JUDICL. RECIPIENT	UNIDP. PROVIDER	DESCRIPTION	Where people are likely to seek services if this optional service is eliminated	COST SHIFT	% of the cost shift in services are eliminated	FED OR STATE					
			GEN. FUND FY 2012 FMAP 33.5396.47	STATE SPEC. REV. FY 2012 FMAP 33.5396.47	FED. FUND FY 2012 FMAP 33.5396.47	GEN. FUND FY 2013 FMAP 33.7986.21							STATE SPEC. REV. FY 2013 FMAP 33.7986.21	FED. FUND FY 2013 FMAP 33.7986.21	SP	Waiver	Rules	ADA
DD-PROGRAM 10 AUTISM WAIVER	\$ 1,219,945	\$ 914,884	\$ 306,761	\$ 608,123	\$ 308,159	\$ 605,745	56		7 The Children's Autism Waiver provides intensive, evidence based services for 50 children ages 2-6 diagnosed with an ASD. Specialized services 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 level of care than MDC. 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 include respite care, support groups, and other services. Individuals who are currently in residential care are currently 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. Some children would be at risk of out of home placement and as adults would be at risk of judicial intervention. This waiver serves most of the individuals previously living at Eastmont and MDC.	100% cost shift to MDC or MSH. If as few as 80 individuals out of the 1574 (less than 4% of the clients) were placed at MDC or MSH as a result of loss of services, then the state would experience more costs than the savings.	100%			X	X	X	
COMPREHENSIVE HOBS 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 respite care, transportation, and respite all included in the waiver. 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 as adults would be at risk of judicial intervention. This waiver serves most of the individuals previously living at Eastmont and MDC.	Assuming 33% of the cases managers work is required to meet documentation requirements for access to waiver services, then the state would experience more costs than the savings.	33%			X	X	X	
CASE MANAGEMENT	\$ 2,834,087	\$ 1,898,838	\$ 636,680	\$ 1,262,158	\$ 641,617	\$ 1,257,221	1,898		4 Adult targeted case management serves individuals 18 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 available in the community. Support activities to include assisting the individual with crisis intervention. To access DCP 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 cost other individuals who are currently receiving services. Some individuals would potentially become homeless or require judicial intervention. Other individuals would potentially 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.	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	X		
DSD ICF/MR Boulder	\$ 13,329,984	\$ 2,855,999	\$ 883,930	\$ 1,772,068	\$ 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.								
TOTAL DD-PROGRAM 10	\$ 69,920,724	\$ 5,479,721	\$ 1,837,950	\$ 3,642,370	\$ 1,851,998	\$ 3,628,123	3,893		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)

AMOUNT PAID IN SERVICES ONLY	NET COST SAVINGS	GEN. FUND FY REV. FY 2010 (DOP)	STATE SPEC. REV. FY 2012 FMAP 33.53966, 47	FED. FUND FY 2012 FMAP 33.53966, 47	GEN. FUND FY 2013 FMAP 33.79862, 21	STATE SPEC. REV. FY 2013 FMAP 33.79862, 21	FED. FUND FY 2013 FMAP 33.79862, 31	INDUPL. RECP.	INDUPL. PROVIDER	DESCRIPTION	Where people are likely to seek services if this optional service is eliminated	COST SHIFT	% of the cost shift if services are eliminated	FED OR STATE LAW CHGS OR WAIVER RUBS ADA Omnibus		
479,035	239,518	80,310	159,207	80,933	158,585	3,752	3,752	37	Physician/Clinic	Medical covers routine podiatric care when a medical condition affecting the legs or feet (such as diabetes or neuropathy) may require 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	
750,000	375,000	125,738	249,263	126,713	248,288	3	3	2	An organ transplant is the moving of an organ from one body to another, or from one person to another, or from a donor to a recipient of a cadaveric organ.	Have to another state that would cover this service	Hospitals	100%	X	X		
37,524,147	227,170	76,170	151,000	76,761	150,410	2,180	2,180	45	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 change. State indicated to state staff that elimination of CAH reimbursement would not be allowed because IP and OP hospital services are mandatory, and there is no alternative in these communities so a state plan would be denied based on excess issues	100%	X	X		
908,682	227,170	76,170	151,000	76,761	150,410	2,180	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	
52,029	13,007	4,361	8,646	4,395	8,612	192	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 than from therapists directly.	75%	X	X	X	
9,964	4,982	1,671	3,312	1,683	3,289	344	344	28	Audiology services are hearing and vestibular and basic audio assessments provided to clients with hearing loss within the scope of service provided by state. Audiologists must be licensed by the state of Montana.	CHCs / 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	

