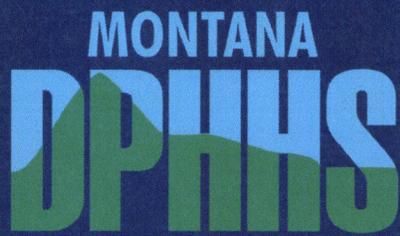
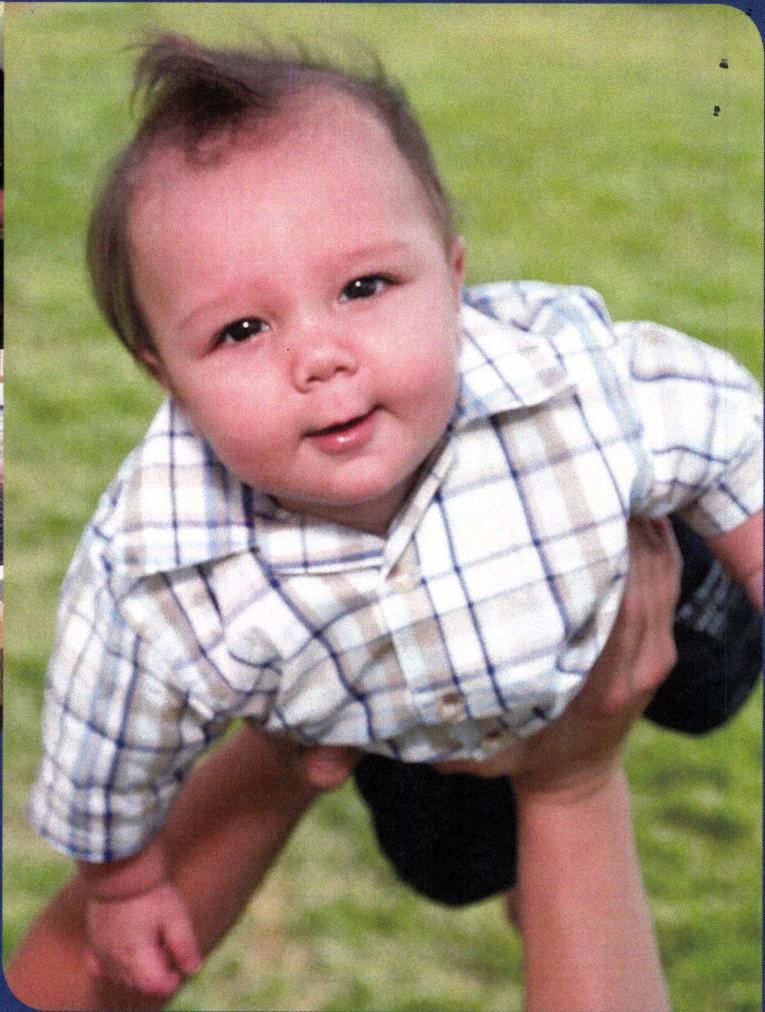


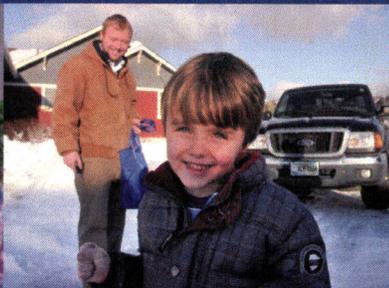
2013 BIENNIAL REPORT



Healthy People. Healthy Communities.

Department of Public Health & Human Services

MAKING A DIFFERENCE FOR MONTANANS





MAKING A DIFFERENCE FOR MONTANANS

About This Report

The Department of Public Health and Human Services (DPHHS) is a diverse state agency that provides services for people all over Montana—border to border.

It is the largest agency in state government with over 3,000 employees, a nearly \$2 billion dollar annual budget and almost 2,500 contractual agreements with partners in every community across the state including the eight tribal governments.

The overall theme of the 2013 Biennial Report is 'making a difference' in the lives of all Montanans. You'll read about the impact DPHHS has made in the lives of Montanans.

We hope that this report will provide you with a sense of the real impacts our programs make, including numerous stories from real people that are impacted by our services in communities large and small throughout Montana.

On page 7, you'll read about the DPHHS autism program that focuses on early intervention. This program has enjoyed great success helping children and their families overcome tremendous obstacles.

Turn to page 10 and you'll see the number of children served by the Healthy Montana Kids program that continues to grow.

DPHHS is also actively engaged in helping people with their transportation needs. For that story, go to page 11.

The Prevention Resource Center had a wonderful opportunity to produce a video that encourages parents to talk to their kids about underage drinking. The video, called Keep Talking Montana, features interviews of real Montanans who have been impacted by this issue.

A piece on our agency public health and environmental laboratories is found on page 23.

The fact that Montana has a small population scattered over an immense area provides some interesting challenges, yet DPHHS—with its 3,000 employees in twelve divisions and six facilities—makes a big difference in thousands of Montanans' lives, families and communities every day.

DPHHS mission: To improve and protect the health, well-being and self reliance of all Montanans.



MAKING A DIFFERENCE FOR MONTANANS

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MAKING A DIFFERENCE FOR MONTANANS

Overview

The Montana Department of Public Health and Human Services (DPHHS) has three branches: Operations Services; Medicaid and Health Services; and Economic Security Services. Each has several divisions under its umbrella. DPHHS has a total of 12 divisions. In turn, each division oversees numerous bureaus, programs, services, grants, and facilities. The Public Health and Safety Division is unique in the organizational structure as it is directly attached to the DPHHS Director's Office. The other functions that reside within the Director's Office include the Office of Legal Affairs, Human Resources, Public Information and the Prevention Resource Center.

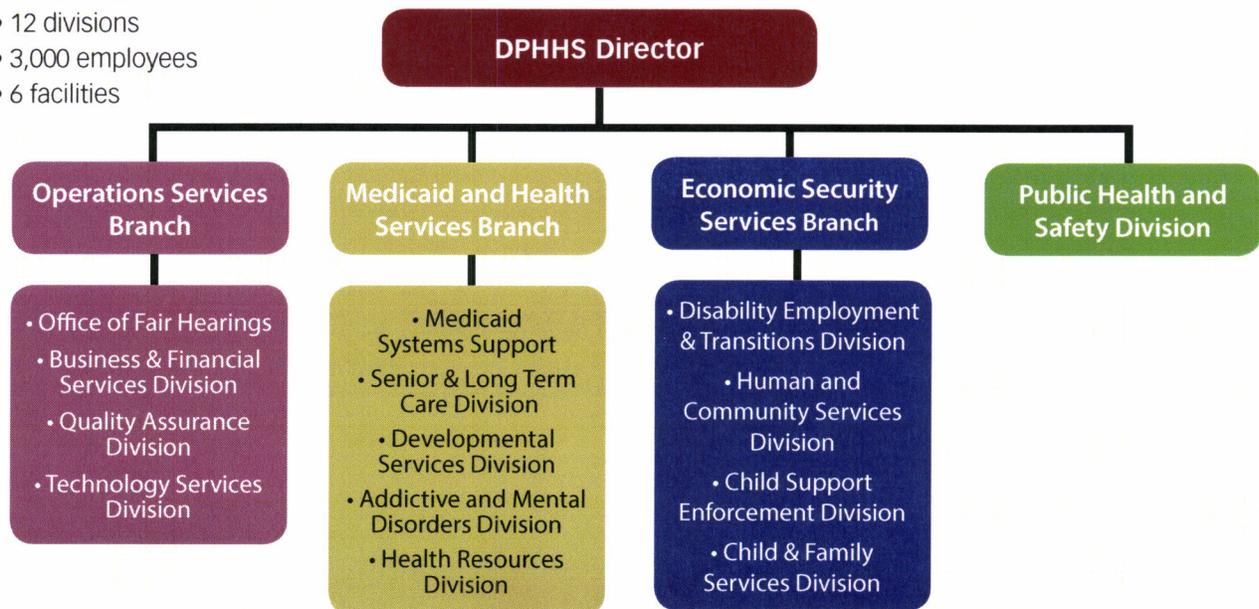
Funding

DPHHS derives its funding from three major streams: federal funds, state general funds and state special revenues. State general funds are greatly leveraged by using them as a match for federal dollars. Below is a breakdown of where DPHHS received its funding for the 2013 Biennium.

Source	Amount	Percent
Federal Funds	\$2.6 billion	70 percent
State General Funds	\$837 million	22 percent
State Special Revenue	\$307 million	8 percent
Total Funding	\$3.8 billion	

How DPHHS is organized

- 3 branches
- 12 divisions
- 3,000 employees
- 6 facilities





MAKING A DIFFERENCE FOR MONTANANS

What Difference Does It Make?

Throughout this report, you'll see 'What difference does it make' stories that follow program descriptions. The program information is important, but of equal importance are the names and faces of the Montanans this agency serves. DPHHS works every day to 'make a difference' in their lives. DPHHS provides services to help families, children, seniors and the disabled. Our efforts in public health keep Montanans healthy and our large network of providers ensure homes are weatherized. The photos and stories demonstrate the heart of the work DPHHS does every day, in communities all over Montana.

Department Highlights

DPHHS staff work hard every day to deliver a wide range of services to thousands of Montanans. The Department Highlights section represents some of the most significant accomplishments and success stories representing the entire department over the past two years.

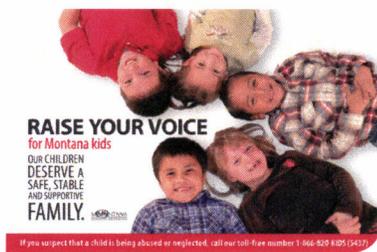
Department Highlights

DPHHS works to protect children from child abuse and neglect

Over the last biennium, the DPHHS Child and Family Services Division (CFSD) has taken many steps to improve this agency's efforts to protect Montana kids from child abuse and neglect.

CFSD has many positive ongoing efforts aimed at helping children and families.

First, CFSD reached out to its constituents. In 2012, over 1,200 people responded to a survey related to CFSD's Centralized Intake Child Abuse Hotline. Almost all



reporters indicated that they believe having a hotline to call 24/7 to report a child who may not be safe is a valuable resource for Montana's children. However, a result of what CFSD learned from these stakeholders, changes have been made to improve the hotline system. Training has been provided to Centralized

Intake Specialists, and policy has been revised so that reporters can now be informed about whether Centralized Intake will assign their report for further investigation by field staff.

DPHHS has also worked to raise awareness about the toll-free Child Abuse Prevention hotline through our media campaign called Raise Your Voice for Montana Kids. The campaign included a radio advertisement that aired statewide, in addition to posters promoting the hotline, also distributed statewide.

A new safety assessment has also been implemented. The assessment is part of an evidence-informed practice model with 35 years of research to support it. This assessment is designed to more accurately identify children as safe or unsafe during investigations.

The annual Prevent Child Abuse and Neglect Conference is held each spring. There, foster parents,

what difference does

CHILD AND FAMILY SERVICES make?

Ask a Billings family who adopted a child left in a Billings hospital bathroom.

The Safe Haven law went into effect in 2001. It states parents may surrender their infant to an emergency services provider at any hospital, fire station, police department or sheriff's office in the state within 30 days of birth. The baby is not required to be handed to an individual, though it is encouraged. Parents won't face charges as long as there are no signs of abuse or neglect. The law was sponsored by then-state Sen. Mike Halligan, D-Missoula, who served in the Legislature from 1980 to 2001.

CFSD became involved with another Safe Haven case in October 2011 when a baby, known as 'Baby Vincent,' was left in a Billings hospital. In these situations, CFSD becomes the guardian for the child until a permanent home can be found for the child.

In 2012, the child was officially adopted. In an April 2012 Billing Gazette article, the family where the child was placed said: 'I know this sounds corny, but I never believed in love at first sight until I met both of my boys,' said the baby's new mother. 'There is just that connection when you hold them for the first time. That's love at first sight.'

...Or, ask a family who attended the annual Adoption Ceremony in Helena. One attendee said. "The little children's choir was very special, and all the speakers and guests were so sincere. We are so moved by the overwhelming support and love from all involved.

child protection specialists, foster children, a legislator, judges and court appointed special advocates are honored for their work to help children and families.

Each individual in Montana can protect children who are being abused or neglected by reporting suspected abuse or neglect. To report concerns about a child's safety, call 1-866-820-5437 (866-820-KIDS).

Children's Autism Waiver continues to produce results

DPHHS launched the Children's Autism Waiver (CAW) in 2009 and has collected information about the first group of children to complete the program. Preliminary analysis suggests amazing results.

To be eligible for entry to the program, a child must be between 15 months and 5 years of age and be diagnosed with an Autism Spectrum Disorder. The service includes up to 20 hours per week of intensive in-home rehabilitation for three years by a trained provider. The program serves 50 children at one time with a maximum cost of \$43,000 per child per year.

Parents of the children in the program play a major role in the treatment process, especially after the three years of treatment. The goal is to make parents partners in the treatment of their children and give them the expertise to continue and sustain the child's gains.



While the cause of autism is unknown, there is some general agreement there is a complex genetic role. New studies are looking at the interaction between genetic and environmental contributions.

There is no cure for autism, but studies have shown that providing children with intensive services early in life is a proven treatment strategy.

DPHHS contracts with seven providers all across Montana for these services in Miles City, Glasgow, Great Falls, Billings, Helena, Missoula and Anaconda.

A study, commissioned by DPHHS shows several major findings from children who have completed the waiver program:

- 48.5% of children no longer score in the autistic range of the Children's Autism Rating Scale (CARS)
- 100% of the children have made gains
- 66.7% of children now receive general education
- 80.5% have improved to the point they are no longer eligible for services offered by the Developmental Disabilities Program.

What difference does the

CHILDREN'S AUTISM WAIVER make to families?

Just ask Lisa DiGiallonardo.

In a Missoulian article on February 5, 2011, DiGiallonardo, whose son Dominic is part of the first group of children to complete the program, stated:

"The Children's Autism Waiver is saving my family. Before we had access to this program, my husband and I were held captive in our home by Dominic's autism for three and a half years.

Extreme anxiety hardly describes the kind of terror-filled behavior that Dominic used to exhibit, Lisa says. His sensory processing and nonverbal disorders made going out in public nearly impossible.

The ordinary sights and sounds of daily life, like shopping for groceries or watching a basketball game in a school gymnasium, were so overwhelming the boy would unravel into a screaming riot, throwing himself to the floor and banging his head on anything he could find.

"It was horrible. If someone rang our doorbell or approached us when we walked outside, or if someone said 'hi' to him, he would just melt down. And when I say melt down, I mean ear-splitting screams, lashing out and crying and it would take 20 minutes or more to console him."

Or, ask Matt and Beki Wald of Billings, whose son, Kannin, is a graduate of the program. They were quoted in a March 4, 2011 article.

"Eating out at a restaurant, going to a sporting event, playing at a ... park or taking in a movie were things that we typically avoided because Kannin would tantrum and just be lost in our world.... Kannin has gone 360 degrees completely the other way of what he was before."

These real life outcomes for families are a true testament to the power of the program. Additionally, the outcomes will likely significantly reduce the \$3.5 million estimated cost for a person with an Autism Spectrum Disorder. Given these CAW outcomes, the program will save the State millions of dollars.

Department Highlights

Montana is a No Kid Hungry state

On February 21, 2012, Governor Brian Schweitzer and DPHHS, in partnership with Share Our Strength, a national organization working to end childhood hunger, launched the Montana No Kid Hungry initiative.

The purpose of this initiative is to connect Montana kids with nutritious food where they live, learn and play.

More than 45,700 children (20.9%) in Montana are at risk of hunger. That means that more than one in five children live in families that are struggling to put food on the table.

Studies show that kids who are hungry can have trouble focusing and getting along with others, complain often of headaches, stomachaches and other ailments, and fall behind in school. Hunger decreases their ability to learn, grow, and play.

The initiative aims to end childhood hunger in Montana by making federally-funded nutrition assistance programs accessible. Specifically,

Montana No Kid Hungry has chosen three priorities for 2012 which include: CACFP At-Risk Afterschool Meals Program, the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program. DPHHS oversees administration of all three of these programs.

A lack of awareness about the Afterschool Meals program means there is a low participation rate in the state and children may be spending time away from school hungry. Montana ranks 20th among all states for SNAP participation rates. For the WIC Program, less than half of eligible women and children participate in the state.

DPHHS, in partnership with Share Our Strength, is committed to developing a comprehensive plan to reduce childhood hunger in communities across Montana by: bringing more resources



did you know?

More than **16.6 million American children** don't have reliable access to the nutritious food they need to lead healthy, active lives, including 45,700 here in Montana.

The Core Goals of the Montana No Kid Hungry Campaign are to:

- Improve access to public and private programs that provide food to families and their children who are in need and are not receiving it.
- Strengthen community infrastructure and systems for getting healthy food to children.
- Increase awareness to available programs, healthy food choices and how to get the most from limited resources.

to the table, developing strategies to strengthen existing programs, and building on public-private partnerships to sustain this initiative.

The 2012 work plan has been implemented for SNAP, WIC, and the Afterschool Meals program. The work plan focuses on maximizing participation, outreach, education, and benefits. In addition, a Montana No Kid Hungry website has been developed.

Montana No Kid Hungry has been awarded a \$5,000 grant to promote and implement the Shopping Matters program in WIC offices across the state. The program offers free interactive guided grocery store tours to teach adults to make healthy food choices on a limited budget.

A recent Share Our Strength study shows that kids aren't hungry because of lack of food or because of a lack of food and nutrition programs. Children are hungry because of a lack of a big-picture strategy to connect them to the nutritious food they need to grow and thrive.

One study found that 8 in 10 low-income families make dinner at home at least five times a week. The study also shows that low-income families want to make healthy meals, and believe eating healthy is realistic for them, but are struggling to do so with food costs seen as the most common barrier to healthy eating.

The good news is that the No Kid Hungry model works. Share Our Strength supports No Kid Hungry in 12 other states and cities and these partnerships have seen tremendous success.

The Weatherization Program helps Montanans stay warm, save money

The goal of the DPHHS Weatherization Program is to reduce energy costs and ensure health and safety for families living on low incomes by improving the energy efficiency of their homes. Eligibility for this program is based on income and assets. On average, weatherization reduces energy costs by 30 percent for each household served.

Weatherization makes a positive influence in the lives of thousands of families. The majority of the families served include persons who are elderly, very young and/or who have disabilities.

Montanans can apply for energy assistance at several locations across Montana, including one of 10 local Human



Resource Development Councils (HRDCs).

The weatherization services put Montanans to work and hire locals with locally purchased materials at an average cost per home of about \$3,498.

Many of these staff are trained to weatherize homes at the Montana Weatherization Training Center in Bozeman, which is affiliated with Montana State University. The training facility is regarded as a national model.

The purpose of an energy audit is to assess weatherization needs and determine the most cost-effective weatherization measures, which may include a combination of furnace tune-up, caulking, client education, insulation, weather-stripping, storm windows, broken glass replacement or exterior door repair. Workers may not be able to install all the materials needed, but they will carry out the most important tasks within allowable dollar limits.

Eligible applicants for weatherization services can make no more than 200 percent of the Federal Poverty Level, or \$30,260 for a family of two. All approved applications are ranked according to degree of need

what difference does

WEATHERIZATION PROGRAM make?

Just ask this Big Timber resident.

Thank you for literally saving my life. The Weatherization Assistance Program at District 7 HRDC did just that! I had been sick with colds and headaches that would last for days. Jessie Sanchez of the Weatherization Program visited with me and inspected my furnace and quickly discovered a crack and possible carbon monoxide leakage! Jewel came and visited with me and informed me of how the program will be assisting me in targeting the emergency areas of concern. I would not have had the finances nor the knowledge and expertise to weatherize my home. I will continue to do my best to use energy more wisely. I've really learned a lot about the history of my energy usage, and simple ways to use less energy and stay comfortable. I feel very lucky to be part of this life-saving program.

Or ask this father...

I was reading a bedtime story to my 5-year-old daughter the other night and she stopped me and asked me if angels came in human form. She looked up at me excitedly with big eyes and exclaimed, "Maybe the guys who fixed our house are angels in disguise."

What the Weatherization Program did for my household is greatly appreciated and I am overwhelmed with gratitude. I walk around my house looking at the new furnace, water heater, back door, storm windows in the basement, thermal window treatments and then there are the contractors and inspectors who came before and after the project.

The real blessing is at night when I check on the kids in their beds sleeping soundly and I'm able to sleep now, not worrying about an electrical fire from a space heater.

based on annual income and energy costs. Priority is given to older adults and persons with disabilities.

Department Highlights

Healthy Montana Kids

The Healthy Montana Kids (HMK) Plan offers free or low-cost health coverage for children and teenagers up to age 19. Eligibility is based on family size and income. As of August 2012, more than 96,000 Montana children are covered under the HMK Program. Since its official launch in October 2009, HMK has enrolled nearly 26,000 additional children and teenagers in HMK, providing peace of mind for their parents and critically needed health coverage for Montana kids.



The HMK Plan covers a range of health care services, including office visits, well-child checkups, emergency care, physicals, immunizations, dental visits, vision and hearing exams, hospital care, prescription drugs and more. A family of four with a gross income of about \$57,625 may be eligible. Families are encouraged to apply even if they believe their income is above the guidelines because deductions are available for some expenses, including adult dependent and child daycare.

Families can apply or download the ap-

what difference does

HEALTHY MONTANA KIDS make?

Kids without health insurance miss far more school than their insured peers. Children with health insurance show a 68 percent improvement in ability to pay attention in school and keep up with school activities. They also show a 25 percent improvement in overall health. Early, preventive treatment is less expensive than later stage treatment uninsured children often require.

Just ask Samantha Bergan.

Samantha (Sami) Bergan is a 24-year-old mom living in Great Falls. She has a 2-year-old daughter, Kase, and is expecting another child in August. She is employed as a secretary with the Great Falls School District.

Kase's father, Jarod, also 24, is a meter reader for Energy West. Their combined household income is around \$48,000 a year. Although health insurance is available through Sami's employer, the cost is just too high.

