



# Department of Public Health and Human Services

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## Children, Families, Health, and Human Services Interim Committee January 11, 2016

Department of Public Health and Human Services  
Senior and Long Term Care Division (SLTCD)  
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### Home and Community Based Services (HCBS) Waiver Program Update

**The Montana Big Sky Waiver - Senior and Long Term Care Division** - Is a Section 1915(c) waiver, which is referred to as Medicaid Home and Community-Based Services (HCBS) waiver. These waivers are alternatives to providing long-term care in an institutional setting. The HCBS Waiver, serving the elderly (age 65 and older) and people with physically disabilities started in 1982.

The program recognizes that many individuals at risk of being placed in institutional settings can be cared for in their homes and communities, preserving their independence and ties to family and friends, at a cost no higher than that of institutional care. To qualify a person must be financially eligible for Medicaid and meet the program's level of care requirements in a nursing facility or hospital. The Department contracts with case management teams to develop an individual plan of care in conjunction with the consumer. This waiver has an extensive menu of services which includes case management, respite, adult residential care (aka. assisted living), specialized services for those with traumatic brain injuries, environmental modifications, health and wellness, consumer directed services and personal emergency response systems.

On July 01, 2011, Montana added the 1915 (b) component, which limits the number of case management teams available. The Department contracts with seven agencies to provide case management services to members in the Wavier.

During FY 2015 approximately 2,500 people accessed services through the Waiver program for the elderly and disabled operated by the SLTC Division. HCBS services are limited by the amount of funding available and appropriated by the legislature, thus this is not an entitlement program under Medicaid. Expenditures of state and federal funds were about \$38.5 million in FY 2015.

**Waiver Renewal:** Waivers must be renewed every five years with the Centers for Medicare and Medicaid. The Montana Big Sky waiver is up for renewal in June of 2016. The Division is working on the waiver application template and will solicit comment and feedback related to any changes that will be proposed to this waiver through a public meeting and notice process during February of 2016.

**Waiver Wait List:** In December of 2015 there were approximately 426 individuals waiting for services and the average length of stay on the waiver waiting list was 180 days.

**December 2015 - HCBS Waiver Waiting List Summary  
Senior and Long Term Care Division**

Total Waiting List	426 Individuals
Average Length of Stay on Waiting List	180 Days
Gender	
• Males	156
• Females	270
Status	
• Disabled	189
• Elderly	220
• Child	17
Service Requested	
• Assisted Living Facility	188
• Basic/In Home Placement	226
• Heavy Care/Supported Living	12

## Home and Community Based Waiver Slots

Prepared 1/6/16

	FY10	FY11	FY12	FY13	FY14	FY 15	FY 16
<b>Assisted Living Slots</b>							Not Complete
AL Prior Year Slots	542	594	617	636	635	575	613
NF Transition, Expansion, Conversion	52	23	19	-1	-60	38	31
<b>AL Total Slots</b>	<b>594</b>	<b>617</b>	<b>636</b>	<b>635</b>	<b>575</b>	<b>613</b>	<b>644</b>
	FY10	FY11	FY12	FY13	FY14	FY 15	FY 16
<b>Basic Slots</b>							Not Complete
Basic Prior Year Slots	1068	1109	1124	1155	1159	1236	1236
NF Transition, Expansion, Conversion	41	15	31	4	77	0	1
<b>Basic Total Slots</b>	<b>1109</b>	<b>1124</b>	<b>1155</b>	<b>1159</b>	<b>1236</b>	<b>1236</b>	<b>1237</b>
	FY10	FY11	FY12	FY13	FY14	FY 15	FY 16
CC3 slots - Heavy Care/Supported Living/TBI Specialized	117	119	125	129	137	135	130
AL AT Risk Diversion Slots	12	12	12	6	9	9	14
<b>CSB NHT/Diversion Slots</b>						30	
<b>BSB Option slots</b>	<b>23</b>	<b>25</b>	<b>25</b>	<b>31</b>	<b>33</b>	<b>34</b>	<b>32</b>
<b>Money Follows the Person Slot</b>							1
<b>HCBS Waiver Total slots</b>	<b>1855</b>	<b>1897</b>	<b>1953</b>	<b>1960</b>	<b>1987</b>	<b>2057</b>	<b>2058</b>
<b>HCBS Waiver Total Members Served</b>	<b>2321</b>	<b>2409</b>	<b>2498</b>	<b>2393</b>	<b>2446</b>	<b>2536</b>	

**HCBS Settings Regulations:** Montana is in the process of complying with federal regulations pertaining to HCBS settings across all of its waivers.

CMS has issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).

The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in, and support full access to, the greater community. This includes opportunities to engage in community life, control personal resources, receive services in the community, and, when appropriate, seek employment and work in competitive and integrated settings to the same degree as individuals who do not receive HCBS.

The regulations also aim to ensure that individuals have a free choice of where they live and who provides services to them, as well as ensuring that individual rights are not restricted. While Medicaid HCBS has never been allowed in institutional settings, these new regulations clarify that HCBS will not be allowed in settings that have the qualities of an institution.

To assist states in making this transition, CMS has published guidance to provide further information about settings in which HCBS may or may not be allowed. States will be allowed a maximum of five years to make the transition and must submit a transition plan to CMS within one year of the effective date of the rule. States will be allowed a maximum of five years to make the transition and must submit a transition plan to CMS within one year of the effective date of the rule.

A state wide transition plan has been developed and submitted to CMS with timelines for achieving compliance with these settings regulations. Member and provider feedback has been solicited through three public meetings, as well as, through mail outs soliciting comments. The State will have until March 2019 for all settings to be in compliance with the home and community characteristic in order for Medicaid payment to continue to be made in each setting. All information related to the Departments compliance plan with these regulations is found on the state web site at <http://dphhs.mt.gov/hcbs>.