MEDICAID OPTIONAL SERVICES ONLY	AMOUNT PAID IN SFY 2010 (DOP)	Net Cost Savings	NET COST SAVINGS FY 2012			NET COST SAVINGS FY 2013			UNDUPL. RECP.	UNDUPL. PROVIDER	DESCRIPTION	Where people are likely to seek services if this optional service is eliminated	COST SHIFT	% of the cost shift if services are eliminated				
			GEN. FUND FY 2012 FMAP 33.53966.47	STATE SPEC. REV. FY 2012 FMAP 33.53966.47	FED. FUND FY 2012 FMAP 33.53966.47	GEN. FUND FY 2013 FMAP 33.7966.21	STATE SPEC. REV. FY 2013 FMAP 33.7966.21	FED. FUND FY 2013 FMAP 33.7966.31						FED OR STATE	LAW CHGS OR	ADA	Other/Std	
HEARING AID DISPENSER	\$ 139,917	\$ 69,958	\$ 23,457	\$ 46,501	\$ 23,639	\$ 48,320	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 unable to hear, they must have the 40 decibel loss and have worn one aid for 6 months. Medicaid will pay for two. The limit on hearing batteries is 9 per month.	FOHCs/ 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 referrals to move from Community settings	50%	X	X	X	X	
OCCUPATIONAL THERAPIST	\$ 194,128	\$ 48,532	\$ 16,273	\$ 32,259	\$ 16,399	\$ 32,133	539		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 than from therapists directly.	75%	X	X			
AMBULATORY SURGICAL CENTER	\$ 907,177	\$ -	\$ -	\$ -	\$ -	\$ -	1,421		20	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 surgeons. Such surgery is commonly less complicated than that requiring hospitalization. Avoiding hospitalization can result in decreased charges and expenses for paying for the patient's health care.	Outpatient Hospital/Physician Offices/CHCs	It is estimated that there will be a 100% shift to outpatient hospital or physician / clinic settings. 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 / FOHCs / 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	X		
DURABLE MEDICAL EQUIPMENT (DME) & SUPPLIES	\$ 604,428	\$ 302,214	\$ 101,332	\$ 200,882	\$ 102,118	\$ 200,086	221		44	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 function of the Department's 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		

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			GEN. FUND FY 2012 FMAP 33.5366.47	STATE SPEC. REV. FY 2012 FMAP 33.5366.47	FED. FUND FY 2012 FMAP 33.5366.47	GEN. FUND FY 2013 FMAP 33.7966.21	STATE SPEC. REV. FY 2013 FMAP 33.7966.21	FED. FUND FY 2013 FMAP 33.7966.31	FED OR STATE LAW CHGS OR	Waiver						Rules	ADA	Other		
PHARMACY	\$ 42,841,179	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	25,747	344	The Prescription Drug Program covers pharmaceuticals and pharmacist services to clients served by the Department in the Medicaid program.	FOHCs / Hospital ER	Cost shifting to Physician, hospital and other mandatory settings would be expected to cost more than the primary benefit. No cost savings are estimated from the elimination of this category.	100%	X	X	X	
OPHTHALMIST	\$ 703,914	\$ 703,914	\$ 256,022	\$ -	\$ 467,892	\$ 237,653	\$ -	\$ 466,061	\$ -	7,393	147	Eye exams and E-prescribes 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.	FOHCs / Charity Organizations / Nursing Facilities	There is not an alternative service under Medicaid. No cost shift is expected.	0%	X	X			
TAXI	\$ 30,668	\$ 30,668	\$ 10,282	\$ -	\$ 20,384	\$ 10,342	\$ -	\$ 20,304	\$ -	921	24	Eye exams and E-prescribes 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.	FOHCs / Charity Organizations / Nursing Facilities	There is not an alternative service under Medicaid. No cost shift is expected.	0%	X	X			
TRANSPORTATION NON-EMERGENCY	\$ 86,401	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	715	10	Medicaid Transportation is a Fee for Services Reimbursement. A Medicaid covered service must be provided before reimbursement for travel can be made. Reimbursement is not available for individual's medical needs.	County and private ambulance services	While transportation is not mandatory as a benefit, states may be required to provide 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	\$ 1,857,452	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	5,726	120	Medicaid covers authorized ambulance transports when medical attention by a provider is required at the medical 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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			GEN. FUND FY 2012 FMAP	STATE SPEC. REV. FY 2012 FMAP	FED. FUND FY 2012 FMAP	GEN. FUND FY 2013 FMAP	STATE SPEC. REV. FY 2013 FMAP	FED. FUND FY 2013 FMAP						FED OR STATE	LAW CHGS OR	RULES	ADA	Other
DENTURIST	\$ 1,464,804	\$ 1,098,453	\$ 386,311	\$ 720,142	\$ 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	When 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	\$ 685,537	\$ -	\$ -	\$ -	\$ -	\$ -	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 exam and eyeglasses for clients 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	\$ 1,002,289	\$ -	\$ -	\$ -	\$ -	\$ -	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	\$ 128,784	\$ 248,388	1,876	21	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 SUPPORTIVE AND HEALTH IMPROVEMENT PROGRAM	\$ 865,976	\$ -	\$ -	\$ -	\$ -	\$ -	25,828	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 have savings. No savings would be expected from the elimination of this service.	100%	X	X	X			