"It would take almost half my monthly paycheck just to have the most minimal coverage," Sami said. "I can't even afford it for myself, let alone my daughter."

After starting work full-time with the school district, Sami found their family no longer qualified for WIC, but there was some good news. The staff at the WIC office told them about HMK.

"HMK has allowed us to take Kase to the doctor without the huge burden of medical bills and charges on our backs. Without HMK, we would likely not be able to afford to take Kase to the doctor every time she needed care. Our biggest concern is keeping our child healthy and HMK takes care of the rest."

plication on-line, or request an application at 1-877-543-7669). Applications are also available at Offices of Public Assistance, health care providers' offices and many other locations. Families must submit proof of income when applying. For more information, go to: www.hmk.mt.gov.

DPHHS works with other state agencies to coordinate transportation

Since 2005, the Department of Public Health and Human Services (DPHHS) has helped state agencies to work together to meet transportation needs of Montanans.

The DPHHS transportation coordinator works to maximize, maintain and improve quality transportation services for special populations both within the agency and with other state agencies. The transportation coordinator is the liaison between DPHHS, Montana Department of Transportation (MDT), and other state agencies. The transportation coordinator facilitates the coordination and development of services and resources regarding transportation.

DPHHS primarily focuses on seniors, people with disabilities, people with low income, and transition of youth with disabilities.



MDT requires every community with a public transit system to have a Transportation Advisory Committee (TAC). TAC members are not transportation providers but are people who assist consumers/clients that need transportation. These people work to inform the transit agencies what transportation is needed in certain areas and they provide valuable input on how to better meet the transportation needs in Montana communities.

DPHHS helps agencies with their annual transportation coordination plans that are submitted to MDT. The plans look at areas where coordina-

what difference does
TRANSPORTATION
make?

Just ask Laurel residents

Recently the General Public Transit system wanted to run a shuttle from Laurel to Billings a couple times a day. However, few citizens were taking advantage of it. Residential Support Services (RSS), a DPHHS contractor, had two clients in Laurel that needed to go to Billings daily. Through the work of the DPHHS transportation coordinator, General Public Transit and Residential Support Services were connected and now RSS is coordinating with the city of Laurel and running the shuttle from Laurel to Billings daily. In addition, a few more riders take advantage of this opportunity.

tion is possible, such as at DPHHS offices.

Over the past several years, DPHHS and MDT have coordinated and held three transportation summits. These summits focused on getting all state agencies together to discuss transportation and how they pay for transportation.

Another barrier to coordination of transit services is communication among other funding agencies. Some of the consumers from other funding agencies may have similar transportation needs, but when the agencies act independently, the needs often are not coordinated. For example, one agency may be transporting people to a nearby community for a doctor's appointment or for shopping. They may have only two or three riders in a 12-passenger vehicle. DPHHS can help connect agencies interested in combining their efforts to share ridership and improve efficiency. Another example occurs when agencies providing transportation through communities to their final destination can coordinate transportation with other agencies serving individuals and communities along the route.

DPHHS adopts Service First initiatives in Offices of Public Assistance

In 2012, the Department of Public Health and Human Services embarked on a new initiative to improve the way clients are served in all our Offices of Public Assistance.

The Service First initiative aims to enroll people in the core programs such as Healthy Montana Kids, Medicaid, Supplemental Nutrition Assistance and Temporary Assistance for Needy Families in the shortest time possible with the ultimate goal of connecting clients to benefits within one or two days of first point of contact.

This new service approach is concurrent with the implementation of the states' new computer system which will allow us to better provide services and determine eligibility.

Eligibility specialists will be able to determine eligibility for the core programs regardless of where workers are located, or how they are contacted. This will allow DPHHS to better balance staff workload.

With a business process change of this size, transitions and restructuring are necessary. While DPHHS works to achieve our ultimate goal of 'Service First', the project will be implemented in phases while still continuing to offer services throughout the state.

One of the first changes was moving the

Healthy Montana Kids program from a stand-alone program to part of the Human and Community Services Division, which already administers the other human and community core programs.

Additionally, DPHHS will implement centralized document processing by consolidating mail-processing and scanning functions in a single location to improve efficiency, accuracy and timeliness.

Another exciting feature will be the development and implementation of a standardized six-week training institute for new and existing staff.

This training will encompass all core programs. Individuals will demonstrate proficiency as they progress through the institute, to be able to determine eligibility effectively and efficiently.

Finally, Offices of Public Assistance will be re-designed and modified to allow clients direct, front counter access to eligibility specialists. In addition, the new computer system will allow eligibility staff to process applications from a universal pool of applications. For example, a worker in Polson may be assisting a family in Sidney to help balance workload or permit a case assignment to an eligibility worker who specializes in particular types of cases.



Director's Office



The DPHHS Director's Office serves as the hub for the Department. This is where hundreds of programs and dozens of agencies mesh to ensure a cohesive approach to the work of the Department as a whole, and to bring everything together in a seamless way so Montanans receive the services they need.

The Director

The DPHHS Director is responsible for the development of policy as well as managing and coordinating programs. The Director must also be fiscally responsible. The Director provides direct supervision to the Department's senior management team as well as to the Administrator of the Public Health and Safety Division and the staff that supports the Department as a whole.

Office of Legal Affairs

This Office is responsible for representing the Department in court actions and administrative hearings, providing legal advice to the agency, and drafting administrative rules and legislation.

Office of Human Resources

This office is responsible for all aspects of employee recruitment and hiring, labor relations, contract administration, personnel policy administration, job classification and salary administration, employee relations, safety programs and training, as well as ensuring Equal Employment Opportunity.

Office of Governmental Support

This office plans, directs, and coordinates operations under direction from the Director and is responsible for planning the use of staff resources and managing a variety of projects related to health

policy. This position provides direct supervision to the Public Information Office, Office of Intergovernmental Relations, and the Prevention Resource Center.

Public Information Officer

The Public Information Officer is responsible for disseminating Department information in an accurate and timely fashion to the general public, news media and others. The Public Information Officer writes and distributes news releases, organizes news conferences, manages website content, reviews publications, handles media inquiries and serves as the Department's spokesperson.

Office of Intergovernmental Relations

This office is responsible for coordinating and completing multiple, simultaneously executed projects for the Department. This position provides policy research and review based on Department needs, and communicates with the leadership team, legislative committees, other departments, and stakeholders on assigned projects.

Prevention Resource Center

The Prevention Resource Center (PRC) helps Montana communities develop comprehensive prevention efforts in the areas of substance abuse, child and family safety, violence and crime. The PRC supports the Interagency Coordinating Council for State Prevention Programs, directs a statewide AmeriCorps*VISTA project, and provides a wide range of prevention information resources. Preventing illness and promoting healthy behaviors make the best use of public resources. The PRC was recently physically moved to the Director's Office to coordinate prevention efforts throughout the Department.

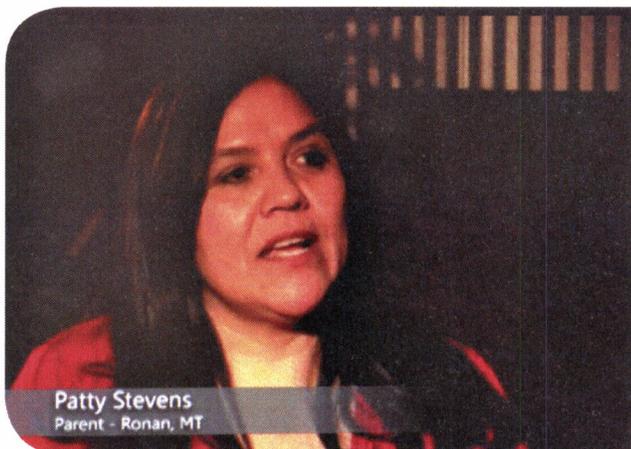
Director's Office



The Prevention Resource Center

The Prevention Resource Center (PRC), established in 1997, assists Montana's communities with local prevention efforts and serves as a clearinghouse for community prevention tools and resources. Additionally, the PRC serves as the working arm of the Interagency Coordinating Council for State Prevention Programs. The Council coordinates state resources around reducing youth risk behaviors in Montana toward raising healthy and successful youth. The primary focus of their work has been to reduce underage drinking, binge drinking and drinking and driving.

The PRC, in collaboration with the Interagency Coordinating Council, had a unique opportunity in 2011 to produce a video called 'Keep Talking Montana'. The video encourages parents to talk to their children about



underage drinking. It highlights local challenges and successes in preventing underage drinking. Production support was provided through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).

DPHHS statistics show that binge drinking begins as early as sixth grade, and new evidence shows that underage drinking can cause permanent damage to a teen's rapidly developing brain. As a result, the need for parental involvement has never been greater.

The video also stresses three main action points that parents can take to reduce the likelihood that their

More on page 15

what difference does **VISTA** make?

Numerous Montana communities benefitted from Volunteers In Service to America (VISTA)-led food drives during Martin Luther King Day 2012. In Helena, the Helena Food Share received 622 pounds of food, and in Billings a total of 400 pounds of healthy breakfast food was collected. In Deer Lodge, a total of 488 pounds of food was donated to the Deer Lodge Food Pantry and in Ravalli County, 94 pounds of food was divided among three food banks.

PRC AmeriCorps VISTA Successes

- Chartered a Boys and Girls Club in Anaconda, while securing \$39,000 in grants and fundraisers.
- Implemented the "Workin' with Tradition" soft job skills training program for Native Americans in the Havre area.
- Developed a Farm to School program in Livingston that has created a community garden.
- Conducted health needs assessment for Jefferson County.
- Created healthy, quick and affordable cookbook focused on low-income families to teach nutrition in Bozeman.
- Established board to focus on prisoner re-entry and education for incarcerated individuals through Great Falls Weed and Seed.
- Implemented Youth MOVE Montana Program, a national organization that is youth led and devoted to improve services and systems for fellow youth who experience mental health, juvenile justice, welfare, and education issues.
- Introduced PRISM (Preventing and Reducing the Incidence of Suicide in Montana) to various school and colleges throughout the State.
- Partnered with local communities via school systems, community organizers, and community members to assess issues related to youth in Eastern Montana Native American Reservations.
- Established Belgrade Youth Forum as a 501 (c) (3) non-profit.



Continued from page 14

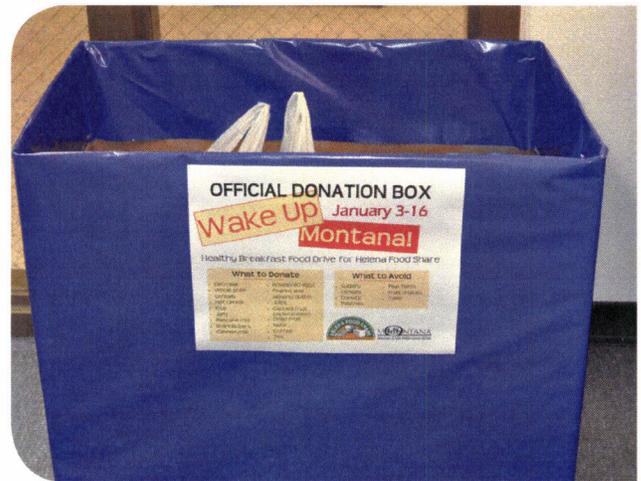
child will consume alcohol before they are of legal age.

The three points are:

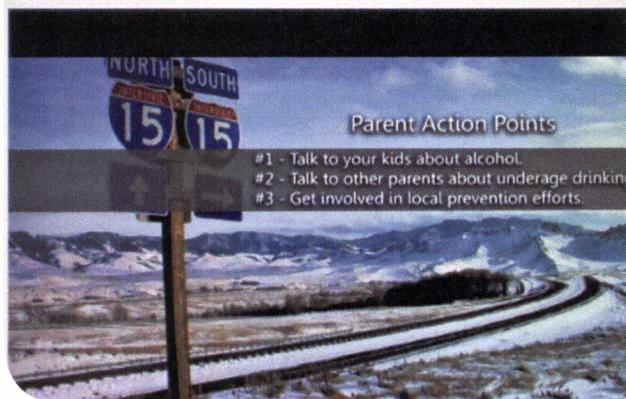
- Talk to your kids about alcohol.
- Talk to other parents about underage drinking.
- Get involved in local prevention efforts.

The video opens up with a powerful personal story from Patty Stevens of Ronan describing an alcohol-related car crash involving her two sons, seriously injuring one, and fatally injuring the other.

The video also includes an interview from Cheryl Little Dog, coordinator of the Blackfeet Medicine Wheel.



Keep Talking Montana



Little Dog, who is paralyzed from the waist down because of an alcohol-related car crash, uses her own experience to help other parents.

The video also features a youth perspective. Browning teenager Courtney Juneau, the 2010

Blackfeet Nation North American Indian Days Junior Princess, speaks in the video about the importance for parents to talk to their kids about alcohol.

Additional underage prevention strategies include educating parents using web-based resources that discuss brain development, and developing and distributing a media campaign of radio and video PSAs. The Coordinating Council has also developed www.parentpower.mt.gov where the media campaign tools can be found.

PRC AmeriCorps VISTA Project

The PRC recruits from a national pool of potential volunteers to the PRC AmeriCorps VISTA (Volunteer In Service To America) Program. VISTAs choose from among projects (sites) approved for service throughout the State. VISTAs work with communities on projects designed locally with the intent of helping eradicate poverty, reduce risk factors and promote protective factors. The goal is improving the safety, personal responsibility and well-being of youth.

Director's Office



DPHHS launches into social media

The Department of Public Health and Human Services (DPHHS) launched into Social Media in 2012 with an official agency Facebook page that focuses on public health messages.

Social media are highly accessible, interactive tools for creating, distributing and/or sharing online content. Social media tools generally allow users to generate and exchange content and engage



in peer-to-peer conversations.

DPHHS decided it was time to take advantage of this format for communicating with the State of Montana health topics such as educating the public about our programs that help people live healthier lives, educational articles, agency events and public health emergencies that arise.

DPHHS Facebook posts include information on planning for an evacuation during a wildfire, West Nile Virus, reminders about wearing sunscreen, getting your well water tested annually and childhood immunizations.

DPHHS has an agency Social Media Policy and also

follows the guidelines established by the Montana State Information Technology Services Division.

Public health messages are posted to the agency Facebook page several times a week by Public Information Office staff. Post ideas are submitted by agency staff and go through a review process before being posted.

DPHHS has staff located all across Montana. The agency requested from ITSD Facebook access at work to all DPHHS staff so they too could receive the messages in a timely manner and help share the information as appropriate.

DPHHS also has a YouTube page that is open for the entire agency to post videos such as Public Service Announcements and various agency-related educational materials.

The Facebook page is available at www.facebook.com/MTDPHHS. The YouTube page is available at www.youtube.com/MontanaDPHHS.

DPHHS changes its logo

In spring 2012, DPHHS worked with the media firm that contracts with our Montana Tobacco Use Prevention Program to create a new, modern logo. The work was completed at no cost, so it was a wonderful opportunity.

DPHHS serves the entire state from the west to the east and all locations in between. So, it's important



Healthy People. Healthy Communities.

Department of Public Health & Human Services

that the logo reflects the entire state. The wavy green design embedded in DPHHS represents the mountains of the west and the plains of the east.

The 'Healthy People. Healthy Communities.'

tagline is reflection of our ongoing work with the people and communities of Montana. Our programs help children and families receive health coverage and put food on the table. We work hard to ensure children are safe from abuse and neglect. We also work to make sure children and adults are immunized against disease. The

new logo tagline captures our main health and services to Montana message.

Logo implementation is a gradual

process and will not happen overnight. Naturally, there are countless items that include the old logo including brochures, posters, billboards, building signs, business cards, website pages, and more.

The new logo will be phased in over time.

We asked staff to not destroy items that include the old logo, but to incorporate the new logo going forward.

The Office of Public Assistance in Lame Deer was the first building to implement the new logo on its building sign.



Public Health and Safety Division



This Division provides a wide range of services designed to promote healthy behaviors, prevent and control communicable and chronic diseases, improve the public health system and ensure that the system is prepared to address all types of public health events and emergencies. Services are primarily delivered through local and Tribal public health agencies, private providers, clinics, hospitals and other community-based organizations.

The Chronic Disease Prevention and Health Promotion Bureau administers programs to prevent and control asthma, cancer, heart disease, stroke, diabetes, arthritis and tobacco use. The Bureau also promotes proper nutrition and physical activity and administers the emergency medical services, trauma, and injury prevention programs.

The Family and Community Health Bureau oversees maternal and child health programs, family planning, and services for children with special health care needs. Nutrition education and supplemental food distribution for women, infants and children are also in this Bureau, through the Special Supplemental Food Program for Women, Infants, and Children program (WIC).

The Communicable Disease Control and

Prevention Bureau administers programs to detect, control and prevent communicable, or infectious diseases. These programs include immunizations, prevention and treatment of sexually transmitted diseases, food and consumer safety and epidemiology. The Bureau includes Montana's Public Health Emergency Preparedness Program, which works across the Department, in partnership with local and Tribal health departments and others to ensure that the public health system is prepared to address public health emergencies. The Bureau is also responsible for public health workforce development and training.

The Laboratory Services Bureau operates two laboratories.

- The Clinical Public Health Laboratory performs diagnostic testing in support of communicable disease control and prevention programs and screens newborn children for inborn metabolic errors. The laboratory also provides reference microbiological services to Montana hospitals and clinical laboratories.

- The Environmental Laboratory tests drinking water and analyzes other environmental samples, including soil and air. This laboratory also inspects and certifies private industry laboratories in Montana that perform drinking water analysis.

Who Are We?

Public Health & Safety Division

Chronic Disease Prevention and Health Promotion Bureau

Family and Community Health Bureau

Communicable Disease Control and Prevention

Laboratory Services Bureau

Financial Services and Operations Bureau

State Medical Officer



Montana Cardiovascular Disease and Diabetes Prevention Program

The Montana DPHHS implements an intensive lifestyle intervention to prevent type 2 diabetes called the Cardiovascular Disease and Diabetes Prevention Program (CDDPP). The program is based upon the National Institutes of Health Diabetes Prevention Program and began in 2008 in Montana with four intervention sites.

There are currently 16 sites, including four telehealth sites: See attached map.

- Libby (St. John's Lutheran Hospital)
- Kalispell (Kalispell Regional Medical Center)
- Polson (St. Joseph's Providence Medical Center)
- Missoula (Community Medical Center, Missoula City-County Health Department, and St. Patrick Hospital)
- Butte (Butte Community Diabetes Network)
- Dillon (Barrett Hospital and HealthCare)
- Choteau (Teton Medical Center)
- Great Falls (Benefis Health System)
- Helena (St. Peter's Hospital)
- Bozeman (Bozeman Deaconess)
- Billings (Billings Clinic and St. Vincent Healthcare)
- Miles City (Holy Rosary Healthcare), which also delivers the program through telehealth to Baker, Colstrip, Forsyth, and Ekalaka (see map on page 19)



Tabatha Elsberry

Montana's sites have received national recognition: two lifestyle coaches are Master Trainers for CDC's National Diabetes Prevention Program and 10 sites received pending recognition by CDC's Diabetes Prevention Recognition Program.

From 2008 to 2012, the program has enrolled

what difference does

CARDIOVASCULAR DISEASE AND DIABETES PREVENTION PROGRAM

make?

Ask Tabatha Elsberry

Nearly a decade ago, Tabatha Elsberry had her "aha moment." Her father's entire family had diabetes, and Tabatha wanted to avoid becoming a statistic. So she lost 50 pounds and dropped six dress sizes. She gained more energy and a much more positive outlook on life. Still, her high blood sugar and family background continued to put her at risk for developing diabetes.

Almost 26 million Americans have type 2 diabetes, according to the U.S. Centers for Disease Control and Prevention (CDC). Based on current trends, 1 in 3 U.S. adults will have diabetes by 2050. The good news: Most diabetes cases are preventable with weight loss and increased physical activity. Tabatha found help for focusing on both of these goals by joining the Cardiovascular Disease and Diabetes Prevention Program (CDDPP) in Billings, Montana.

CDDPP, an intensive lifestyle change program, was created to help Montana residents at high risk for diabetes. Trained lifestyle coaches use a curriculum focused on diet, exercise, and behavior change. A blog on the program website provides added encouragement to participants and others looking to make healthy lifestyle changes. Ideas range from tips on improving fitness for hunters to hosting healthier meetings (by serving nutritious snacks or having a walking meeting).

For Tabatha, CDDPP helped her make adjustments to her nutrition and activity. Her lab values quickly began to move into the normal range. "I had to start with weight loss and the realization that I didn't want to join the ranks of those diagnosed with type 2 diabetes," she says. "Now I just focus on eating right most the time and staying active—all the while teaching my children to do the same, since they too are at risk."



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Continued from page 18

Cardiovascular Disease and Diabetes Prevention Program Sites in Montana, 2012

approximately 3,500 adults at high risk for developing type 2 diabetes or heart disease. Participants enrolled in the 10-month program attend 16 weekly sessions and then six monthly sessions.

Their goal is to learn and practice healthy eating habits, complete at least 150 minutes of moderately vigorous physical activity per week, and lose 7% of their body weight. Adopting these behaviors and meeting the weight loss goal is based on evidence from the original NIH clinical trial. Results showing that the incidence of Type 2 diabetes can be reduced by 58% after completing the program and by 34% ten years after the program.

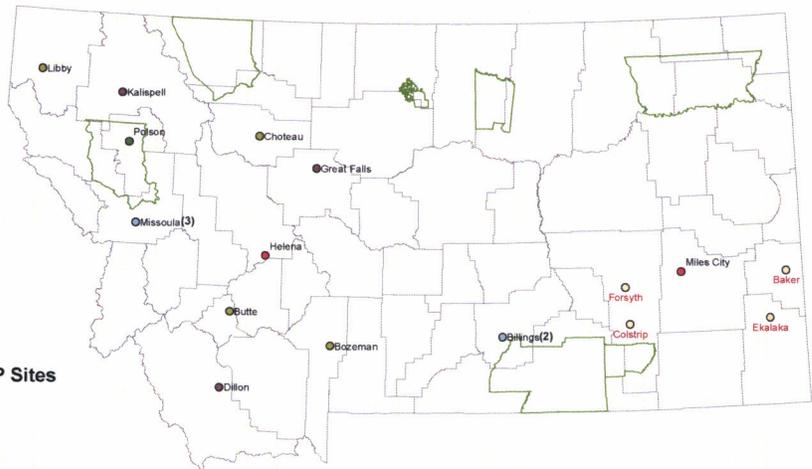
From 2008 through 2010, 76% of participants completed the 16-week core component of the program and 40% completed the entire program. Average physical activity was well over 150 minutes each week, and average weight loss was over 10%.

The results of Montana's CDDPP are impressive. Adult participants who increased their physical activity to 150 minutes each week and decreased their weight by 7 percent lowered their risk of developing Type 2 diabetes by an average of 58 percent. Moreover, the entire state will reap the financial benefits of a healthier population. People diagnosed with diabetes consume

nearly two and a half times the amount of healthcare than those without the condition. The cost of diabetes care in Montana exceeds \$580 million a year.

"Our goal is to have the healthiest Montana we can and to have people live long, healthy lives, to be productive, and to live at home and not in nursing homes," says Todd Harwell, Montana's bureau chief of chronic disease prevention and health promotion. "The more we focus on prevention-related issues, the less we are going to spend on medical care and related costs, which are key issues that affect our ability to live independently."

Why do programs like CDDPP succeed? Because they encourage small, realistic lifestyle changes—and connect people to the knowledge, resources, and support they need to turn education into action.



CVD-DPP Sites

- 2008
- 2009
- 2011
- 2012
- Multiple sites
- Telehealth sites

Public Health & Safety Division



Cardiovascular Health Program

The Montana Cardiovascular Health Program works to improve the health of Montanans by addressing heart disease, stroke and related cardiovascular risk factors including high blood pressure and high cholesterol. The program has been funded by the CDC since 2000.

The program reaches out to communities, healthcare organizations and worksites.

The following are just a few examples of how this program works to improve the lives of Montanans.

Communities. The Cardiovascular Health Program continues to produce community-based public education campaigns on stroke or heart attack signs and symptoms and the need to call 9-1-1 immediately. This effort reaches out to primary care providers, pharmacies



and other community organizations to increase message awareness. Also, the program has partnered with county Extension agents to improve blood pressure control of community members.

Healthcare organizations.

The Montana Stroke Initiative has supported telestroke systems in Libby, Havre, Glasgow, Lewistown, Ronan, Whitefish, Browning and Plains. Telestroke provides a virtual link between rural emergency departments and a distant stroke specialist, allowing the specialist to examine patients through a two-way audio/video Web connection. The



what difference does the

CARDIOVASCULAR HEALTH PROGRAM make?

Ask this Butte neurologist regarding the stroke campaign in Silver Bow County.

"I've been wanting to know who to blame for running a stroke campaign during hunting season last year because I kept getting calls for acute stroke cases and couldn't get any hunting in. Next time run the media in July."

More seriously, he said that clearly the campaign is working because he was getting so many calls. And that "certainly some lives had been saved (and disabilities prevented)."

Cardiovascular Health Program has also provided stroke trainings to Emergency Medical Services staff and dispatchers statewide and conducted several hypertension workshops for health professionals in primary care settings. In addition, the Cardiovascular Health Program offers cardiac and stroke recognition to Critical Access Hospitals that meet criteria for acute care of patients.

Worksites. In 2012, the Worksite Health Promotion Conference honored over 25 employers who met the criteria for excellence in worksite health promotion, including nine Montana employers who received the Gold Award, the highest award a worksite can achieve. The Worksite Health Promotion Coalition website also offers Montana businesses resources on blood pressure/cholesterol management for employees and sodium reduction for the worksite setting. The Cardiovascular Health Program is collaborating with the University of Montana Skaggs School of Pharmacy to enhance blood pressure management of state employees.

Stroke risk. There are nearly 2,000 strokes annually that accounted for more than 500 deaths in Montana. All too often it's because of a lack of awareness of risk factors and/or of how to reduce risk for stroke. Many people don't realize that the same factors that increase risk of heart attack—such as diabetes, high cholesterol and high blood pressure—also increase your chance of having a stroke.



Montana Asthma Control Program

Asthma is a common disease among Montana adults and children. An estimated 84,000 children in Montana are affected by asthma, including an estimated 20,000 children ages 0-18.

The Montana Asthma Control Program (MACP) is implementing a number of activities to improve the health of youth and adults in Montana who have asthma. Examples of these include the following:



Ellie

Montana Asthma Home Visiting Project (MACP)



In 2011, the MACP launched a home visiting program targeting children and families. The Asthma Home Visiting Program sends trained nurses into the homes of children ages 0 to 18 to help find ways to reduce exposure to the things that trigger asthma attacks and provide education on how to properly manage

asthma. The program is now open to open to families through the Missoula City-County Health Department, Lewis and Clark City-County Health Department, and the Bullhook Community Health Center in Havre.

Since June 2011, 92 children with uncontrolled asthma have been continuously enrolled in the program and 26 completed all six home visits. After one year, there have been significant improvements in asthma-related outcomes including:

- having self-reported severe or very severe asthma decreased from 27% to 4%
- having an asthma action plan increased from 31% to 81%
- completing a home environmental change increased from 0% to 100%
- scoring over 91% on the asthma knowledge

More on page 22

what difference does

ASTHMA CONTROL PROGRAM

make?

Just ask Ellie, 5 years of age, who has had asthma symptoms and the diagnosis of Reactive Airway Disease since she was 12 months old.

In November 2011, Ellie had an unscheduled doctor visit due to respiratory symptoms much like asthma. At this visit she was given the diagnosis of asthma and was prescribed several types of medications. Her mother, who also has asthma, was very discouraged about the diagnosis and reluctant about the start of an inhaled steroid. "I thought it would be something she would just grow out of," she reports. Shortly after Ellie's asthma diagnosis, her mother signed up to participate in the Montana Home Visiting Program.

The education and support provided by the program has given Ellie and her family the tools and education about asthma to gain control over this disease. Ellie has gone from having asthma symptoms 15 days of a month down to just 3 days of a month with no nights of waking up with asthma symptoms. Ellie's mother has been able to see how and why a controller medication can change her daughter's asthma control.

Not only has Ellie's health improved, the whole family has benefited from various environmental changes they have made after the home assessment. With a furnace as old as their 40-year-old home, it was discovered that the filter needed to be cleaned manually every month which had never been done since the family moved in. The family has also been working on vacuuming their carpets and rugs and sweeping and mopping their hardwood floors more frequently. The Home Visiting Program has also provided other tools such as an extra mask/spacer for Ellie to have on hand at school, allergen bed covers, and also a HEPA filter for Ellie's bedroom. Together, these interventions and tools provide a comprehensive program that has given this child and her family the knowledge and reassurance that her asthma can be controlled now and for years to come.



Continued from page 21

test increased from 12% to 65%

- scoring less than 20% (uncontrolled asthma) on the asthma control test decreased from 74% to 10%
- good inhaler technique increased 14% to 92%
- missing one or more school days in the last 6 months decreased from 56% to 17%
- having an unscheduled office visit or ED visit from asthma in the last 6 months decreased from 69% to 15%

Improvements in these clinical outcomes have been shown to reduce emergency department visits, hospitalizations, reduced medical expenses, improved school attendance and improved quality of life.

Schools and Childcare Trainings

The MACP provides free training on creating asthma friendly environments to schools and childcare providers across the state through our resource guides, in-person trainings and new school and childcare website www.asthmamontana.com. Free online trainings for school staff, coaches and childcare providers, with continuing education units provided, are all available on the website. Small grants for school nurses to conduct asthma activities are also available at www.asthma-montana.com. In 2011, 59% of school administrators in Montana reported receiving our school resource guide and 23% reported receiving training on the resource guide over the past three years. Schools that reported receiving our trainings also reported significantly higher compliance with asthma friendly policies and practices.

The Immunization Section

Working with Montana's approximately 230 Vaccine for Children providers, the Immunization Section coordinates the delivery and assessment of much of the State's vaccination effort. According to the 2011 National Immunization Survey, Montana ranked among the lowest in the nation for complete series coverage for children aged 19-35 months. Public health agencies and stakeholders have worked diligently to address low immunization rates that make our communities vulnerable to vaccine-preventable diseases, and as a result,

DPHHS gives you 3 steps to STOP INFLUENZA

prevent

- 1 • Wash your hands! Or use an alcohol based hand sanitizer. Often!
• Cover coughs and sneezes.

vaccinate

- 2 • The flu vaccine is the first and most important step in protecting against influenza.

treat

- 3 • Stay home when you are sick; don't spread these germs! Do not return to work or school until 24 hours after symptoms stop.
• Monitor your symptoms. If they worsen, call your medical health provider.

MONTANA DPHHS
Department of Public Health and Human Services

For more information, contact your local health department or the Department of Public Health and Human Services (DPHHS) website at www.dphhs.mt.gov

Montana has seen a steady increase in complete series coverage for children aged 19-35 months.

A variety of quality improvement initiatives are now targeting young children, teens and adults to ensure both populations are fully immunized. Coordinated state and local efforts include strategies to educate immunization providers, improve access to services, enforce Administrative Rules regarding immunization requirements in child care facilities and schools, and ensure stewardship and accountability of all publicly purchased vaccines.

State funding has been allocated to vaccinate uninsured and under-insured adolescents, and local health jurisdictions have engaged in innovative activities to reach this population. As a result, Montana saw an increase in the number of adolescents who were immunized for Tetanus, Diphtheria, Pertussis (Tdap), Meningococcal and the Human Papillomavirus between 2008 and 2010. As a result, Montana was awarded the "Most Improved Adolescent Immunization Coverage Award" from the Centers for Disease Control and Prevention in March 2012.



Public Health & Safety Division

Public Health and Environmental Laboratories

The Public Health Laboratory has been in operation since 1917.

About 38 employees, including clinical laboratory scientists, chemists and support personnel, perform about 20,000 tests on over 4,500 samples each month. Tests are performed on human (medical) and environmental samples. The range and complexity of tests has changed dramatically due to constant scientific advances.

The primary function of the laboratory is testing



in support of community health programs, to prevent and control disease and improve community health. The laboratory emphasizes testing for prevention, disease surveillance and control as well as outreach to high-risk populations.

The laboratory serves in a consultative role, giving information to public health partners regarding:

- significant public health testing, test selection and sample requirements;
- drinking-water tests;
- aggregated laboratory tests for statewide surveillance;

what difference do

PUBLIC HEALTH AND ENVIRONMENTAL LABORATORIES

make?

Ask Montanans tested during the 2012 pertussis outbreak in Montana. In responding to Montana's 2012 pertussis outbreak, the MTPHL performed 2,238 tests from April 1 to June 11, compared to 215 tests in the same time frame of 2011. This timely testing allowed for earlier treatment and public health follow-up for contacts and helped stem the continued transmission of pertussis.

...Or ask Montanans who have benefited from the Laboratories' ability to test quickly for tuberculosis. In 2011, the MTPHL instituted a new rapid test for tuberculosis which would allow for diagnosis of TB within 1-2 days rather than the 1-2 weeks required with traditional testing. This new test also checks for a marker for drug resistance. Although Montana diagnoses only a few TB cases each year, it is important to rapidly diagnose or rule out TB, both for patient management and for public health disease control activities. In 2012 to date, we have screened almost as many specimens as we did the entire year of 2011, so the importance of rapid diagnosis and the availability of this test at the MTPHL is making an impact on patient care in Montana.

- training/continuing education opportunities; and
- state-of-the-art testing mechanisms for emerging infectious disease, environmental threats, and biological or chemical terrorism.

Public Health & Safety Division



Montana Tobacco Use Prevention Program

The Montana Tobacco Use Prevention Program (MTUPP) has been in place since 1994 and addresses the public health crisis caused by commercial tobacco by reducing exposure to secondhand smoke, preventing youth initiation, promoting cessation via the Montana Tobacco Quit Line and eliminating tobacco-related health disparities.

MTUPP funds local health department efforts to implement tobacco use prevention activities. These efforts have helped reduce the use of tobacco products by Montana adults and youth. In 2012, 50 of the state's 56 counties and every reservation had active tobacco use prevention programs.

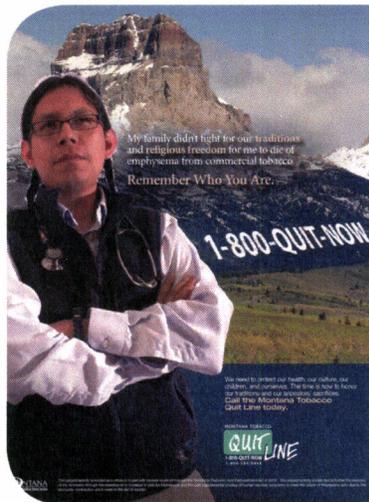
MTUPP also worked with local tobacco prevention contractors to form county-based partnerships among health officers, health board members, sanitarians, elected officials, judges and law enforcement officers.

These partnerships continue to ensure compliance with the Clean Indoor Air Act that went into full effect on October 1, 2009, to include Montana's bars, taverns and casinos. Anyone can log a complaint about noncompliance with the Clean Indoor Air Act through the online Clean Air Reporting

System at <http://tobaccofree.mt.gov>, by emailing infotobaccofree@mt.gov; or by calling 1-866-787-5247.

The program continues to work with Montana's college campuses and medical facilities to adopt comprehensive tobacco free policies. Currently, there are 7 tobacco free college campuses and 41 tobacco free medical facilities.

Smokefree rent-restricted housing remains a priority policy initiative for MTUPP. Seven of the 19 public housing authorities have some level of a smokefree policy in place and 3 have a campus-wide smokefree policy in place. MTUPP will work with housing authorities and multiunit housing managers/



what difference does

MONTANA TOBACCO USE PREVENTION PROGRAM

make?

Ask the 64,000 Montanans who have called the Quit Line since 2004 and the 22,400 who have quit.

Or, the people who successfully quit smoking. People who use the Montana Tobacco Quit Line are up to 10 times more successful than those who try to quit on their own.

Or those who are healthier because they quit smoking. People who successfully quit reduce their risk for stroke, heart disease, and a number of cancers and other diseases.

owners across the state to encourage the adoption of smokefree policies and to provide assistance with gaining higher compliance with existing policies. In addition, almost 200 youth led teen activism events took place in FY12 around the state.

Recently, MTUPP expanded its efforts to work with the Montana Medicaid Program to provide comprehensive coverage for cessation services for Medicaid enrollees. This effort included a public awareness campaign (television, radio, and newsprint), direct mail outreach to adults enrolled in Medicaid, outreach to providers including physicians, mid-level practitioners, and dentists, and outreach to state and local agencies serving this population including the WIC Program, the Office of Public Assistance and others. The goal of this program is to:

- Increase awareness of adults enrolled in Medicaid about the cessation benefits provided by Medicaid;
- Increase utilization of the quit line by Medicaid enrollees;
- Increase cessation attempts by Medicaid enrollees; and
- Reduce the prevalence of tobacco use among adults enrolled in Medicaid.

MTUPP continues to work with all seven reservations and two urban Indian centers to develop tobacco prevention and cessation messaging that specifically target those community members.



Children's Special Health Services

The Children's Special Health Services (CSHS) program administers regional interdisciplinary pediatric clinics, the statewide medical genetics program, newborn hearing screening program and the clinical newborn screening follow-up program. These programs contract with health care providers for high-quality medical services for children and youth with special health care needs.

Often, the cost of treatment is a hardship for families. CSHS serves as a payment source for those children who have limited or no other health insurance coverage. This includes children who have insurance coverage with high annual deductibles, high co-payments or coinsurance. In calendar year 2011, CSHS provided services to 5,810 children through clinic services, financial assistance and resource and referral contacts.

Newborn Screening

Babies born in Montana are screened for 28 metabolic/genetic conditions and hearing loss shortly after birth. When screening tests indicate out of range results, parents and primary care physicians

what difference does

CHILDREN'S SPECIAL HEALTH SERVICES make?

Ask the parents of the 12,017 babies born in 2011 who received screening tests for these life-threatening conditions.

Or, ask the parents of the 5,810 children who received clinical services, financial assistance, or resources and referrals from Children's Special Health Services in 2011.

are notified of the result. Additional testing may be needed. In calendar year 2011, 99.2 percent of all babies received metabolic/genetic screens and 96.3 percent of all babies received hearing screenings. Treatment and follow-up care is provided in-state through specialists at regional pediatric clinics and the Montana School for the Deaf and Blind. Early diagnosis and treatment for these conditions is essential to ensure that all babies lead normal, healthy lives.





Cancer Control Section

The Montana Cancer Control Section works to reduce cancer incidence, morbidity and mortality in Montana. The section includes Comprehensive Cancer Control, Cancer Screening and the Cancer Surveillance and Epidemiology programs.

The Comprehensive Cancer Control Program partners with the Montana Cancer Control Coalition (MTCCC) to coordinate a statewide collaborative effort to implement the Montana Comprehensive Cancer Control (CCC) Plan. The CCC Plan 2011-2016 provides evidence based guidance for cancer control activities in Montana ranging from prevention, screening and early detection of cancer to treatment, research and quality of life issues. Of the 6,096 reportable cancer cases in Montana in 2011, 65% received cancer treatments through one of six Commission on Cancer (CoC) Accredited Hospitals in Montana.

In 2012, a seventh hospital became accredited. Cities with a CoC-accredited hospital are: Missoula, Great Falls, Helena, Bozeman, Billings (2) and Kalispell.

The Cancer Screening Program supports comprehensive cancer control in Montana through education and by providing screening services to age- and income-eligible Montanans. Screening services include: mammograms; clinical breast exams; Pap tests and pelvic exams for early detection of breast and cervical cancers; and colonoscopies and fecal occult blood tests to screen for colorectal cancer.

Since the program's inception in 1996, 28,861 Pap tests and 42,815 Mammograms have been provided to women in Montana. In Fiscal Year 2011, the program provided 5,882 breast and cervical cancer screenings for women and 793 colorectal cancer screening procedures to men and women who otherwise would not be able to afford screening.

The Cancer Surveillance and Epidemiology Program (CSEP) monitors trends in cancer incidence and mortality. The CSEP houses the Montana Central Tumor Registry (MCTR) which collects information on every case of cancer diagnosed and treated in the state of Montana. The MCTR has received national recogni-

what difference does the

CANCER CONTROL SECTION

make?

Ask this client, Judy P., who recently wrote this letter.

"I'd like to thank you for this life-saving program. Thanks to your financial assistance to cover a mammogram, follow-up imaging, ultrasound and biopsy and laboratory charges, my breast cancer was diagnosed early. With this help, I would not have been financially able to pay even for the diagnostic services much less seek treatment before the cancer spread.

I'd also like to thank you for directing to the Medicaid program, which will help me pay for treatment without having to sell my house, which would have been the only way I could possibly pay for my medical treatment.

I'm profoundly grateful that the State of Montana participates in these programs."

tion for data quality and completeness for the past 11 years. The Montana Cancer Control Section uses cancer incidence data from the registry to plan activities and target program resources for maximum impact.

Currently, the primary programmatic focus is increasing colorectal cancer screening for all Montanans age 50-75 rates. Colon cancer is largely preventable through aggressive screening.

The institutionalization of cervical cancer screening has almost eliminated cervical cancer as a cause of morbidity and mortality among American women; widespread screening could do the same for colorectal cancer.

According to Behavioral Risk Factor Surveillance System (BRFSS) data in 2010, 58 percent of Montanans between the ages of 50 and 75 were up to date on colorectal cancer screening, either by a fecal blood test within one year, a sigmoidoscopy within five years, or a colonoscopy within ten years. MCCR's goal as well as a national goal is to increase colorectal cancer screening rates to 70.5 percent of adult Montanans.



Public Health & Safety Division

Food and Consumer Safety

The purpose of the Food and Consumer Safety Section (FCSS) is to prevent illness and injury from consumer products and licensed facilities throughout the state. This is primarily accomplished through facility inspections, training local sanitarians, maintenance of administrative rules and communication with various stake holders, including industry and the public.

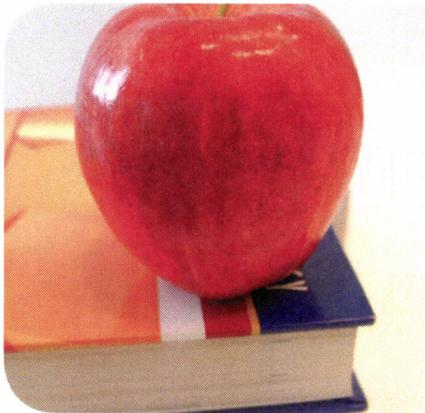
FCSS licenses nearly 12,000 facilities in Montana. The Section works with local health departments to ensure facilities are safe and in compliance with state laws and rules.

Major functions are to:

- Assist businesses in bringing new products and services to market that meet regulations

- Train county sanitarians, school food-service workers, swimming pool operators, tattoo artists and other parties about sound public health practices

- Inspect various licensed establishments not served by a local jurisdiction, such as food manufacturing facilities, swimming pools and body art establishments



what difference does

FOOD AND CONSUMER SAFETY SECTION make?

During 2012—in partnership with local jurisdictions—Food and Consumer Safety licensed and inspected:

- 7,847 food establishments, at the retail and wholesale level
- 1,649 public lodging facilities, including hotels and motels
- 1,317 trailer courts and campgrounds
- 931 swimming pools, spas and water attractions
- 134 tattoo and body piercing businesses

The Section also plays a key role in ensuring sanitation and safety in facilities and institutions that do not require a license, such as schools, childcare centers, senior citizen facilities and detention institutions. These facilities and institutions often serve populations most vulnerable to safety hazards and disease outbreaks, which may spread to the general public.