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HEALTH CARE FOR HEALTH CARE WORKERS	\$ 3,654,198	\$ 3,654,198	\$ 1,223,253	\$ 2,428,945	\$ 1,234,754	\$ 2,419,444	42	1	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 PACE or program of alternative 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 PACE/PAI 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 stand alone program with Medicare and Medicaid coverage in the state of Yellowstone County and in Livingston and is capped at 130 participants.	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	\$ 965,298	\$ 482,648	\$ 161,832	\$ 320,816	\$ 163,087	\$ 319,361	42	1	PACE or program of alternative 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 PACE/PAI 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 stand alone program with Medicare and Medicaid coverage in the state of 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 and would not be institutionalized. Certified rate is \$2,545 per month for dual eligible's and \$3,653.35 per month for Medicaid only participants. Onsite decision focused on providing access to community services will be an issue.	50%	X						
HOSPICE	\$ 4,165,350	\$ 1,046,338	\$ 350,837	\$ 695,501	\$ 353,267	\$ 682,780	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 fee)	\$ 32,253,266	\$ 3,225,327	\$ -	\$ 1,081,452	\$ 2,143,875	\$ 1,089,838	2,411		333 Elderly and disabled individuals that meet nursing facility level of care but can be managed in their own homes. Services include case management, personal care, respite, habilitation, meals, environmental mod., 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 (two case mgr. and other waiver costs) approximately 80% of the total consumers are in Assisted Living facilities.	All waiver participants are eligible for nursing facility services as long as they meet the nursing facility level of care. Many physically disabled will not choose the nursing facility unless this is the last option for them. Oinstead will be an issue with reducing community service options for this population.	There will be no cost savings related to the AR rate increase. The AR rate increase will be absorbed by residents. 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 Administrative Rule changes will be required. The Oinstead 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 RES. 210 PROVIDING HOME AND COMMUNITY-BASED SERVICES. (a) OVERSIGHT AND ASSESSMENT OF THE	90%	X	X	X	X
TOTAL SLT-C-PROGRAM 22	\$ 71,014,024	\$ 18,832,299	\$ 3,375,812	\$ 2,938,658	\$ 12,517,829	\$ 3,416,350	6,179	462								
AMDD-PROGRAM 33																
PSYCHOLOGIST	\$ 260,266	\$ 195,199	\$ 65,450	\$ -	\$ 129,740	\$ 65,936	1,109		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 psychologists (see note a and b below)	Services provided by physician or psychologist are more expensive per unit than those of psychologist.	25%	X	X	X	X
CHEMICAL DEPENDENCY CLINIC	\$ 776,761	\$ -	\$ -	\$ -	\$ -	\$ -	700		119 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 CDC. See AMDD note d, below.	Treatment outside @ M/CDC @ \$10,000 per person	100%	X	X	X	X
CHEMICAL DEPENDENCY-TARGETED CASE MANAGEMENT	\$ 2,527,462	\$ -	\$ -	\$ -	\$ -	\$ -	257		201 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.	Services will be incorporated into outpatient and intensive approved programs, alcohol tax reverts to county	no cost shift - services absorbed into outpatient or from charity organization.	100%	X	X	X	X
WORKER	\$ 690,868	\$ 340,333	\$ 114,113	\$ -	\$ 228,219	\$ 114,988	2194		137 Outpatient assessment and counseling provided by individual practitioners and mental health centers	Recipients may seek counseling from physicians or community organizations	Services provided by physicians @ higher unit cost.	50%	X	X	X	X
LICENSED PROFESSIONAL COUNSELOR	\$ 1,658,398	\$ 828,498	\$ 277,795	\$ -	\$ 550,703	\$ 279,950	3686		2726 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 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, psychiatric therapies, and rehabilitation services including day programs and support services.	Most mental health center services are not available elsewhere. Individuals in crisis 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 individuals are sent to regional State Hospital, local or regional detention centers. (See AMDO note c and d, below.)	Hospital emergency room charges; MSH @ \$500/person/day	100%	X	X	X	X	X	
PROGRAM OF ASSERTIVE COMMUNITY TREATMENT	\$ 4,338,396	\$ 493,840	\$ 165,594	\$ 328,255	\$ 168,868	\$ 326,971	562	3	Due to severity of illness, and absence of other supports, most would require long-term hospital level of care. (See AMDO note c and d, below.)	Estimated 90% cost shift to Montana State Hospital @ \$500/person/day	Estimated 90% cost shift to Montana State Hospital @ \$500/person/day	90%	X	X	X	X			
ADULT THERAPEUTIC FOSTER CARE	\$ 1,908,842	\$ 381,328	\$ 127,859	\$ 263,468	\$ 129,851	\$ 262,478	163	3	Those currently in foster care may become homeless, present at law enforcement and ultimately require admission to MSH. (See AMDO note c and d, below.)	Estimated 80% cost shift to Montana State Hospital @ \$500/person/day	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	\$ 428,807	\$ 836,310	229	7	Those currently in group home care may become homeless, present at law enforcement and ultimately require admission to MSH. (See AMDO note c and d, below.)	Regular group home care may become homeless, present at law enforcement and ultimately require admission to MSH. (See AMDO note c and d, below.)	Regular group home care may become homeless, present at law enforcement and ultimately require admission to MSH. (See AMDO note c and d, below.)	75%	X	X	X	X			
CASE MANAGEMENT - MENTAL HEALTH	\$ 8,902,059	\$ 4,451,030	\$ 1,482,430	\$ 2,988,599	\$ 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 non-profit agencies in the community.	Individuals may seek similar support services from charity organizations or other non-profit organizations.	50%	X	X	X	X			
SPECIAL-MENTAL AGED	\$ 3,179,878	\$ -	\$ -	\$ -	\$ -	\$ -	47	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 AMDO note c and d, below.)	MSH @ \$500/person/day	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 AMDO note c and d, below.)	All federal funds lost - estimate 100% cost shift.	100%	X	X	X	X			