- Work with community stake holders and other governmental agencies to ensure compliance with applicable codes and rules
- Respond to unsafe product recalls

Economic Security Services

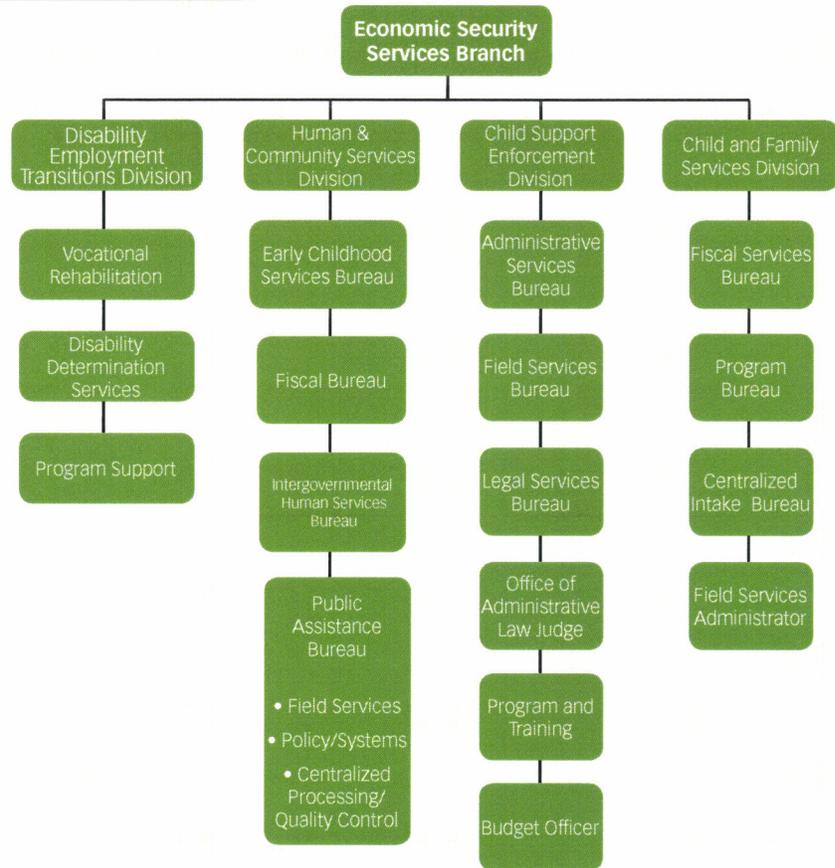


The Economic Security Services Branch, through the combined efforts of the Disability Employment & Transitions Division, Human and Community Services Division, Child Support Enforcement Division, and the Child and Family Services Division, delivers a broad range of social and public health services to communities in Montana.

The Branch Manager supervises the four Division Administrators, helps coordinate legislative strategies, develops an organized approach to family economic security, assists with interdepartmental issues such as system development and tribal relations and develops strategies to deal with reduced revenues.

The Branch is comprised of these divisions:

- Disability Employment & Transitions;
- Human and Community Services;
- Child Support Enforcement; and
- Child and Family Services.



Disability Employment and Transitions Division

The Disability Employment and Transitions Division promotes successful employment and independence among Montanans with disabilities.

The programs that reside in this Division are:

- **Vocational Rehabilitation** assists approximately 8,000 Montanans with disabilities each year in securing competitive, integrated employment.
- **Blind and Low Vision Services** help blind or visually impaired Montanans secure employment and achieve self-reliance through instruction in alternative techniques and tools.
- **Independent Living Services** coordinates independent living services in collaboration with the Statewide Independent Living Council. Four centers for independent living (Billings, Great

Falls, Helena and Missoula) provide services.

- **Disability Determination Services** determine eligibility for the Social Security Administration's Supplemental Security Income and Social Security Disability Insurance programs for approximately 14,000 Montanans each year.

- **The Montana Telecommunications Access Project** operates the Montana Relay and provides services and equipment to ensure approximately 907 Montanans with disabilities can use the telephone.

- **Public Transportation Coordination** coordinates access to Montana's public transportation programs.

- **Transitions Services** promote successful transitions from high school to work and/or post-secondary education.



Economic Security Services

Blind and Low Vision Services

Blind and Low Vision services advance work and independence for Montanans with blindness or visual disabilities. These services assist individuals in finding or maintaining employment, learning to live with low vision or blindness, increasing independence and helping with vision medical treatment. The programs include Vocational Rehabilitation, Business Enterprise Program, Older Blind and Visual Medical.

what difference does

BLIND AND LOW VISION SERVICES

make?

Ask this 81-year-old retired farmer who receives services from Blind and Low Vision Services. He was introduced to multiple low vision devices and program staff helped him choose what would work best for him. He regained the enjoyment of his favorite pastimes: reading, gardening, and fabricating barbed-wire wall hangings. He states: "I can't imagine what I would have done without the assistance and instruction from Blind and Low Vision Services."

Montana Telecommunications Access Program

The Montana Telecommunications Access Program (MTAP) aims to improve the quality of life for all Montanans through education, innovation, and technology by enhancing communications options.

MTAP does this by overseeing the Montana Relay program, which allows people who are deaf to use telephone services, and by offering assistive equipment and services to Montanans whose disabilities make it hard for them to use the phone.

The Montana Relay makes it possible to make phone calls between a standard telephone and a text telephone, of the kind used by Montanans who are Deaf, severely hard of hearing, or who have a speech disability. An operator will relay the call between the two different phones, speaking aloud whatever is typed, so the standard phone user can hear it, and typing whatever is said, so the text telephone user can read it. Montana Relay makes communication by telephone simple, dependable and convenient for people who have difficulty using a standard phone.

MTAP provides services to ensure approximately 900 Montanans a year with disabilities can use the telephone.

what difference does

TELECOMMUNICATIONS ACCESS

make?

Ask this Helena resident. "I depend on my phone for business and social contact; it allows me to live a fuller life."

Or this Bozeman client. "Thank you... thank you... all of you. The equipment that you delivered/shared to use with my mother and father is a great fit."

Or this Stevensville client. "I thought that I would write you a letter telling you about a very fine experience I had with an employee of Montana Telecommunications Access Program. The equipment specialist was helpful setting up the phone and explaining how to use it. By golly, I now have a phone with a printout screen so I can understand who is saying what. Thank you."

Economic Security Services



Vocational Rehabilitation

Vocational Rehabilitation (VR) assists approximately 8,000 Montanans with disabilities each year in securing competitive, integrated employment.

In order to be eligible for these services, clients must meet all three of the following criteria:

- Have a physical or mental disability
- The disability must prevent the

client from getting or keeping a job

- The client must need VR services to help get or keep a job.

A video that showcases this program is available on the DPHHS website at <http://www.dphhs.mt.gov/detd/vocrehab/index.shtml>



what difference does

VOCATIONAL REHABILITATION

make?

Ask East Helena native **Kevin Connolly**, who was born without legs. He has downhill skied competitively and is a photographer. Kevin states: "Over the years I've been asked if I have been bitten by a shark or in a car accident. Being born without legs has given me the added challenge of figuring out what to do with my life and my career, and, more importantly, how to do it. I learned about Voc Rehab through my high school counselor. I was at first not sure what Voc Rehab was about. I think part of that was because it's a wide and expansive program. The level of service offered goes anywhere from very close counseling to guiding you to an occupation once you get out of school. That was the most valuable thing Voc Rehab offered me."

Or, ask **Chris Clasby**, who has a physical disabil-

ity of quadrapelgia from a spinal cord injury suffered in a car accident when he was 18. Chris states: "There was some fear and uncertainty. Obviously a lot of questions I had were about employment. I soon realized that Voc Rehab could help me pursue some of my job goals. Voc Rehab meets an individual where his or her interest and potential lie."

Or ask Missoula's **Barb Schiedermayer**, a Voc Rehab counselor. She states, "Voc Rehab is about helping young people who live with disabilities, transition from school into the world of work. It's all about finding what you enjoy most, followed by your abilities, those things you do well. And, we bring those things together in a job goal. When we do that, we have some magic."



Economic Security Services

Human and Community Services Division

The Human and Community Services Division (HCSD) plans, administers, and provides safety net support programs for eligible Montanans. HCSD programs are designed to help both low employment and no or limited income households meet basic human needs for food, shelter, heat, healthcare and childcare. HCSD's statewide presence provides both short and long term solutions. Montana children make up more than half of those receiving program benefits.

The Division determines eligibility through processes that include application, verification, maintenance and renewal.

The Division administers the following public assistance programs through its Field Services Bureau and Policy and Systems Bureau: **Healthy Montana Kids, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance to Needy Families (TANF)**. The Division has begun a multi-year effort to implement an improved model of service delivery related to these programs called Service First. Service First is a process to align all programs' policies, streamline application and interview processes, and maintain accuracy and oversight while simultaneously creating stronger customer service and efficiencies in state-wide operations. Program eligibility determination can occur over the phone, online, or in person at local field offices.

The Division also administers the **Low Income**

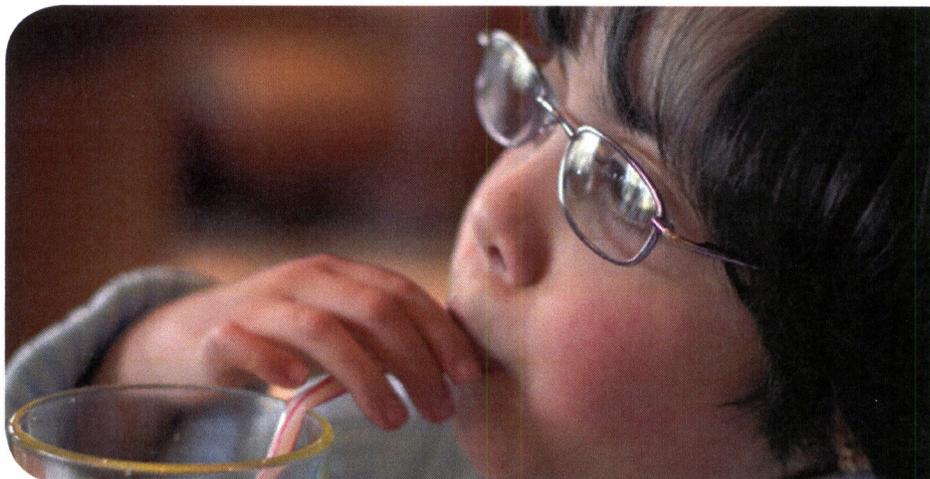
Energy Assistance Program (LIEAP), the Weatherization program, and the Community Services Block Grant through Human Resource Development Councils (HRDC) across the state.

The Intergovernmental Human Services Bureau (IHSB) provides assistance for homeless populations and also manages the state warehouse for the commodity food program.

The Early Childhood Services Bureau (ECSB) is home to many of the state's early childhood initiatives including the **Best Beginnings Advisory Council, Head Start State Collaboration, and Early Childhood Comprehensive Systems**. The **Best Beginnings Child Care Scholarship** program helps low-income, working families pay for child care. The bureau supports early childhood programs and staff. Through the **Child and Adult Care Food Program (CACFP)**, meals are reimbursed in child care facilities. Other initiatives in support of child care programs include **Best Beginnings STARS to Quality** and other professional development programs. In addition, the ECSB serves pregnant and parenting teens in partnership with local communities.

Many of the Divisions' programs are provided by approximately 1,900 local agency contracts.

Approximately 90% of the division's 502 full-time employees are located in 40 field offices spread across the state.



Economic Security Services



Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, now serves one in eight Montanans. The program



helps struggling Montana families put food on the table. Use of this program is usually reflected by current economic conditions.

In FY12, an average of 126,000 individuals received SNAP benefits. SNAP recipients use EBT

what difference does

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM make?

As of June 2012, SNAP successfully determined eligibility and provided benefits to 7.47% more individuals than in June of 2010. For every \$5.00 in SNAP benefits issued, \$9.20 is generated in local economic activity.

cards, which are similar to debit cards, to purchase food in authorized retail stores. For every \$5 in SNAP benefits issued, \$9.20 is generated in local economic activity. Montana Offices of Public Assistance help determine program eligibility or people can go online to apply at <https://app.mt.gov/mtc/apply/index.html>

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) plays a vital role in assuring the nutritional quality of meals and snacks served to eligible children and adults, and making care more affordable for many low-income families. The program serves participants in Montana statewide in all counties and all Indian Reservations.



what difference does

CHILD & ADULT CARE FOOD PROGRAM make?

Ask the 15,250 children who received a nutritious meal because of this program.

The program provides reimbursement, technical assistance, and training so that care facilities can provide nutritious meals and snacks.

Children come hungry to meals and leave with the nutrition and energy they need to grow, play and learn. CACFP meals inspire the stability, sufficiency, trust, confidence and health children need to succeed.

In FY 2012, 1,095 child care facilities participated in the CACFP serving 7.8 million meals.

The program also trained more than 186 childcare directors and 213 cooks in food service program management, menu development and child nutrition.



Economic Security Services

Commodities Distribution Program

Through the Commodities Distribution Program (CDP), nutritional foods are delivered to Montana's American Indian Reservations, food banks, emergency-feeding organizations and senior centers. It also provides monthly food packages for women, children and seniors living on low incomes.

Approximately nine out-going semi-truckloads per week full of food commodities are distributed to food banks, tribal programs and senior citizens weekly. In 2012, approximately 9.7 million pounds of commodity foods were distributed through four commodity programs.

Food is distributed through the Food Distribution Program on Indian Reservations,



Commodity Supplemental Food Program, Emergency Food Assistance Program, and Nutrition Services Incentive Program.

The CDP also warehouses; sets up orders and loads private carriers with National School Lunch Program USDA purchased commodity foods in cooperation with the Office of Public Instruction.

The Commodity Distribution Warehouse delivered 30 truckloads of firewood throughout Montana during the 2011-12 winter months for a total of 300 cords of firewood for low income

what difference does

COMMODITIES DISTRIBUTION PROGRAM

make?

Ask seniors in the Flathead Valley who receive food from the Flathead Food Bank courtesy of the Commodities Distribution Program. The program helps elderly people at least 60 years of age by supplementing their diets with nutritious foods.

The Flathead Food Bank has about 40 volunteer drivers that come in on a monthly basis to deliver bags to 627 seniors valley wide.



families to assist them with their heating needs. Firewood deliveries are in progress for 2012-13.

Food distributed in FY 12 (in pounds)

- Nutrition Services Incentive Program = 350,000
- Food Distribution Program on Indian Reservations = 3.5 million
- Emergency Food Assistance Program = 2.4 million
- Commodity Supplemental Food Program = 3.0 million
- National School Lunch Program = 375,000

Economic Security Services

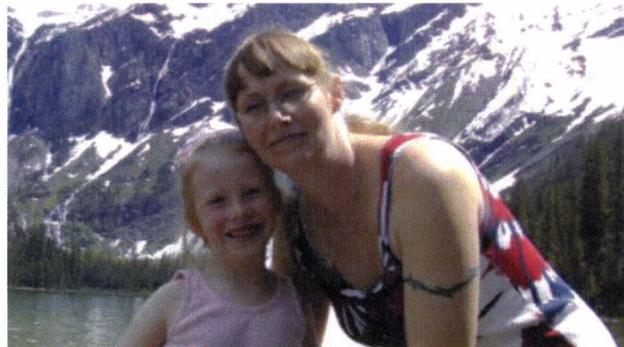


Temporary Assistance for Needy Families

Temporary Assistance for Needy Families (TANF) provides cash assistance to families in need. Cash assistance is limited to 60 months in an adult's lifetime for qualified applicants.

The program helps people move to employment and economic security.

In Montana, an average of 8,162 Montanans receive TANF in 3,333 households each year.



what difference does

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

make?

Ask the 44 Montanans who have benefited from Parents As Scholars Program.

The 2011 Legislature created the Parents as Scholars Program, which provides that some TANF recipients be allowed to attend an approved vocational/educational program for the purpose of continued education.

PAS participation is limited to 25 slots statewide. Since its implementation in August 2011, a total of 44 individuals have been enrolled in the PAS Program.

Participants attend a variety of schools in programs to attain their Associates and Bachelor level degrees. Some students are studying for their GED while others are attending trade schools or a component of the Montana University System.

To date, students have completed their degree to become a paralegal, medical assistant, dental assistant, cosmetologist or nurse.

...Or ask this single mother of a 2-year-old boy who was approved for the PAS immediately after using her 12 months of Short Term Training. She also earned her dental assistant degree in June 2012 and plans to become a dental hygienist by 2013.

...Or ask Jennifer, who has graduated from the Academy of Hair, Skin and Nails. She is looking forward to taking the State Boards and feels confident she will pass so she can become a licensed cosmetologist. In spite of her numerous challenges in her life and raising a child with special needs, she was persistent with her education and has persevered. Jennifer is excited about her future and eager to go into business for herself.

....Or ask Tami. She is currently attending school in the nursing program at Miles Community College. Upon graduation, her plan is to increase her employment hours working with a local health care facility while seeking a more permanent nursing position.

...Or ask Elizabeth, who through TANF funds and the help of Community Action Partnership was able to get back on her feet. In short she writes: This is my story. With the help of TANF, I was able to get through major changes and difficulties that came into my life and how I learned how to deal with them. I learned that sometimes it is ok to ask for help. I also learned how to help myself.



Economic Security Services

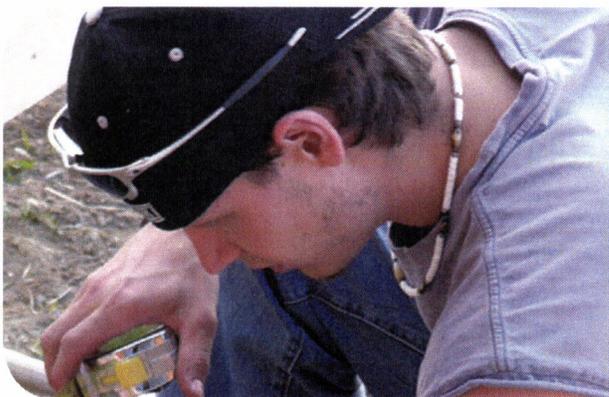
Work Readiness Component

Work Readiness Component (WoRC) provides intense case management services to Temporary Assistance for Needy Families (TANF) participants that focus on employment and training activities leading to self-support. WoRC also assists participants with a defined physical and/or mental disability in the federal disability benefit application process.

The WoRC objectives are to:

- Assist families to become self-supporting;
- Create employment opportunities, through case management, which assist the participants to achieve their individual employment and/or alternative to public assistance reliance goals;
 - Provide case management and supportive services to assist participants in obtaining employment;
 - Provide case management for six months after an individual's case closes due to employment; and
 - Maximize available funding to optimize community coordination and prevent duplication of resources at the local level.

The local Office of Public Assistance begins the process. When a family applies for TANF cash assistance, the OPA caseworker completes an initial assessment for the household's adult members. Based on the assessment, the OPA caseworker sends an electronic enrollment referral to the WoRC operator. The WoRC operator engages the participant in meaningful activities by providing priority appointments for activity planning.



what difference does

WORK READINESS COMPONENT

make?

Ask Pegi, a former TANF and WoRC programs recipient, the two programs that helped her get through school. Pegi began taking public assistance in 2009 at the age of 24. She had completed four quarters of pre-nursing at SKC without TANF. In 2009, she was accepted into a state nursing program.

Pegi carefully planned her use of Short Term Training but it still was not enough to get her through finishing pre-nursing and both years of nursing so she completed other activities while in her final year of nursing.

She worked hard month after month, never losing sight of her ultimate goal.... to succeed in a profession that would allow her to provide well for her daughter.

After years of work, she graduated on time and passed the State Boards the first time she took it.

She is now happily employed for \$25.65/hour with benefits at St. Joseph Hospital. She is also renting a very nice duplex while she looks for a house to buy. She said her financing is all in place but she is being "very picky" about the house she buys. She is also looking for a new car but is being picky about that purchase too. Pegi said it was good to know that she can be picky about those kinds of purchases and great to know she will never need public assistance again.

Economic Security Services



Best Beginnings Quality Programs

DPHHS is dedicated to helping children and families succeed by increasing the affordability, accessibility and quality of early care and education. There are several programs available that assist in this effort.

- The Best Beginnings Childcare Scholarships helps qualified working families find and afford high quality child care.
- The Best Beginnings Quality Programs promote children's learning by improving the quality of Montana's early care and education and after school programs.
- The Best Beginnings STARS to Quality is a continuous quality improvement program for early childhood education in Montana.
- School Readiness provides information about how young children develop and how parents and professionals can best support early learning.

what difference does

BEST BEGINNINGS QUALITY PROGRAMS make?

In Fiscal Year 2012, 6,522 families were served through Best Beginnings scholarships, which translates to 10,663 children who received child care scholarship assistance. In addition, Best Beginnings supports 3,408 child care providers, including licensed and registered centers, group or family day care homes, and legally certified (informal care) providers.

Because of STARS incentives child care programs have improved their staff's skill level, improved their children's environments, allowed for staff raises, invested in professional development, and provided for family involvement/educational opportunities. The Salish Kootenai College Child Care Center recently improved their outdoor recreation area.

Low Income Energy Assistance Program

The Low Income Energy Assistance Program (LIEAP) is a federally-funded program that helps low-income households with their energy bills.

On average, about 23,600 Montana households receive assistance with seasonal heating bills through LIEAP.

Due to rising energy costs and hard economic times, demand for assistance has grown from 18,921 families in 2008 to 24,165 in 2011 to 23,603 in 2012.

All records and information provided by clients is kept confidential.

DPHHS also provides a toll-free number at 1-800-332-2272 for those seeking assistance.

Montanans can apply for energy assistance at several locations across Montana, including one of 10 local Human Resource Development Councils (HRDCs), the seven Tribal Energy Assistance Offices or the North Central Area Agency on Aging Office on Conrad. The 10 HRDCs are located in Glendive, Havre, Great Falls, Lewistown, Billings,

what difference does

LOW INCOME ENERGY ASSISTANCE make?

Ask this LIEAP client.

Just wanted to let you know how thankful and grateful we are to be found eligible for energy assistance this year, it is not a small thing to us. My husband had two major surgeries in the last three months and we were pinching pennies to stay warm. Thank you also for the energy reducing cost advice to help stretch those dollars.

...Or ask these Seniors. Many, many thanks for the help with LIEAP. It has been a real blessing to us both. We are age 86 and 87 and we really needed help. Bless you all.

Helena, Bozeman, Kalispell, Missoula and Butte.



Economic Security Services

Child and Family Services Division

The mission of the Child and Family Services Division (CFSD) is: Keeping Children Safe and Families Strong. CFSD works three hundred and sixty five days a year, twenty-four hours a day, to fulfill its mission. CFSD is responsible for ensuring the safety, permanency, and well-being of children who have been victims of, or are at substantial risk of being victims of, child maltreatment. CFSD provides child protective services from field offices located in 37 counties. CFSD is also comprised of a Field Services Unit and three bureaus.

Child Protection Specialists in the Division investigate reports of child abuse, neglect and abandonment, provide services to prevent foster care placement or to quickly reunite families, arrange foster care for children who cannot safely remain at home, and implement alternate permanency plans for children who cannot safely return home. Regional staff also conduct foster and adoptive home studies, provide permanency services, facilitate family decision-making meetings, and help to ensure the provision of transitional living services to youth aging out of foster care.

CFSD operates the foster care, adoption and guardianship programs that provide temporary and/or permanent placements for children in the child protection system when they are unable to safely return to the home from which they were removed.

Although certain professionals are mandated to report child abuse or neglect, anyone who believes a child has been physically or sexually abused or neglected may report to the DPHHS Child Abuse Hotline at 866-820-KIDS. This toll-free hotline is open 24 hours a day, seven days a week.

The Program Bureau administers interstate compacts for foster care and adoption, licenses adoption agencies, and administers grants for programs involving domestic violence prevention, access,

visitation, child abuse and neglect. This Bureau also manages the Children's Trust Fund and the Children's Justice Act. The Bureau coordinates State and Federal relations for developing federally required plans, contract monitoring, and program compliance. The Bureau drafts administrative rules and policy and provides technical assistance and support to field staff in the areas of in-home/reunification services, family support and preservation, child protective services, foster care, guardianship, adoption and permanency, independent living, and the Indian Child Welfare Act.

The Operations and Fiscal Bureau manages and coordinates financial activities, information systems, legislative budget preparation, evaluation and benchmark analysis, and coordination of supplies, leases and equipment. This Bureau includes the Social Security Income Unit, which applies for SSI/SSB benefits on behalf of children in foster care. The Bureau also houses the Title IV-E Unit, which determines whether or not each child placed in foster care is eligible for this Federal foster care funding.

The Field Services is responsible for working to ensure consistency across the state-wide child protection system regarding the provision of high-quality services, implementation of best practices, compliance with state and federal law, and compliance with CFSD policy in the field. This position oversees five Regional Administrators across the state; as well as, the Centralized Intake Bureau Chief. The state's five Regional Offices are located in Miles City, Billings, Great Falls, Helena and Missoula, with staff in 39 counties. The Centralized Intake Bureau is located in Helena and is responsible for operating the statewide child abuse hotline. This Bureau receives all reports of suspected child abuse, neglect or abandonment statewide from mandatory and discretionary reports, and is available seven days a week, 24 hours a day.

Economic Security Services



Foster Care

Children placed in foster care range in age from infants to teenagers. They come from many different backgrounds and reflect the cultural diversity of the state. On June 30, 2012, 1,887 Montana children were in foster care because they had been abused, neglected, or abandoned by their parents or other caretakers.

Anyone who is at least 18 years of age and in good physical and mental health may apply to become a foster parent. Single people, couples, people with or without children, all may be eligible. What is most important is the ability to provide an environment that protects and promotes the well-being of a child or children.

Some important characteristics of foster parents are strong parenting skills (or the ability and willingness to develop these skills), time and energy to invest in a child's life, and a genuine concern for the well-being of children and their families.



what difference does

FOSTER CARE

make?

Ask the children that foster parents Roberta and TJ Haynes of Arlee have cared for.

Making a difference in the community and in the lives of children can be one of the most important and rewarding experiences a family can have. For a couple in Arlee, it recently became a rewarding experience as well.

The Department of Public Health and Human Services honored Roberta and TJ Haynes for their dedication in preventing child neglect as one of two Resource Parents of the Year at the Prevent Child Abuse and Neglect Conference on Tuesday, April 17, 2012.

That effort began 11 years ago for the Haynes family when Roberta was working at St. Ignatius Elementary School with an 8-year-old child who lost both parents in a nine-month span.

"I made a call to social services and they didn't know what would happen to him," Roberta Haynes said. "I asked if I could take him. I went and got licensed. Later, they asked if I could take his little brother and it snowballed from there."

The siblings were the first of 10 children to come through the Haynes' home over the last 11 years. Now 19, the first of the children Roberta and TJ took in has graduated high school and is tackling the world himself.

"He's a great kid," Haynes said. "We were young parents and didn't know what we were

doing, but he turned out OK. He's a good kid and has overcome a lot of obstacles."

The young parents have also turned out OK, doing a commendable job supporting children in need in the area through their tireless efforts.

"We strive for reunification and want to see the children with their parents," Haynes said. "Sometimes that doesn't work.

"We enjoy giving them a safe place with loving parents," Haynes added.

The Haynes' have had the help of family and friends through the years, something they've cherished.

"We definitely couldn't do it without the support of the Arlee community," Haynes said. "My husband's family lives next door and Grandma's there at our beck and call. We couldn't do it if it were just TJ and me. Everybody has been great."

Because of that support, the Haynes' were honored by the DPHHS, but to them, it's not about accolades.

"To me, it's no big deal," Haynes said. "This is what we do. It's our responsibility as humans to take care of these kids."

In the grand scheme of things, the award may be no big deal, but it is definitely well-deserved and the impact that the Haynes family has had on the lives of area children is most certainly honorable.

By Dylan Kitzan



Economic Security Services

Centralized Intake

The toll-free Child Abuse Hotline at 1-866-820-KIDS (1-866-820-5437) is available 24 hours a day, 7 days a week for Montanans to report suspected child abuse and neglect. The calls are received by Centralized Intake Specialists who take the information from the reporter and determine whether it meets the Montana statutory requirements to be referred to the appropriate Child and Family Services field office to be investigated.

This method of reporting assures that reports are assessed and categorized in a consistent way throughout Montana. It also allows local child protection specialists more time to focus on spending time with children, youth, and families completing investigations and developing and implementing intervention services to allow children to safely return home if at all possible.

what difference does

CENTRALIZED INTAKE

make?

Ask the thousands of Montanans who utilized the service to report suspected child abuse or neglect.

In SFY 2012, Montana citizens called Centralized Intake 33,684 times; 15,300 of the calls were entered into the CFSD automated system. Of the 15,300 calls entered into the automated system, 8,648 required investigation and 5,288 contained additional information on open reports being investigated. The remainder of the calls entered into the system were either requests for services referrals or information only. In SFY 2012, CFSD placed 1043 children in out-of-home care.

Family Finding

Family Finding is a set of strategies being used throughout the United States and in the Province of British Columbia to find lifelong support for children and young people in foster care. The founder of Family Finding is an internally known permanency expert, Kevin Campbell. He is the founder of the Center for Family Finding and Youth Connectedness.

During the past biennium, the Child and Family Services Division trained 25 staff, including Child Protection Specialists, Permanency Planning Specialists, and Family Group



Decision Making Meeting Coordinators, from across the state. The extensive training occurred over nine months and involved learning the six steps to the Family Finding model: Discovery, Exploration, Planning, Decision-Making, Evaluation, and Follow-Up.

The training included a Montana Family Finding pilot project. The pilot involved Family Finding for 18 youth who had been in foster care for over three years, without a permanent placement identified. As a result

what difference does

FAMILY FINDING

make?

As one Child Protection Worker stated, "D. has been in care for a little over six years. He has been in and out of group homes and residential treatment centers with brief stays in therapeutic foster homes.... For a child who has not felt like he was a part of anything in a long time it is really cool, as his social worker for the past 4 years, to see him settling in to a home that will support him and his connections to his family."

CFSD continues to apply the Family Finding model to cases across the state with ongoing successes for youth who previously had no permanency.

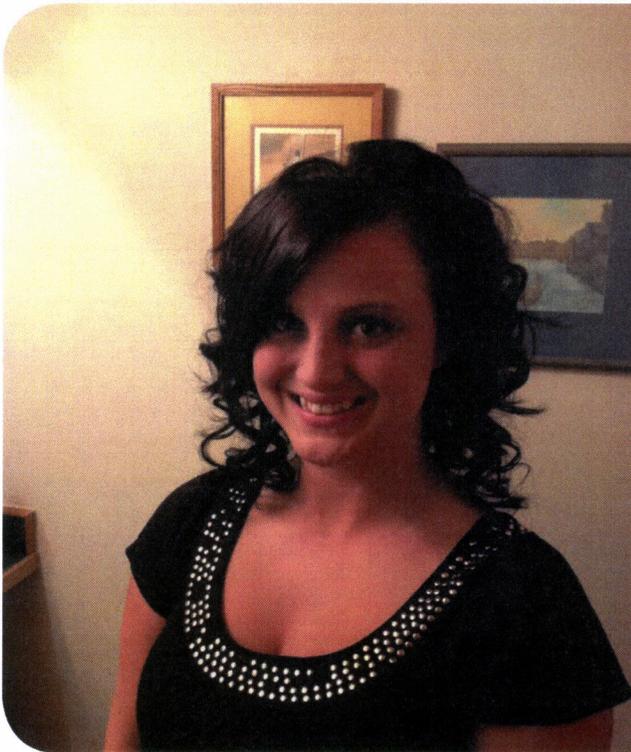
of the pilot, 523 previously unidentified relatives and people with significant connections to these youths were identified and contacted. On average, 29 such individuals were located for each youth. Over half of the youths in the pilot found permanency and/or developed lifetime connections to support them in their transition out of foster care. Furthermore, worker's ratings regarding safety and emotional well-being outcomes for the youth in the pilot significantly improved.

Economic Security Services



Foster Care Education and Training Voucher

The Foster Care Education and Training Voucher (ETV) program provides resources to meet the post-secondary education and training needs of youth aging out of the foster care system. This program makes vouchers of up to \$5,000 per year available to eligible youth attending institutions of higher education.



Dannielle

In many cases, youth aging out of foster care don't have the same support system as youth growing up in their birth or adoptive families. This means that these youth have fewer resources to help them apply for and

what difference does

FOSTER CARE EDUCATION AND TRAINING VOUCHER make?

Dannielle Farmer, a former participant, states, "College Prep Camp helped me prepare for college by teaching me about financial aid. It also gave me the opportunity to talk to other kids in college to learn about classes, dorms, and other college life. I knew where to go for help with a class or when I had questions about the dorms, and I feel that the College Prep Camp helped prepare me for tough college situations."

succeed in postsecondary education. These factors, in combination with rising school costs, can create barriers for youth in foster care who wish to pursue further education after high school. The ETV program assists them by helping offset the cost of books, lodging, tuition, and other school related expenses. The goal is to ease the transition of a youth in foster care for youth entering a postsecondary institution.

In addition to the ETV program, the Child and Family Services Division, also works closely with Student Assistance Foundation to put on an annual College Prep and Computer Camp that gives attendees the opportunity to experience college life as it is held on a college campus. Youth who attend also receive training to help them prepare for postsecondary education. This camp gives youth the opportunity to tour two-year college facilities, to learn about financial aid and how to apply, and allows them to take classes in basic computer skills.



Economic Security Services

Child Support Enforcement Division

The Child Support Enforcement Division (CSED) assists people with their child support needs. The Division central office is located in Helena with four field offices in Billings, Butte, Missoula and Great Falls.

CSED is often the only affordable place that people can go to have paternity established, support payments calculated and orders enforced or modified. The division also locates absent parents and helps keep children insured with their work in medical support enforcement.

Individuals who receive public assistance under the Temporary Assistance to Needy Families Program (TANF) are automatically referred to the CSED. Support owed to the family is assigned to the State as a condition of receiving TANF. When child support is collected, it helps reimburse the State and Federal governments for benefits paid to participating families.

Individuals who do not receive public assistance may still apply for Division services. In non-TANF cases, child support collections are forwarded to the custodial party. Other states refer cases to Montana for action when a noncustodial parent lives in Montana. CSED also collects parental contributions to the State for foster care placements.

Regular child support collections help TANF families transition from dependency to self-sufficiency and help non-TANF families maintain economic self-sufficiency. Requiring obligated parents to provide medical support coverage for their children also saves Medicaid dollars and ensures that children have access to medical care.

CSED now puts child support payments on the U.S. Bank ReliaCard. The U.S. Bank ReliaCard is a VISA debit card and can be used wherever debit cards can be used. The card allows customers the flexibility of making on-line purchases such as school lunches. Customers also get a monthly statement showing transactions and account balance.

what difference does

CHILD SUPPORT ENFORCEMENT DIVISION
make?

Ask these clients ...

"Thank you for responding to my February 15 request. It give me sincere joy that someone actually cares about the support of assisted children....It's services that you give that makes living life a little easier. Thank you for caring about the welfare of my children. I promise to pay Montana Child Support Services every penny for taking care of my responsibilities!"

"It's been great working with you over the years. I had a lot to do and CSED was always so helpful and kind to me. Right from the start...Thanks again for your support."

"I am requesting that the hearing scheduled for April 18, 2011, be cancelled. Thank you for all of your help. This has been the best experience I have ever had with a support division and I thank you for restoring my faith."

Over 400,000 payments were processed in the last fiscal year. The vast majority of these payments were distributed electronically through Direct Deposit (12,061 cases) or Reliacard (14,061 cases).

During State Fiscal Year 2012, the CSED collected a record amount \$70 million. In March 2012, the CSED collected a record amount for a single month, \$7,356,706.

Since it's inception in 1976, the CSED has collected \$1,097,907,535.

Medicaid and Health Services



The Medicaid and Health Services Branch is the umbrella for programs that provide health coverage, mental health and chemical dependency services and specialized services for people with developmental disabilities. The Branch operates six state facilities. By combining Medicaid and other health care services under one Branch, the Department can coordinate and optimize efficient delivery of services.

The Branch has four Divisions and one major Program:

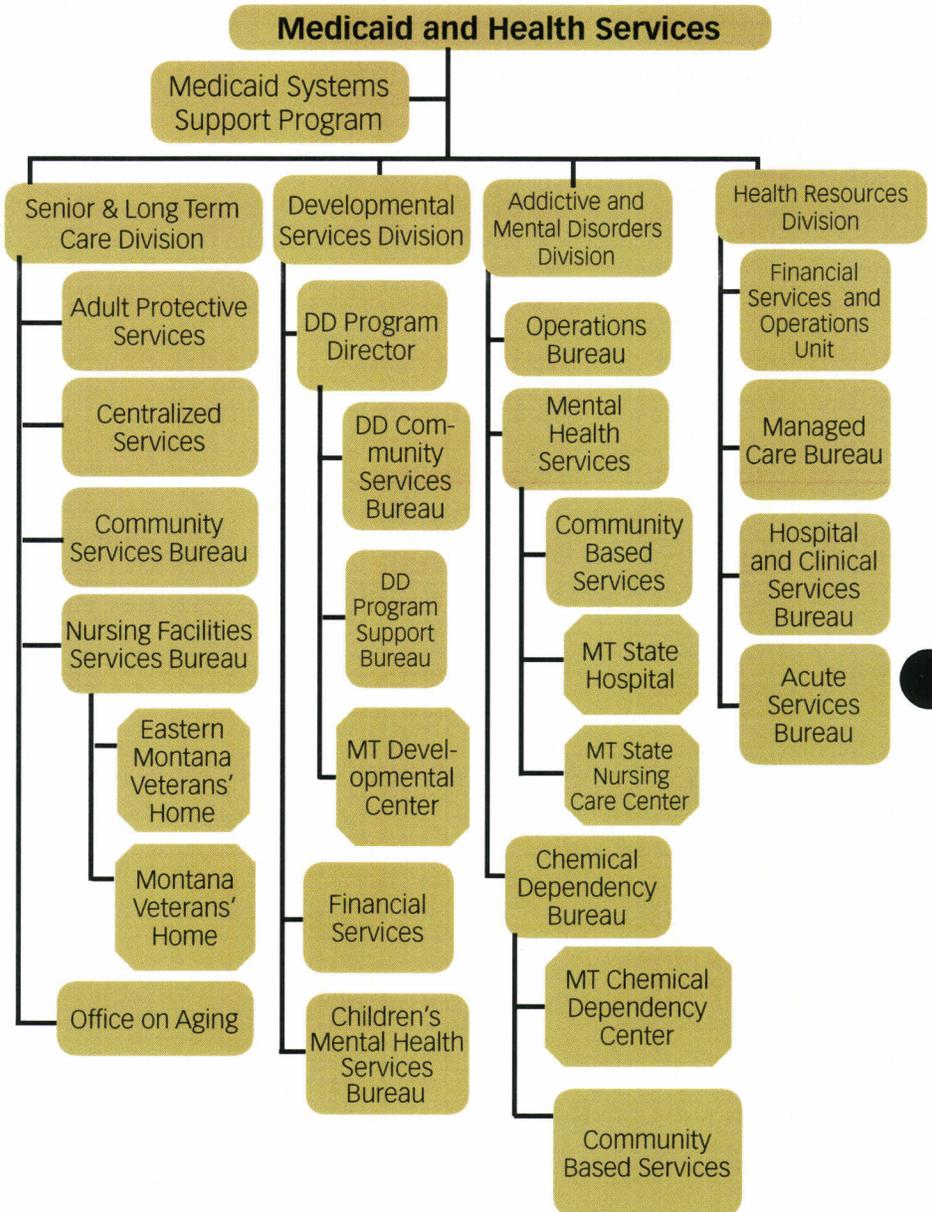
- Senior and Long Term Care Division;
- Developmental Services Division;
- Addictive and Mental Disorders Division;
- Health Resources Division; and
- Medicaid Systems Support Program.

The Medicaid and health services provided through this Branch share the common goal of assisting people to live healthier lives and more actively participate in their communities.

A full continuum of services is provided; each Division strives to treat people at the least restrictive level of care, in terms of cost and disruption. For long-term services, care in the home and community is emphasized over institutionalization.

For more acute needs, care by community providers rather than hospitals or residential settings is preferred. Clearly, though, it is necessary to recognize and support the needs of the minority of people who require treatment at more intensive levels of care.

These needs may be met at the Montana State Hospital, community hospitals, nursing care facilities, the Montana Developmental Center, the Montana Veteran's Homes, and the Montana Chemical Dependency Center.





Medicaid and Health Services

Senior and Long Term Care Division

The Senior and Long Term Care Division (SLTC) plans, administers, and provides publicly-funded long-term care services for Montana’s senior citizens and persons with physical disabilities. The Division also provides education and support regarding aging and long-term care issues for Montanans of all ages. The Division is charged with serving three key groups of people:

- Senior citizens who are in need of or who are planning for long term care;
- People with serious disabilities who are in need of long term care and who are not developmentally disabled; and
- Baby Boomers who are helping their parents as they age or planning to meet their own long term care needs in the future.

The Division makes services available through six major programs:

- **The Office on Aging** develops the State plan on aging and approves service delivery plans and programs developed by 10 Area Agencies on Aging located across Montana. Among the services provided by the Area Agencies are senior centers, Meals on Wheels, health services, transportation, public education, information and assistance, long-term care ombudsman and other services.

- **The Medicaid Community Services Program** pays for in-home, assisted living and other community-based services (e.g., the home and community based services waiver that allows alternatives to nursing home care for Medicaid-eligible individuals).

- **The Medicaid Nursing Facility Program** pays for short- and long-term nursing care for Medicaid-eligible individuals in 81 Montana nursing homes. Nursing home care comprises



the largest portion of the Divisions’ budget.

- **Adult Protective Services** employ 41 adult protective services social workers across the State. Their duties include investigating allegations of abuse, neglect and exploitation of the elderly and people with disabilities. They also arrange for and coordinate a variety of support services aimed at protecting vulnerable people from abuse, neglect and exploitation.

- Skilled nursing facility care is provided to veterans at the 105-bed **Montana Veterans Home (MVH)** in Columbia Falls and the 80-bed **Eastern Montana Veterans Home (EMVH)** in Glendive.

- **The State Supplemental Payments Program** pays a portion of the room and board costs for individuals who are eligible for Supplemental Security Income (SSI) and who are residing in designated residential care facilities. Funding for the State Supplement program is completely (100%) derived from State general funds.

Medicaid and Health Services



Aging Services

Aging Services are geared to serving Montana residents aged 60 and over. The services provided allow seniors to remain independent. Older adults are offered choices in living and care arrangements, and programs are designed to protect their rights and autonomy.

A variety of food and nutrition programs are offered through Montana's Aging Network. They are funded by federal Older Americans Act and USDA funds, state and local dollars and client contributions. The main goal of the programs is to enable older adults to remain healthy and independent within their homes and communities. The Office on Aging develops the State Plan on Aging and approves service delivery plans and programs developed by Montana's ten Area Agencies on Aging.

Additional benefits include:

- Promoting health and preventing disease;
- Reducing malnutrition risk and improving nutrition;
- Reducing social isolation; and



- Linking older adults to community services. Those who are eligible for services include:
 - People aged 60 years of age and older and their spouses, no matter the spouses' age;
 - Disabled persons residing with a person 60 years of age or older; and
 - Disabled individuals residing in housing facilities for the elderly where congregate meals are provided.
- Others may also participate, but must pay the full cost of the meal.

what difference does

AGING SERVICES

make?

Ask one of the nearly 6,928 individuals who received a meal from the Meals on Wheels program.

Home Delivered Meals or Meals on Wheels target those seniors who are unable to get to meal sites for a congregate meal. The vast majority of home delivered meals are served hot, but they can be delivered cold, frozen, dried, canned or as supplemental foods. Meals must comply with the Dietary Guidelines for Americans. Each site determines the frequency of meals served per week. Meals on Wheels is one of the many programs offered through the aging network to the over 58,000 senior senior citizens in FY 2012.