MEDICAID OPTIONAL SERVICES ONLY	AMOUNT PAID IN SFY 2010 (DOP)	Net Cost Savings	NET COST SAVINGS FY 2012				NET COST SAVINGS FY 2013				UNDUPL. RECIPIENT	UNDUP. PROVIDER	DESCRIPTION	Where people are likely to seek services if this optional service is eliminated	COST SHIFT	% of the cost shift if services are eliminated	FED OR STATE			
			GEN. FUND FY 2012 FMAP 33.53/66.47	STATE SPEC. REV. FY 2012 FMAP 33.53/66.47	FED. FUND FY 2012 FMAP 33.53/66.47	GEN. FUND FY 2013 FMAP 33.79/66.21	STATE SPEC. REV. FY 2013 FMAP 33.79/66.21	FED. FUND FY 2013 FMAP 33.79/66.31	WAV	RULES							ADA	Other		
HCS WAIVER-Assisted Living	746,130	\$	\$	\$	\$	\$	\$	\$	\$	\$	51		20 The 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 AMID0 note c and d, below)	NSH @ \$500/person/day	100%	X	X	X	X
TOTAL AMID0 - PROGRAM 33 AMOUNTS	\$ 276,685,405	\$ 7,953,345	\$ 2,668,737	\$ 2,938,658	\$ 5,298,588	\$ 2,687,456	\$ 2,947,044	\$ 5,285,910	\$ 14,572	\$ 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 elig. Group is optional.

Notes:

1. 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.
2. 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.
3. Individuals who are hospitalized may be managed in community care to be ultimately considered for discharge because services in the community would not be available to continue monitoring and treatment following hospitalization.
4. Licensed nurses are FMAP 2013 FMAP 33.79/66.21. AMID0 demand for exceeds capacity at state facilities.
5. Recipients are unduplicated by service - total number served in 2010 is approximately 13,000.