In 2012 there were 693,818 meals delivered to about 6,928 persons all across Montana by 137 home delivered meal providers.

Or ask the 22,678 seniors who participate in the Congregate Meals Program....

Congregate Meal Programs are generally housed by senior centers, although churches, fraternal organizations, nursing homes and restaurants can

also serve as meal sites. Meals must comply with the Dietary Guidelines for Americans. In FY 2012, 1,193,403 congregate meals were served to 22,678 persons through approximately 173 meal sites.

Or ask the Governor's Conference on Aging participants.

This conference provides information on issues important to Montana's aging population. Starting in 2009, rather than one big event, three smaller conferences were offered. Attendance more than doubled to about 550.

The event brings together Centenarians from all over Montana to be honored and to share their story.

Butte's Fannie Leding, age 102, said her secret to longevity is "three meals a day, hard work and faith," and the most amazing event in her life is "living through the Depression, seeing all 10 of her children grow up and seeing Roosevelt elected President."

Mary Favero of Red Led Lodge was born in 1912 in Yugoslavia. She said her most memorable event was "coming to America" in 1921. She said her secret to longevity is to "keep moving even when it would be easier to just sit."



Medicaid and Health Services

Adult Protective Services

Adult Protective Services are provided by the Senior and Long Term Care Division of DPHHS to reduce or remove the risk of physical or mental harm that has occurred or is occurring to a person, as a result of abuse neglect or exploitation.

These services are provided to persons over the age of 60, physically or mentally disabled adults and adults with developmental disabilities who are at risk of physical or mental injury, neglect, sexual abuse or exploitation.

Adult Protective Services are emergency intervention activities which may include: investigating complaints, coordinating family and community support resources, strengthening current living situations, developing and protecting personal financial resources and facilitating legal intervention.

what difference does

ADULT PROTECTIVE SERVICES

make?

Ask the nearly 4,100 Montanans who received some form of assistance through this program in FY12.

The number of vulnerable people living in Montana communities has grown rapidly over the past few years; the demand for the services provided by APS workers continues to increase. Investigations of allegations of abuse, neglect and exploitation have increased from 5,500 in 2010, to 5,974 in 2011 and have inched up slightly to 6,007 in 2012. Of the 6,007 allegations received 63% were related to neglect, 21% to exploitation and 16% to abuse referrals.

Hospice and Home Health

Hospice is a program that provides health and support services to the terminally ill and their families. This approach to treatment recognizes the patient's impending death and as a result, palliative/comfort care, rather than curative care, is delivered. Services are provided in the consumers' home or for a resident in a nursing facility to augment services being provided by family or other caregivers.

Home Health services are medically necessary nursing and therapy services provided in the residence of Medicaid consumers. Services are designed to be delivered on a part time or intermittent basis to

what difference does

HOSPICE & HOME HEALTH MAKE

make?

In FY 2012 there were approximately 370 people who used the **Hospice** benefit. In fiscal year 2012 hospice expenditures were approximately \$4 million.

In FY 2012, approximately 350 people utilized **Home Health** services. Home health expenditures for fiscal year 2012 were approximately \$326,000.

prevent or delay institutionalization. These services must be ordered by a physician and provided by a licensed and certified home health agency.

Personal Assistance Program

The goal of the Personal Assistance Services program is to prevent or delay institutionalization by providing medically necessary maintenance or supportive care in the home. Montana has provided Medicaid Personal Assistance Services since the late

1970's. In FY 2012, more than 3,500 people received personal assistance services across Montana at a total cost of \$42 million. As an entitlement program, there are no restrictions based on age or disability, rather services are authorized based on functional limitations.

Medicaid and Health Services



Legal Services Developer Program

The DPHHS Legal Services Developer provides elder law training and resources for seniors, family members and social outreach workers. The program also develops pro bono and local legal services referrals, training materials and telephone assistance to seniors on related matters.

The Legal Service Developer Program has developed legal document clinics for persons age 60 and older. The purpose of the clinics is to assist persons in need of basic legal documents that they would not otherwise be able to complete due to fixed or limited income. The documents include Power of Attorney for financial & health care; declaration of living will; declaration of living will appointment; revocation of declaration of living will appointment; declaration of homestead; beneficiary deed; revocation of beneficiary deed; simple will and affidavit of death.

In 2012, eight legal document clinics were held in Helena, Glasgow, Great Falls, Conrad, Missoula, Sanders County, Miles City and Glendive.

Thus far the program has completed about 830



legal documents for individuals who could not afford an attorney. The program has also recruited over 40 legal volunteers (attorneys & paralegals) to assist persons 60 and older in completing their documents.

what difference does

LEGAL SERVICES DEVELOPER PROGRAM

make?

Below are comments from recent program participants

Participant A: I feel fortunate that I was chosen to participate in the Legal Document Clinic workshop. I did not realize how important it was to have those documents I received and how it would impact our lives in the future.

The attorney I worked with so helpfully pointed out to me what was needed and why so I could have the best possible outcome. I can't thank you enough for this wonderful opportunity.

Participant B: As one gets older and begins to think about family and how they will react to my death, it is most important to have the opportunity to obtain professional advice. Because I am on a very tight budget, without this legal document project you provide, I would be unable to have documents completed.

Therefore, thanks to the Foster Grandparents and the legal program. I now have what I and my family need for a smooth travel when the time comes.

Participant C: What a blessing!! My Will was written in 1985, and my 6 children's names were wrong, along with many wrong addresses. My youngest daughter wasn't married and is now a grandma. So it was time, but the cost prevented me from doing it. I feel so good that everything is now current and thank you so much!! Heartfelt kudos for everyone involved.

Participant D: The free workshop you had meant so much to me. I have wanted to get a Will drawn up, plus other legal matters taken care for the last 10 years, but never felt I could afford to go to a lawyer and have it done. So thank you again and again for providing this service for the elderly. I feel very blessed that you would do this for me.



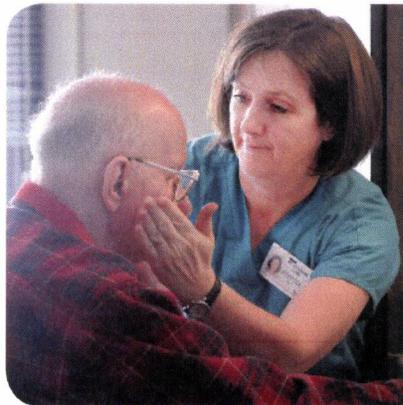
Medicaid and Health Services

Montana Veterans Home and Eastern Montana Veterans Home

Nursing facility care is provided to veterans at two state veterans homes in Montana. DPHHS operates the **Montana Veterans Home (MVH)** in Columbia Falls and oversees a contract for the operation of the **Eastern**

Montana Veterans Home (EMVH) in Glendive.

Nearly 111 veterans and their spouses currently live at the MVH. The MVH was established in 1896 and is a one hundred five (105) bed licensed and certified skilled nursing facility, which includes a 15 bed special care unit for Alzheimer or dementia care. The facility provides all of the care that is typically found in any community nursing



home. The facility participates in the Medicaid and Medicare programs, and is funded in part by charging members for their care at the facility based on their ability to pay. In addition to the nursing facility, MVH operates a twelve (12) bed domiciliary unit. The "Dom" provides supervision and assistance in a residential setting to Veterans who are able to meet their own self-care needs. Montana veterans are admitted if they are over 55 years of age, or in need of care, and have had active service in the armed forces. Spouses of veterans may also be admitted if "space is available".

The Eastern Montana Veterans Home (EMVH) was built in 1994. It provides 80 skilled and intermediate nursing home beds, including 16 beds dedicated to Alzheimer or dementia care. As of July 2012 the facility was home to 67 Montanans. Fifty-nine residents were male, and eight were female. The operation and the management of EMVH is contracted. The Glendive Medical Center has been the independent contractor responsible for operation of the facility since the facility opened its doors in 1995.

what difference do

MVH and EMVH make?

In their own words...

In the case of my husband, Bill Frishkorn, the caregivers treat him with such kindness and love, he feels safe, and I know that he is very well cared for, the standard of care is excellent, and the food is delicious. The fact that most of the residents gave a portion of their lives in service to their country, should be considered very high on everyone's list of priorities, and their care, and the food they have to eat, should be of utmost importance, which I believe it is at the Montana Veterans Home. - **Darleen Frishkorn**

MVH does a great job. The loyalty, compassion, care and leadership that each and every MVH employee, staff member, supervisor and director provides to each resident at the facility is wonderful. - **Peter D. Cook, Lt. Col., U.S. Army (Retired)**

I came to EMVH because my wife needed the care and so we could be together. They take such good care of me. They did all they could for my wife and I appreciated it all. I am going to be 100 in July 2013. Plus, EMVH is centrally located for visitors coming and going through Montana. - **Jack Bazer**

Everything I've ever wanted is right here and available. We have entertainment, games, very good staff and food. My wife is happy and they take good care of me so she doesn't have to worry. - **Ray Novakovich**

I have been associated with EMVH since the time the location was being determined. My wife was a resident for two and a half years before she passed away, so I know how important the location has been for eastern Montana and western North Dakota. I visit and volunteer here every day. If it were not for the location here many residents would not be able to be visited by family and friends. I consider EMVH to be very important to our community as I am sure it would be to any community with a similar facility. - **Bus Morris**

Medicaid and Health Services



Home and Community Based Services Medicaid Waiver

Some individuals in need of long-term care services choose to remain in their own homes or select other community options to meet their needs.

The Medicaid Community Services Program pays for in-home, assisted living, and other community-based services, such as the home and community based services waiver, to Medicaid-eligible individuals as an alternative to nursing facility care.

Consequently, the Home and Community Based Services (HCBS) program, often referred to as the Medicaid Waiver, offers Medicaid recipients a number of choices.



Home and Community Based Services are individually prescribed and arranged according to the needs of the individual. A customized service plan is developed by a case management team in conjunction with the individual. The service plan must meet the individual's needs and be cost effective. It is reviewed at least every 6 months and revised when the individual's condition changes.

To be eligible for the HCBS program an individual must be elderly or disabled, Medicaid eligible, and

require nursing facility or hospital level of care.

Services available include case management, homemaker, personal care, adult day care, respite, habilitation, medical alert monitor, meals, transportation, environmental modification, respiratory therapy, nursing services, adult residential care provided in a personal care or assisted living facility, or adult foster home, as well as a number of specialized services for people with a traumatic brain injury.

Since the mid 90's Montana has worked toward moving individuals into the least restrictive settings with a combination of expansion of the HCBS waiver services and transitions from nursing facilities into the community with funding following the individuals. Between July 1, 2005 to June 30, 2012, Montana increased its HCBS Waiver service slots by approximately 548 or 38%, and increased the number of individuals receiving services under the waiver by 712. By the end of fiscal year 2012 approximately 2,534 individuals will be served under the Waiver.

Unlike most Medicaid programs, HCBS services are not entitlement programs. Access is limited by the amount of funding available and appropriated by the legislature. When the funds are committed, eligible people wait until more money is appropriated or until an opening occurs through attrition. Expenditures of state and federal funds were \$36 million in fiscal year 2012.

Average length of stay on the waiver waiting list was 220 days in fiscal year 2012. Approximately 272 were on the waiting list as of June 2012.

what difference does

THE MEDICAID WAIVER make?

Pam Davis advocated for home-based services for people with disabilities before it was even clear that the future of care was heading in that direction.

"Pam was a pioneer for us in Missoula," said longtime friend and former care worker Barbara Larsen. "As a young nurse coming out of training and working in social services, we had little structure at that time. She was an advocate

from the start for living in the community."

Davis, a 30-year quadriplegic, Missoula resident and a powerful voice for people with disabilities, died in her home on June 28, 2012 from cancer at the age of 58. She was a calming, caring voice for those struggling with their disability and a strong, confident voice when it came to testifying before the Legislature for funds to pay for home-care services.

"As a peer mentor, she was good at listening to people and she encouraged them to step forward

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Medicaid and Health Services

Continued from page 48

and take a risk and learn more about how to get through a situation," said Jude Monson, program manager for Summit Independent Living Center.

Davis tapped into a source of strength that often left others in awe. No one knows for sure how, in the face of adversity, Davis always managed to find light and joy.

"That is a question that I've often asked myself," Larsen said. "Knowing a little bit about the bigger picture, she had such a strong connection with God. There were times when Pam wanted to give up. But she was able to work through that. She was able to find strength. Her daughters and grandkids were also a big part of that."

Nearly 30 years ago, at the age of 28, Davis was in a one-vehicle, one-occupant drunken driving accident near Lincoln that left her paralyzed from the shoulders down. She lived using a ventilator and an electric wheelchair, which she operated using her chin. Davis required 24-hour home care.

After the accident, Davis found the Lord. She took part in a substance abuse 12-step program and has always been a strong advocate for living in the community. She would share her story with high school and college classes. She became intricately involved in peer-based mentoring, helping people with disabilities get through some of the challenges that Davis herself struggled with.

Davis learned to not only live again, but to live assertively. Rather than have nurses care for her, she learned to direct others to care for her the way she wanted to be cared for.

Jill Blomgren was a nurse who worked with Davis for the past 25 years. Davis introduced her to artichokes. She taught her how to save money. She taught her how to make spaghetti sauce. Blomgren had never seen rainbows on the wall when the light hits a crystal prism hanging in a window.

"I learned so much from her," Blomgren said. "You'll probably hear that from a lot of people. She really worked hard to give back to the community. She touched so many lives."

Blomgren will never look at the moon again without thinking about Davis. "She loved the full moon," she said. "In the early years, she'd stay

up late and we'd go outside just to watch."

The Community Services Bureau, a division with the state Department of Public Health and Human Services, established the annual Pam Davis Award a decade ago. It goes to an elderly or disabled person whose leadership and determination has affected the development and promotion of quality community-based services.

From the Missoulian

Carter County resident Lois Lambert's story

Four years after being diagnosed with multiple sclerosis, I lost the use of my legs. After five months in a nursing home, I moved 1 1/2 blocks back to my home, which I shared with my husband and two children. My husband and I owned and operated a weekly newspaper. I wanted to keep contributing to that newspaper, and raise my children.

Back in 1995, while working on a newspaper article about services for handicapped and elderly, I learned of the Medicaid Waiver. It didn't take long before I was one of their clients, the first in Carter County. There were things I needed but could not afford. The Waiver helped me, starting with a ramp out my front door to permit escape in case of fire. Having been an architectural draftsman, I knew what changes would enhance handicap accessibility. The Waiver helped with those.

I have been standing since 1998, demonstrating the chair to medical professionals and others handicapped people and shoppers at department stores.

Multiple sclerosis is one of those progressive diseases. As my arms and hands became affected, I knew I needed voice recognition software for my computer. That way I could continue producing newspaper articles. The Waiver team took care of that. The trick is evaluating your needs, researching solutions, and presenting those solutions to the case management team.

My children are grown now, with children of their own, but I still write a weekly column for the newspaper, cover activities of the Chamber of Commerce where I am president, handle most of the accounting duties for the newspaper, and plan to remain active. Handicaps don't mean the end of productivity; they just require creative tweaking. The Waiver has helped me do this.

Medicaid and Health Services



State Health Insurance Assistance Program

The State Health Insurance Assistance Program (SHIP) provides a statewide source of information for beneficiaries of Medicare, Medicaid, Medicare supplemental policies, long term care insurance and other health insurance benefits.

Over 130 local counselors have increased the distribution of Medicare and Medicaid education and information through over 8,552 face to face counseling sessions and through over 15,200 phone contacts in state fiscal year 2012.

what difference does

STATE HEALTH INSURANCE ASSISTANCE make?

Recently, an elderly woman named Marge came into the SHIP office for assistance in choosing a Part D plan. As usual, the conversation started with small talk. Her eyes twinkled when she relived the stories of her past, how she and her husband, Frank, had owned a gas station and worked hard all their life, been married 60 years, and raised three children.

Marge explained that Frank gets his medications through the VA and she'd never had a Part D plan because she didn't feel she could afford the extra monthly payment. This led to conversa-

tions about Social Security and retirement, which revealed that Marge and Frank's combined monthly household income was only \$1,048.

Marge talked about the household budget, costs of Medicare, utilities, and food. Quickly the debits began to outweigh the credits. The counselor discussed the various programs that she might be eligible for. Marge was skeptical, all her life she and Frank had paid their own way and she wasn't sure about accepting any type of financial assistance. She took a few weeks to think it over before calling to say she was ready.

The Medicare Savings Program is now paying both Marge and Frank's Medicare Part B premium, which saves them a total of \$199.80 each month (\$99.90 each).

Developmental Services Division

The Developmental Services Division (DSD) helps Montanans with developmental disabilities and children with emotional disturbances live, work and participate in communities. To this end, the Division provides (or contracts for) residential, home-based,

case management, employment-related services, and facility-based care. The Division serves three key groups: children with severe emotional disturbances; children with developmental delays; and children and adults with developmental disabilities.



Medicaid and Health Services

Montana Developmental Center

The Montana Developmental Center (MDC) in Boulder provides treatment to individuals with complex developmental, psychiatric, and behavioral disorders assisting them to prepare for successful community living. MDC is licensed by Medicaid as an ICF/MR (Intermediate Care Facility for Persons with Mental Retardation) and by the State of Montana as an ICF/DD (Intermediate Care Facility for Persons with Developmental Disabilities) and serves on average 66 individuals.

In 2011, a new leadership direction was taken at MDC to comprehensively transform the facility into a center of excellence designed to provide intensive, effective, short-term treatment.

The facility is on track to becoming a top notch resource for clients with complex developmental, psychiatric, and behavioral disorders and their families. MDC's leaders and staff work very hard, as a coordinated multidisciplinary team of clinical professionals and paraprofessionals, to provide high-quality treatment to all clients.



MDC has a full contingent of dedicated professionals guiding the treatment process. MDC has a Clinical Director, one board-certified Psychiatrist, six Licensed Registered Nurses, seven Licensed Practical Nurses, two Licensed Clinical Psychologists, one Licensed Clinical Professional Counselor, one Licensed Physical Therapist, two Certified Therapeutic Recreation Specialists, and one Registered Dietitian. MDC has one master's level therapist in the process of becoming licensed.

More on page 52

what difference does

MONTANA DEVELOPMENTAL CENTER

make?

Ask clients Wayne Marry and Robbie

Fitzgerald. These clients, along with other MDC clients, will enjoy working in a newly built campus garden. The garden opened in August 2012 with the planting of a twinberry bush. The bush was specifically sought out because it grows two berries together, supporting one another, and is surrounded by a leaf that protects and nurtures them.

The garden is the centerpiece of MDC's therapeutic horticulture program and is next to the historical 1893 Administration Building, which was the first structure built on the MDC campus.

The garden will eventually feature 36 beds where clients can plant in the soil while learning life skills.

From the client's perspective, the therapeutic horticulture program will look like a job. Based on problems identified in the client's treatment plan, goals and objectives will be developed. Individuals whose goals and objectives may be met through the program will be encouraged to apply for a job in the therapeutic horticulture program.

Through gardening and nature-related activities, MDC clients will experience a greater sense of competence, enhanced sensory stimulation, improved motor skills and find occasions for socialization, self-expression and creativity.

It will give clients an opportunity to interact with nature as they learn to understand their relationship with the plant. It depends on you to grow.

The materials for the garden, including a small barn, all were purchased with funds raised through MDC's recycling program.

The garden will be home to a wide range of fruits and vegetables, which will be surrounded by a deer-proof fence. While clients can eat the produce, the plan is to eventually have a kind of farmers market and sell excess food to the public.

This has been a huge MDC project that has included vast staff and client participation.

Medicaid and Health Services



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MDC also contracts with a Licensed Clinical Professional Counselor with extensive experience in federal treatment standards who is advising MDC on how to improve treatment. In November 2011, MDC hired a person with over 30 years experience in the developmental disabilities field in Montana as its new Director of Quality Management who is building a continuous quality improvement system. This director has also been leading the project to strengthen client protection activities including development of a new approach for responding to allegations of abuse.

The MDC direct support staff and first-line supervisors are made up of a combination of MDC veterans who are very committed to and skillful in working with people with disabilities; and young, enthusiastic beginners just starting their careers.

Much progress has been made since early 2011. Today, MDC is developing and implementing:



- a new assessment and treatment planning system
- a new quality management system
- a new staff education system
- a new performance appraisal system
- a new electronic medical record system
- a new structure for daily treatment activities based on the concept of the “treatment mall”
- new policies and procedures



Medicaid and Health Services

Children's Mental Health Bureau

The Children's Mental Health Bureau (CMHB) administers Montana's publicly funded mental health services for children and adolescents. Services are primarily funded through Medicaid. CMHB is organized into a central office and five regional offices. The Central Office provides statewide management of mental health services for children under 18, along with program fiscal operations, policy direction, quality assurance, provider payment processing and federal reporting functions. Regional staff develop and link community



resources with youth and families to promote and support stabilization/reunification efforts using family driven and community based values and practices.

what difference does **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY WAIVER PROGRAM** make?

Montana is one of 10 states awarded the Psychiatric Residential Treatment Facility Waiver (PRTF Waiver)/Demonstration Grant. The purpose of the PRTF Waiver is to support youth in need of Psychiatric Residential Treatment to live at home with their families. Youth discharging from a Psychiatric Residential Treatment Facility may access the PRTF Waiver to support their adjustment to returning home to family. Care coordination is provided using High Fidelity Wraparound facilitation.

Youth and families participating in this waiver in Big Horn, Broadwater, Carbon, Cascade, Lewis and Clark, Jefferson, Musselshell, Missoula, Ravalli, Stillwater, and Yellowstone counties have access to a wraparound facilitator, a family support specialist, and will soon have access to peer to peer support for family members. These services are funded with Medicaid dollars.

Ask those who are involved with the PRTF Waiver in Montana. In 2011, CMS produced a video that highlights efforts in Montana implementing the PRTF Waiver and the High Fidelity Wraparound facilitation.

The video includes interviews from numerous experts in the field and clients:

Kimberlee, client: I really learned to appreciate my family. Before we weren't as close as we are now. I was afraid to tell my family stuff that was going on in school. I realized how much my family loves me. Now they are paying more atten-

tion to what I think and how I'm doing in school.

Angelo Spado, therapist: With parent-child issues, the office setting can be so intimidating to a family that you really don't see how they interact. Once I get into the clients' home, I really see the degree of affection. I really had no idea of the quality of their relationship as it presented in the office versus what was presented at home. With the PRFT Program we meet regularly with the family and so we can better coordinate and share ideas. The process works so much more smoothly.

Becky Frost, waiver plan manager: What I love about the High Fidelity Wraparound is that everybody comes together. Everyone is on the same page. Often we're in the same meeting together. So, you get the school, the youth court, the family and the neighbors knowing what to look for in this child. You get results faster.

Laura Taffs, DPHHS PRTF Waiver Project Director: Some examples of adverse childhood experiences are having a parent who has been incarcerated, or a parent with mental illness. Many of the parents of the youth have also experienced significant trauma. The waiver works with the parents as much as with the youth, to help the whole family come together. A lot of what I've heard from parents involved in the program is that they feel more empowered as parents and better able to handle issues that come up in their own families.

Medicaid and Health Services



Developmental Disabilities Program

The Developmental Disabilities Program is organized into a central office and five regional offices with four satellite offices. The Central Office provides statewide management and supervision, program fiscal operations and budgeting, policy

direction, quality assurance, provider payment processing, and federal reporting functions.

The offices across the state oversee 60 service provider agencies that provide services to over 4,500 individuals with developmental disabilities.

what difference does **DEVELOPMENTAL DISABILITIES PROGRAM** make?

Luke Ray has been a client with Family Outreach since childhood. Family Outreach is a service provider for the DPHHS Developmental Disabilities Program.

Luke recently turned age 21 and has therefore entered a world of many possibilities for his future. In early 2011 a personal support plan was developed for Luke, with a main focus on him becoming more independent. This plan included finding an apartment, getting a job in the community and learning to budget.

Luke lives in Deer Lodge, Mont., where the employment opportunities can be much more challenging. Recently, he moved into an apartment, which allowed for income-based

rent. Then, a job search was launched.

A job at the local sawmill on the cleaning team was acquired in May 2011 and Luke began working 10 hours a week with a job coach 90 percent of the time. Luke quickly showed his employer that he was a hard worker with a great work ethic.

Within the first 90 days, Luke's hours grew to 30 per week and his job coaching needs dropped to less than 10 percent.

Luke did not miss a day of work in his first 10 months, and in April 2012 asked for a day off to visit relatives, to which his supervisor let Luke know "he deserved a break"!

Addictive and Mental Disorders Division

The **Addictive and Mental Disorders Division** provides publicly funded mental health and chemical dependency treatment services by directly providing and contracting with behavioral health providers throughout Montana.

The division serves people with addictive and/or mental disorders by establishing a continuum of care that includes a range of services including inpatient and community/outpatient services. An estimated 30,000 people are served in one or more

of the programs administered by this division.

The Division is comprised of the

- Chemical Dependency Bureau;
- Mental Health Services Bureau; and
- Operations Bureau.

The Division also oversees three facilities, the Montana Mental Health Nursing Care Center in Lewistown, the Montana State Hospital in Warm Springs and the Montana Chemical Dependency Center in Butte.

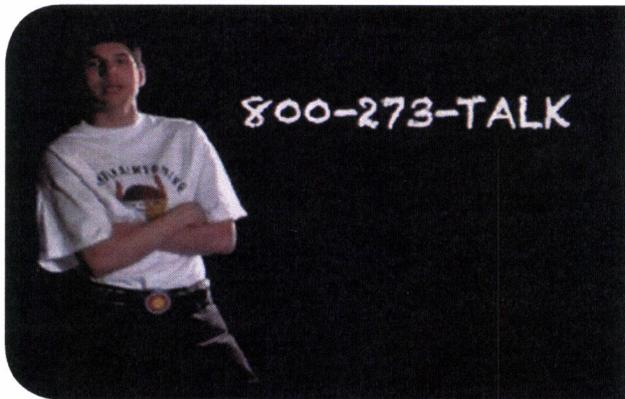


Medicaid and Health Services

Suicide Prevention

Suicide prevention efforts in Montana include suicide prevention coordination of statewide activities including the suicide crisis hotline, training and education in suicide awareness and prevention, and a media program to increase awareness around suicide prevention.

Approximately 922,725 people a year in the United States attempt suicide and more than 38,000 people die by suicide each year. Suicide has a devastating and, often lasting, impact on those that have lost a loved one as a result of suicide. While suicide rates in the U.S. place it near the mean for industrialized nations, the rates within the U.S. are highly variable by region and state. The intermountain western states have the highest rates of suicide as a region and Montana ranks persistently at the top of the rate chart annually.



Since 2007 significant accomplishments toward addressing the issue of suicide in the state of Montana include:

- Signs of Suicide (SOS) kits provided for 150 schools around the state.
- Crisis Intervention Training for over 600 law enforcement officers and first responders. A basic mental health course has also been added to the core curriculum at the Montana Law Enforcement Academy.
- Stabilized the State Suicide Prevention Lifeline. The Lifeline consists of two regional call centers with additional phones, computers, updated data bases, and ensures that there are full-time, trained professionals available 24/7.
- Suicide prevention toolkits made available to primary care providers, high schools,

what difference does
SUICIDE PREVENTION
make?

Ask students from the Fort Peck Community College.

One student writes: "Montana's Suicide Prevention Hotline has excellent ads that will reach their intended audience. The ads are down to earth and let people know that there's hope, faith, and reason to live. It tells people who are thinking about suicide that there is someone who will listen and give good feedback."

Or ask this student: "Your efforts to prevent suicide by making radio announcements, and providing a suicide prevention hotline are good ways of contributing to the prevention of suicide in our community. There is a lot we can do to try and prevent it. More public awareness is vital to our elimination of suicide."

and senior living communities.

- Suicide prevention postcards sent out to over 4,000 licensed cosmetologists.
- Over 7,000 gunlocks with suicide prevention tags distributed to sixteen counties and seven tribal entities.
- Over 1,500 people in communities and reservations trained in ASIST (Applied Suicide Intervention Skills Training).
- Trained 200 CSCT school staff from around the state.
- Suicide prevention trainings and interventions funded for numerous counties including Missoula, Ravalli, Flathead, Gallatin, Cascade, Lewis & Clark, Sanders, Custer, and District II (which encompasses 11 counties in Eastern Montana)
- Collaborative effort with the Dept. of Revenue, Liquor Control, on providing training to bartenders and liquor distributors. Over 100,000 drink coasters distributed to Montana bars.
- Suicide awareness postcards to Veterans (over 102,000) in the state.
- Suicide prevention training to law enforcement officers, detention officers and juvenile facilities, and providing anti-suicide blankets and clothing to all county jails and correctional facilities.

Medicaid and Health Services

Montana State Hospital

Montana State Hospital is the only publicly operated inpatient psychiatric hospital in the state. It provides treatment to adults who have serious mental illnesses and who are referred from hospitals, mental health programs, and district courts from across the state. All admissions are governed by procedures established in state law.

The hospital maintains 174 hospital beds licensed and certified by the U.S. Centers for Medicaid and Medicare Services (CMS), as well as twenty seven transitional care (mental health group home) beds. The licensed capacity of the hospital and group homes combined is 201 beds. The hospital had an average daily census in FY 2011 of 183 patients. Also during fiscal year 2011, there were 715 admissions and 775 discharges. The hospital has 406 employees.

Montana State Hospital is one of 225 state psychiatric hospitals in the country. About 40 percent of the patient



population at the hospital are admitted through criminal court proceedings to evaluate competency to stand trial or are diverted from a prison sentence. Nearly all of the others are admitted through civil involuntary commitment proceedings initiated by mental health professionals in local communities. This population includes many people diverted from county jails.

what difference does **MONTANA STATE HOSPITAL** make?

Montana State Hospital offers a variety of treatment options. One of the new opportunities for treatment at the State Hospital began mid-January of 2012 with the opening of the Recovery Center. The vision of the "Center" is embodied in the concept of "recovery". Self-determination and self-direction are the foundation of recovery. So, in the Recovery Center patients are asked to establish their own life goals and design their own unique path for recovery. Recovery often emerges from hope built upon respect and acceptance of all people.

Recently, a patient who was in the process of going back to their home community, stated, "the groups I engaged in at the Recovery Center helped me realize that recovery is possible!" In addition, she said, "I enjoyed being able to leave the main hospital and go to other buildings for care, treatment and education." Going to the Recovery

Center gave this person a sense of responsibility, independence and belonging and reduced her feeling of being confined. She shared notes she took during many of her classes and felt the notes would help her when she was back in her community.

Montana State Hospital asks people to complete a Satisfaction Survey upon discharge. One of the questions we ask is, "What did you like about your stay at MSH?" Some recent responses are: "I like the classes in the new building" and "The boost in confidence, helpful staff and the Recovery Center made me stronger!"

These responses echo what the staff at the Montana State Hospital Recovery Center are hearing from patients every day.

The sentiments reflect the hope and promise patients and staff are experiencing as we increase our focus on "Recovery".



Medicaid and Health Services

DPHHS partners with Dept. of Corrections for the Lewistown Infirmiry

For over a decade, the Department of Corrections (DOC) identified a need to relocate a segment of its population of older offenders with chronic medical conditions that require a level of care to a site that would better meet their needs.

That opportunity presented itself in 2012.

DPHHS and DOC partnered to renovate an unused wing of the DPHHS Montana Mental Health Nursing Care Center to serve these offenders. The new facility will be called the Lewistown Infirmiry.

In recent years, this population of older offenders has become increasingly challenging to provide nursing care in a traditional prison environment. The population is low-security offenders with an array of serious physical infirmities. About half are in wheelchairs, many are confined to a bed, need help walking or require constant attention to prevent falls. Many also are sight- or hearing-impaired and have multiple, chronic medical issues such as dementia, heart disease, diabetes, pulmonary disease and cancer.

The 2011 Legislature authorized the Department of Corrections to develop beds for "special needs" inmates, an older population of low-security offenders whose chronic medical conditions require a level of care that has become increasingly challenging to provide in a traditional prison environment.

Managing these offenders in a dedicated facility will ensure they receive the appropriate level of medical care in a setting designed and staffed for that purpose.

A wing adjoining the Montana Mental Health Nursing Care Center in Lewistown will be used to house up to 25 offenders with serious physical infirmities.

DPHHS operates the existing Nursing Care Center, which includes secure units. It has a staff of 145, a capacity of 100 and an average population of 83. Most of the nursing care center patients come from

what difference does

THE LEWISTOWN INFIRMARY make?

Just ask the Montana taxpayers.

Two state agencies worked together to minimize cost to taxpayers.

The new Infirmiry is bringing 28 jobs to Lewistown with an annual payroll and benefits package of about \$1.7 million.

Montana State Hospital or are patients for whom private nursing homes are unable to provide care.

The two departments will jointly staff and operate a state-licensed Infirmiry under an agreement between both agencies. The designated wing of the facility has undergone safety and security enhancements. DPHHS spent about \$912,000 on renovations of the care center building to accommodate the Infirmiry, including installation of a fence among other security features.

The Infirmiry will have its own direct-care staff of 28 employees and be separate and closed off from the care center. The projected annual payroll and benefits is about \$1.7 million.

The corrections residents housed in the secure wing will not have access to other portions of the care center or the patients and cannot move outside the building without direct supervision. The care center will provide support services, such as food and laundry.

Input was sought from the dedicated and professional staff at the existing care center prior to opening of the new unit. The staff's vast amount of experience and training will be invaluable to the success of the newly hired staff operating the new unit.

The Infirmiry opened in December 2012.

Medicaid and Health Services



Montana Chemical Dependency Center

The Montana Chemical Dependency Center (MCDC) in Butte is a state operated inpatient substance use disorder treatment facility with a licensed capacity of 50 beds. The facility provides inpatient treatment for adults with alcohol and drug addictions and those with co-occurring and psychiatric disorders. It is funded with State Special Revenue and Federal Funds. The facility served 650 individuals in FY12 with an average daily census of 40.58 and an average length of stay of 32 days. The facility processed 900 Admission Referral Packet requests. The population seeking services in the last year had the following demographics:

- 61% were men and 39% were women
- Average age was 38 for men and 33 for women
- 26% of Population were Native American, 71% were Caucasian, and 3% were Other
- 44% were intravenous (IV) drug users
- 21% of the people were methamphetamine users
- 59% of the women had dependent children
- 38% of the people served had some level of legal involvement
- 88% of the people are unemployed
- Co-occurring disorders affect approxi-

Mental Health Services Bureau

The Mental Health Services Bureau is responsible for delivering and reimbursing publicly funded mental health services for adults with severe disabling mental illness. The bureau oversees a system of mental health services that includes community-based providers as well as the Montana State Hospital in Warm Springs and the Montana Mental Health Nursing Care Center in Lewistown.

Individuals eligible for services include adult Medicaid recipients and other low-income adults with severe disabling mental illnesses. Over 2,000 individuals receive services through one of these programs each year. Using a combination of funding sources, the bureau reimburses for a continuum of services for individuals 18 years of age and older. The provider network includes community hospitals, licensed mental health centers,

what difference does

MONTANA CHEMICAL DEPENDENCY CENTER

make?

“Joe” transitioned out of treatment from MCDC on December 24, 2011. Over the past 10 months he has contacted his counselor several times to tell him how good he’s doing. “Joe” suffers with schizophrenia and has done about 5 years in prison for armed robbery. “Joe’s” drugs of choice were meth and IV opiates, but he pretty much took any type of drug that was available to him. With the encouragement of staff and assistance with providing “Joe” with the skills needed to address both his addiction and mental health condition, he is still in recovery.

“Frank” sought treatment at MCDC for his addiction. He continues to maintain contact with the facility since his discharge on May 29, 2012. “Frank” reports that his life has been amazing since he completed his treatment at MCDC. He reports that he is maintaining his sobriety and he is now working as a supervisor for UPS.

mately 75% of our population

what difference does

MENTAL HEALTH SERVICES BUREAU

make?

‘Charles’ is a 35-year-old male that is currently on the HCBS waiver who is diagnosed with Schizophrenia and is legally blind. When he was admitted to the waiver in December 2009 he was living with family and he had never lived by himself. He struggled with his Schizophrenia and had a hard time interacting. Charles biggest goal was to get his own place and have his independence. With assistance of the waiver case management team, Charles moved into an Assisted Living Facility in July 2010. This was the first step into his transition to independent living. Later, he was able to finally move into his own place in January 2011. He had accomplished his goal. Since being on his own, he has done volunteer work, is active in NAMI and has made friends. He continues to receive services through the waiver and is thriving.

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Medicaid and Health Services

Chemical Dependency Bureau

The Chemical Dependency Bureau administers funds for program and activities designed to prevent and treat addiction to alcohol, tobacco and other drugs. Services are available in all 56 counties through contracts with 22 state-approved programs and the state-operated Montana Chemical Dependency Center in Butte. Using a combination of General Fund, State Special Revenue, Federal Grants, and Federal Medicaid Matching Funds, the bureau reimburses for a full continuum of services that include prevention, outpatient, residential and inpatient services, as

well as an education program for DUI offenders.

People with substance use disorders who are eligible for Medicaid and those that have family incomes below 200 percent of the federal poverty level are eligible for public funding of treatment services. Medicaid services include assessment, outpatient, intensive outpatient, and youth residential treatment provided to over 6,228 people through state-approved programs.

Prevention funds focus on building infrastructure and capacity in communities to implement prevention programs addressing alcohol, tobacco and other drug abuse. The Block Grant provides limited services in all 56 counties and on seven Indian reservations.

what difference does **CHEMICAL DEPENDENCY BUREAU** make?

“Jay” is a 48 -year-old man with a college degree. He’d been homeless and living on the streets. His alcohol addiction was so severe that he couldn’t care for himself. He’d lost his family, his job and all hope. The police found him after receiving a man down call. They took him to the local crisis center where staff located a detox bed for him. After five days in detox, Jay indicated that he desperately wanted to get — and stay — sober

but did not believe he could. Funding was available, which allowed Jay to be transferred to a residential treatment facility for indigent Montana men. Jay participated in 37 days of intensive treatment.

Because he was homeless, he was offered a bed at sober housing. He gratefully accepted. Jay has now been in sober housing for more than two years. He remains sober and is working and is paying his own way. Jay is an inspiration to everyone at sober housing.

Continued from page 58

physicians, psychiatrists, mid-level practitioners, psychologists, licensed social workers, licensed professional counselors, and community health centers. Community-based services are available statewide.

The Mental Health Bureau manages two Medicaid Waivers. The Home and Community Based Services Waiver provides community services for up to 155 people with severe disabling mental illnesses who meet nursing home level of care. Under this waiver, individuals are able to receive services necessary to live in the community including assisted living, personal assistance, nursing, nutrition, and case management,

in addition to other Medicaid mental health services.

The Mental Health Services Plan Waiver (formerly known as HIFA) was approved by CMS for implementation on December 1, 2010.

This waiver transitions individuals from the state-funded Mental Health Services Plan to a basic Medicaid benefit. This new waiver provides both mental and physical health care at less cost to the state. The targeted waiver population is individuals with schizophrenia, bipolar disorder, and major depression. These individuals were the most expensive and difficult to serve population in the Mental Health Services Plan.

Medicaid and Health Services



Health Resources Division

The Health Resources Division (HRD) administers Medicaid preventative, primary care and acute care services; the Healthy Montana Kids (HMK) benefit plan; and the Big Sky Rx program. Medicaid is a voluntary state/federal partnership that reimburses for medical services for the aged, blind, disabled, and low-income families. HMK is Montana's health care program for children. HMK matches state funds with federal Medicaid and CHIP dollars to reimburse for comprehensive health care.

Big Sky RX is a premium assistance program that assists seniors in maintaining pharmacy benefit coverage. The Division manages over 60 separate medical services available statewide.

HRD strives to provide necessary services at a low cost while maintaining access across Montana. Medical services are delivered through a network of private and public providers for a wide range of services and constitute a large role in the health care sector and the economy of many communities. No direct medical services are provided by the Division.

Some of the Medicaid Services managed by HRD include:

- pharmacy; dental; durable medical equipment (DME); home infusion therapy; audiology; hearing aids; optometry; eyeglasses, therapies (physical, occupational and speech), transportation; ambulance; private duty nursing; nutrition, chiropractic services; physician services; mid-level practitioner; family planning; podiatry; physician-related laboratories; respiratory therapy; critical access hospitals (CAHs); inpatient and outpatient hospital; ambulatory surgery centers; dialysis clinics; federally qualified health centers (FQHCs); rural health clinics (RHCs).
- the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to enhance early prevention, identification and treatment for children
- medical services provided by tribal and Indian Health Services
- Medicaid administrative claiming (MAC); school



based services and breast and cervical cancer program.

- Drug rebate
- the distribution of the hospital utilization fee which is collected by the Department of Revenue.
- healthcare programs that assist people in managing their own individual healthcare needs including:
 - **Passport to Health**, a primary care case management program, provides a medical home for most people eligible for Medicaid and HMK Plus
 - **Team Care**, a more intensive program that manages people with high utilization.
 - The **Health Improvement Program**, a partnership with community and tribal health centers to provide care management and case management services to people at risk of incurring high medical costs.
 - **Nurse First**, a 24 hour, 7 day free nurse advice line available to all people with Medicaid, HMK, and HMK Plus for symptom and treatment options.

HRD also manages the Big Sky Rx and related pharmacy assistance programs, which are supported by state special revenue. The division determines eligibility and pays premiums for eligible clients enrolled in an approved Medicare Part D prescription drug plan.



Medicaid and Health Services

Care Management Programs

Passport to Health, Team Care, the Health Improvement Program, and Nurse First are operated under a Sec. 1915(b) waiver from the Centers for Medicare and Medicaid Services (CMS).

In addition to improving health outcomes, these programs benefit physicians and other providers by decreasing non-urgent after-hours and daytime phone calls, reducing inappropriate office visits, educating people how to prudently use health care, encouraging patient compliance with providers' treatment plans, reinforcing the provider-patient relationship, encouraging

self-management of health conditions, and assisting with meeting patient satisfaction goals.

Working together, these programs assist Medicaid and Healthy Montana Kids (HMK) Plus in focusing on improving access, cost effectiveness, and quality of care.



what difference do **CARE MANAGEMENT PROGRAMS** make?

Passport to Health provides a medical home for approximately 70 percent of people enrolled in Medicaid and HMK Plus. People enrolled choose a primary care provider who delivers most medical care and provides referrals for specialty, inpatient, or other care as needed. People not enrolled in Passport to Health include people enrolled in both Medicare and Medicaid, people with other health care coverage that includes care management, those residing in institutions, and children in foster care or subsidized adoption.

Passport provides education about health care and covered services and offers a help line to answer questions about enrollment, benefits, and specialty care and providers. Passport sends reminders to parents to get well-child screens and immunizations for their children, and conducts client and provider satisfaction surveys that are used to enhance the program.

Team Care is a restricted card program for people who have a history of over-using services when there is no underlying medical necessity. Services include enhanced education and case management, ensuring individuals receive the right care at the right time in the right place. Enrollment in Team Care is mandatory for eligible people and continues for a minimum of 12 months. Individuals are identified for Team Care through claims review, provider referrals, and Drug Utilization Review Board referrals. About 600 Medicaid

and HMK Plus members are enrolled in Team Care.

The Health Improvement Program is a partnership between Medicaid and community and tribal health centers to provide care management and case management services to people at risk of incurring high medical costs. Many of the more than 3,000 people receiving care management and case management services in the Health Improvement Program have multiple chronic conditions, including mental health, substance abuse, and other co-morbid conditions. Individuals receive education and information to encourage self-management of health conditions. Health centers employ more than 30 nurses and other care managers to provide home visits and telephonic management to high risk individuals in all areas of the state.

Nurse First is a 24-hour nurse advice line available to all Montanans eligible for HMK, HMK Plus, and Medicaid. People are encouraged to call the nurse line when they are sick, hurt, or have a health concern or question. Callers talk to a nurse who directs them to the appropriate level of care—self care at home, emergency department visits, or appointments with providers. Nurses use clinically-based algorithms to direct callers to the appropriate level of service at the appropriate time. Nurse First also provides information on a range of medical topics and its advice line receives about 600 calls a month.

Medicaid and Health Services



Hospital Services

Hospital Services are provided in Montana through a network of 15 acute care facilities and 45 critical access hospitals (CAH's) across the state. Medicaid pays for medically necessary outpatient services, emergency care and inpatient hospitalizations. Providing these services in Montana is cost effective and supports Montana's healthcare system and helps assure access to health services for all Montana's now and in the future.

In certain circumstances Medicaid will cover hospital care outside of the state. Out of state coverage is usually limited to services that are:

- not available in Montana;
- for people who live on the border who may normally get their health care in Washington, Idaho, Wyoming, North Dakota or South Dakota; or
- Montanans who have traveled outside the state and are in need of services.



Pharmacy Services

The Medicaid Pharmacy program supports a network of over 465 participating pharmacies to provide appropriately prescribed drugs. The program makes every effort to provide cost effective services across Montana and promote appropriate use through education and counseling.

Drug coverage criteria are developed by physicians and pharmacists through the Drug Use Review Board, operating under a contract with Mountain-Pacific Quality Health. Coverage determinations balance the identification of cost effective alternatives while preserving flexibility based on professional medical judgment.

The Division collects rebates from drug manu-

facturers for Medicaid and Mental Health Services Program prescriptions. This effort reduces the cost of the program to Montana by approximately \$39 million per year while maintaining access and reasonable payment levels to community pharmacies.

The Big Sky Rx program is a state program designed to complement the Medicare Part D drug benefit by providing premium assistance to eligible Montanans. Big Sky Rx staff determine eligibility for the program. Individuals must have family income at or below 200% of the federal poverty level and must enroll in Medicare Part D. Big Sky Rx makes a full or partial payment of the Part D premium up to \$34.61 per month.

Operations Services



The Operations Services Branch supports the activities of the department in the areas of accounting, budgeting, economic analysis and projections, technology services, quality assurance and auditing, and fair hearings for clients. The Branch Manager manages and directs the activities of the Operations Services Branch, which provides leadership for

the department's implementation and operation of programs and services for Montanans.

The divisions within the branch are:

- Management and Fair Hearings;
- Business and Financial Services Division;
- Technology Services Division; and
- Quality Assurance Division.

Office of Fair Hearings

The Office of Fair Hearings provides impartial administrative hearings for individuals or entities who have been negatively impacted by a program administered by the Department.

Hearings officers adjudicate a wide range of department-related issues, including:

- Eligibility and service issues for public assistance programs;
- Licensing and certification issues;
- Ability to pay for care in state facilities;
- Denial of admission to or discharge from state facilities and long-term care facilities;
- Substantiation of child abuse and neglect;
- Eligibility for vocational rehabilitation services;
- Enforcement of laws prohibiting sales of tobacco to minors; and
- Enforcement of the Montana Food, Drug and Cosmetic Act.

The Office of Fair Hearings does not have jurisdiction over issues determined by the Child Support Enforcement Division.

Hearing officers research statutes, rules, regula-

what difference does

OFFICE OF FAIR HEARINGS make?

The Office of Fair Hearings receives on average 1,400 to 1,600 requests for fair hearings each year from citizens appealing adverse decisions. For fiscal year 2012, 1,619 hearing requests were received and half were withdrawn or resolved at Administrative Review (AR), and half received hearing decisions and final orders, with a 97% timely percentage. Another eight Informal Dispute Resolutions (IDR) were received in fiscal year 2012; of these, four were withdrawn or denied, four opinions were issued and one was pending at the end of year, and has since been closed.

tions, policies, and court cases to reach conclusions of law. After weighing evidence and evaluating testimony, they issue written decisions that are binding unless appealed to the state Board of Public Assistance, the Department director, or district court.

Operations Services



Business and Financial Services Division

The Business & Financial Services Division (BFSD) provides professional accounting, budgeting and business services critical to delivery of department services. Every Montanan receives or knows someone who has connection to BFSD. You or your neighbor could:

- operate a small business receiving payments for goods and services provided to DPHHS and/or our clients through our purchasing and accounts payable functions,

- receive their paycheck through the tireless efforts of our payroll department, or
- put food on their table using child support, supplemental assistance or temporary assistance for needy families funds, supported by the federal grant management services provided by BFSD.

These are just a few of the hundreds of ways BFSD assists DPHHS programs in delivering the services which help all Montanans.

what difference does **BUSINESS AND FINANCIAL SERVICES** make?

Over 70,000 business and individuals across Montana received in excess of 810,000 payments from DPHHS in SFY 2012. These benefit assistance, service contract, and supply payments are delivered to the right people, in the right amount at the right time due to the business processes managed or overseen by BFSD.

In addition, \$35 to \$40 million is billed and recovered annually by the Facility Reimbursement Section. Dedicated and caring financial investigators work one-on-one with patients and their caregivers to understand their individual financial situation. Medical billers use the gathered information to maximize recovery from insurance companies, Medicare, Medicaid and private individuals for medical

costs incurred at the five department facilities.

In excess of \$73 million was collected in SFY 2012 directly reducing the cost of DPHHS programs. By overseeing the department wide accounts receivable system and processing over 48,000 checks annually, the Accounts Receivable unit helps minimize the cost of DPHHS services for all Montana taxpayers.

Over \$61 million in SFY 2012 was recovered from the federal government as a result of effective indirect cost strategies and efficient administration of DPHHS's Public Assistance Cost Allocation Plan.

The cost accounting section establishes and maintains the department's accounting structure while aggressively promoting the maximization of federal cost recovery.



Technology Services Division

The Technology Services Division develops a biennial DPHHS Information Technology (IT) Plan that establishes DPHHS goals and objectives regarding the development and use of IT and provides details on how DPHHS will participate in meeting the goals of the State Strategic IT Plan. DPHHS has made significant investments in information technology and this IT Plan is the “blueprint” for incorporating IT in the Department’s mission. The Administrator also serves as the Department’s Chief Information Officer.



The Technology Services Division is responsible for the management, implementation and operations of information technology (IT) systems and infrastructure that directly support department programs. TSD has three bureaus:

- The Project Management Bureau provides project management, contract management, and business analysis services in support of Department IT projects. This bureau works closely

with Department program staff and IT vendors to develop and maintain mission critical systems.

- The Information Systems Bureau provides systems development and support services that include programming, systems analysis, architecture design, application and web server administration, and database administration.
- The Network and Communications Bureau provides network administration services, which includes the installation and management of all personal computers, servers, printers, and other resources connected to the Department’s network. The bureau operates the Technology Services Center, a computer helpdesk that provides first level support for employees and contractors conducting business for the Department.

Currently, TSD is moving toward the next generation of DPHHS IT systems as several large systems have reached end-of-life. In what TSD refers to as ‘Building for the Future’, these new systems create a seamless experience for Montanans accessing more than one of the Department’s programs. These systems will improve the quality, integrity, and reliability of data used to administer the Department’s programs and provide benefits to customers.

what difference does **TECHNOLOGY SERVICES DIVISION** make?

The TSD ‘Building for the Future’ concept provides agency programs with the tools and systems they need to serve Montana citizens with efficiency and accuracy.

Enterprise Architecture

Enterprise Architecture promotes connected systems that share information and is the centerpiece of the Department’s shift from the present to the future. The architecture allows separate, standalone systems to communicate using exposed, shared services through common

architecture. Users are able to access data from multiple systems seamlessly, and errors associated with redundant data entry are reduced.

Bringing service to the citizen

The Department implemented a public web portal that allows citizens to apply for public assistance online, bringing the application process to the person, whether at home or in a library, rather than requiring travel to an office. Since the service went live in December 2010, there have been more

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Operations Services



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than 18,000 online applications completed and submitted to Offices of Public Assistance. In addition, over 32,000 citizens have utilized the prescreening function of the website to check their eligibility.

Web Site Redesign

DPHHS is in the early stages of redesigning its website that will offer an improved presentation to help Montanans access information and services.

Citizen Self-Service Portals

The Citizen Self-Service Portals increased use of eGov to bring services to the citizens. Web-based self-service applications increase access to services, reduce travel costs and reduce time to process service requests by Department staff.

Collaboration Tools

DPHHS continues to expand its use of collaboration tools such as WebEx and Sharepoint. WebEx enables staff to host meetings online and share information without leaving their office. Sharepoint is a tool new to DPHHS that allows improved information sharing among staff working on the same project. These tools increase efficiency, increase ability to outreach/train and decrease costs and travel time.

IT Systems

Medicaid Management Information System (MMIS)

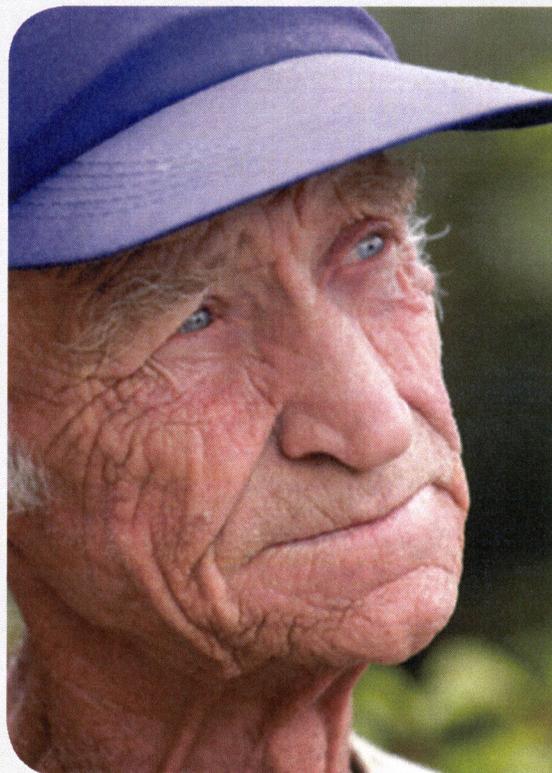
The Department initiated a project for the design, development and implementation of a new MMIS. This will be a modern system for the new health care future. An RFP was completed, posted and used to select a vendor, and a contract was signed. A 35-month project to design, develop and implement a new MMIS for Montana is now underway. A new MMIS will improve provider services and payment processing with flexibility for new health plans, federal and state reporting, quality of care analysis, and greater fraud detection. MMIS pays 12,000 providers each year.

CHIMES-Enterprise Architecture

Integrating SNAP, TANF, and Medicaid/Healthy Montana Kids eligibility systems using enterprise architecture techniques, CHIMES-EA supports intuitive and rapid eligibility determination across multiple programs. With the implementation of CHIMES-EA, DPHHS realized its first enterprise architecture initiative. CHIMES-EA went into production November 1, 2012 and will be used to determine eligibility for more than 100,000 Montanans.

Health Information Technology (HIT)

Health Information Technology helps Montana medical providers secure modern technology for coordinated care and increased quality. DPHHS will continue to promote and encourage the use of advanced health information technology applications and electronic health records among the Montana healthcare provider community. As of October 2012, more than \$7 million in payments has been made to providers throughout Montana for the purpose of implementing Electronic Health Records.





Quality Assurance Division

This division provides a wide range of services designed to promote and protect the health, safety, and well-being of people in Montana. The division provides responsive, independent assessment, and monitoring of human services in compliance with established federal and state rules and regulations. The major functional areas and responsibilities are accomplished in the division's bureau structure related to regulatory activities in the Licensing Bureau and the Certification Bureau, auditing of services providers and internal agency audits and reviews in our Audit Bureau, and compliance and quality control reviews in the Program Compliance Bureau. All services provided by the Quality Assurance Division are focused on the health and safety of Montanans and improving the lives of others. This is done by focusing on the division's core values of integrity and honesty, continuous improvement, personal accountability, and trust and respect.

Licensure Bureau

The Licensure Bureau is responsible for the development, monitoring and enforcement of state licensing rules and regulations as provided under the authority of applicable statutes contained in the Montana Code Annotated (MCA). The Licensure Bureau monitors provider compliance with state law related to Health Care Facilities, Day Care Facilities, Community Residential Programs, Chemical Dependency Facilities and programs, and the Montana Marijuana Program. Responsibilities include the initial development and implementation of rules and regulations, the inspection process, and licensing functions. Consumer complaints are received and investigated within the jurisdiction of each licensing program. Additionally, the Licensure Bureau also provides consultation and technical assistance to providers and applicants. The Licensure Bureau conducts approximately 1,400 unannounced inspections and approximately 300 complaint investigations each year.

Certification Bureau

The Certification Bureau is designated as the State Survey Agency for Montana under an agreement with the federal Centers for Medicare and Medicaid

Services (CMS). The Certification Bureau performs initial, recertification, and complaint surveys of eleven facility types: Ambulatory Surgery Centers, Critical Access Hospitals, Acute Care Hospitals, End Stage Renal Disease Centers, Home Health Agencies, Hospices, Long Term Care Facilities, Intermediate Care Facilities, Psychiatric Residential Treatment Facilities, Outpatient Therapy Centers and Rural Health Clinics. Almost 400 unannounced surveys are completed annually, and of those, usually over 100 are consumer complaint related. All of these facility types must be certified if they elect to participate in the Medicare (Title XIII) and Medicaid (Title XIV) programs in Montana.

The purpose of the certification is to assure compliance with federal regulations regarding the quality of care rendered and the safety of the physical environment of the facilities.

Audit Bureau

Audits are an essential tool to ensure DPHHS service providers manage State and Federal funding for the benefit of the people of Montana, and the funding is not wasted or misused. Audits assess financial management, proper internal control, contract and regulatory compliance, and proper program performance.

Program Compliance Bureau

The program Compliance Bureau contains several programs that focus on compliance activities with regard to the Medicaid program and Supplemental Nutrition Assistance Program (SNAP).

Activities include: detecting and investigating abusive or fraudulent billing practices within the Medicaid program, and initiating recovery efforts; reducing Medicaid costs by identifying other insurers or parties responsible for paying a beneficiary's medical expenses; performing quality control reviews of Medicaid and SNAP eligibility determinations, and investigations of intentional program violations; manage the federal Payment Error Rate Measurement (PERM) process as required by CMS; and ensuring Department compliance with the federal Health Information Portability and Accountability Act (HIPAA).



what difference does
QUALITY ASSURANCE DIVISION
make?

The Licensure Bureau provides oversight and enforcement of state rules and statutes to assure public safety and welfare in approximately 740 health care facilities, 234 Community Residential facilities, and 1189 child day care facilities. By conducting on site facility surveys, the bureau identifies deficiencies that could be harmful to residents, children and consumers of services, and work with providers and facilities to correct those areas of non-compliance.

The Certification Bureau surveys health care facilities and identifies deficiencies that could be harmful to the consumers of those services. The management of the facilities is required to submit plans to correct the deficiencies, and the Bureau performs a revisit to ensure the corrective action plans have been implemented. Certification Bureau staff travel to communities in Montana and spend a considerable amount of time on the road responding to complaints filed by consumers, and performing scheduled surveys of health care providers. During the federal fiscal year ended September 2012, staff traveled over 130,000 miles throughout Montana.

Following a four-year cycle, **the Audit Bureau** audits more than 60 Developmental Disability service providers serving approximately 4,500 people, forty-five child care centers that provide safe and healthy care for approximately 1,632 children, eight Chemical Dependency service providers that serve approximately 3,200 people, and four Vocational Rehabilitation Independent Living Centers that assist approximately 1,228 people with the resources to live independently, and other DPHHS programs, as requested.

The Program Compliance Bureau integrity functions of Surveillance and Utilization Review Section (SURS) monitors over 17,500 Medicaid providers that provide health care services to Medicaid beneficiaries in Montana. SURS performs retrospective audits of claims paid by the Medicaid program and looks for billing anomalies and errors. This function of the Medicaid program contributes to

recovery of Medicaid benefits paid inappropriately to Medicaid providers due to billing errors, poor documentation of services provided, or non-compliance with Administrative Rules for covered services. In SFY 2012, 304 cases were completed and overpayments collected amounted to \$881,218.

The Program Integrity Section is composed of the **Quality Control Unit (QC)** and the **Program Investigation Unit (PI)**. QC performs federally mandated Quality Control reviews of recipient eligibility determinations for the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. QC also performs Payment Error Rate Measurement (PERM) reviews of Medicaid and CHIP recipient eligibility every three years.

During FFY11, QC reviewed 1,759 SNAP cases resulting in a cumulative error rate of 2.5% and 660 Medicaid cases resulting in a cumulative error rate of .005%.

PI conducts investigations of Intentional Program Violations (IPVs) in the SNAP, TANF and Medicaid programs. During SFY11 and SFY12, 1,961 individuals were referred to and investigated by PI for alleged IPVs, 1,180 of these cases were found to have committed IPVs and were disqualified from receiving SNAP benefits. As a result of these disqualifications, SNAP overpayments in the amount of \$1,187,100.00 were established and cost savings of \$3,077,072 were achieved.

The Third Party Liability (TPL) program ensures that Medicaid is the payer of last resort for medical services for eligible clients. TPL identifies and coordinates benefit expenditures with a third party such as health insurance companies, liability insurance, or an estate. In SFY 2012, TPL had a total savings of over \$166 million in the Medicaid program. This amount is derived from \$160 million in cost avoidance savings by requiring other insurers to pay first prior to Medicaid, and recovery of an additional \$6 million in Medicaid payments through liens and estates, and other functions.

Department Resources



Department Acronyms

AMDD	Addictive and Mental Disorders Division	MDC	Montana Developmental Center
APS	Adult Protective Services	MHNCC	Mental Health Nursing Care Center
BFSD	Business and Financial Services Division	MHSB	Medicaid and Health Services Branch
BRFSS	Behavioral Risk Factor Surveillance System	MSH	Montana State Hospital
CACFP	Child and Adult Care Food Program	MTAP	Montana Telecommunications Access Program
CFSD	Child and Family Services Division	MTUPP	Montana Tobacco Use Prevention Program
CI	Centralized Intake	OSB	Operations Service Branch
CMS	Centers for Medicare and Medicaid	OPA	Offices of Public Assistance
CSED	Child Support Enforcement Division	PHSD	Public Health and Safety Division
DPHHS	Department of Public Health and Human Services	PRC	Prevention Resource Center
DDP	Developmental Disabilities Program	QAD	Quality Assurance Division
DDS	Disability Determination Services	SHIP	State Health Insurance Program
DSD	Developmental Services Division	SLTC	Senior and Long Term Care Division
ECSB	Early Childhood Services Bureau	SNAP	Supplemental Nutrition Assistance Program
ESSB	Economic Security Services Branch	SNS	Strategic National Stockpile
HCSB	Human and Community Services Division	SSI	Supplemental Security Income
HMK	Healthy Montana Kids	TANF	Temporary Assistance for Needy Families
HRD	Health Resources Division	TSD	Technology Services Division
IHS	Indian Health Services	VR	Vocational Rehabilitation
IHSB	Intergovernmental Human Services Bureau	WIC	Special Supplemental Food Program for Women, Infants and Children
LIEAP	Low Income Energy Assistance Program	WoRC	Work Readiness Component
MCDC	Montana Chemical Dependency Center		

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Toll-Free Department Hotlines

AGING SERVICES HOTLINE

800-551-3191
Learn about community services available to low-income Montanans aged 60+.

ADULT MENTAL HEALTH SERVICES HOTLINE

888-866-0328
Get information about public adult mental health programs.

BIG SKY Rx HOTLINE

866-369-1233
Get help paying the monthly premium for Medicare Part D prescription drug plans.

CHILD ABUSE HOTLINE

866-820-KIDS or 866-820-5437
Report suspected cases of child abuse, neglect or abandonment.

CHILD SUPPORT HOTLINE

800-346-KIDS or 800-346-5437
Get information about child support payments.

HEALTHY MONTANA KIDS

877-543-7669
Learn more about the Healthy Montana Kids Plan, a low-cost private health insurance plan for eligible uninsured Montana children up to age 19.

ELDER ABUSE HOTLINE

800-551-3191
Report suspected cases of abuse, neglect or exploitation of elderly Montanans.

HEALTH INSURANCE ASSISTANCE HOTLINE

800-551-3191
Free counseling about health benefits for recipients of Medicaid, Medicare and long-term-care insurance.

HOME HEALTH CARE HOTLINE

800-762-4618
Make a complaint about the quality of services offered by a home health care agency.

MEDICAID FRAUD HOTLINE

800-376-1115
Report suspected cases of fraud involving Medicaid dollars.

MEDICAID HELP LINE

800-624-3958
For health-care providers who have questions about Medicaid issues such as billing, reimbursement, and program coverage.

MEDICAID PROVIDER HOTLINE

800-624-3958
For health-care providers who have questions about Medicaid issues such as billing, reimburse-

ment, and program coverage.

MENTAL HEALTH SERVICES BUREAU HOTLINE

888-866-0328
Provide information about mental health programs.

TELECOMMUNICATIONS ACCESS HOTLINE

800-624-3958
Get special equipment for Montanans who are deaf or have a speech or hearing impairment that makes it hard for them to use a standard telephone.

TOBACCO QUIT LINE

866-485-QUIT or 866-485-7848
Get free and personalized counseling and self-help materials, as well as free nicotine replacement therapy.

WIC HOTLINE

800-433-4298
To get information about food and nutrition benefits offered through the Special Supplemental Nutrition Program for Women, Infants and Children.

ROCKY MOUNTAIN POISON AND DRUG CENTER

800-222-1222
Experts are at Poison Help Centers 24 hours a day, 7 days a week, to provide you with life-saving treatment advice about any kind of poison.

MONTANA
DPHHS

Healthy People. Healthy Communities.

Department of Public Health & Human Services

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