

# HJR 50: SENIOR/LONG-TERM CARE MEDICAID FUNDED HCBS PROGRAMS

## HOME AND COMMUNITY-BASED SERVICES

The Senior and Long-Term Care Division administers three Medicaid-funded programs that pay for non-medical services to allow seniors or physically disabled Montanans to stay in their homes or communities and avoid placement in a nursing home.

### BIG SKY WAIVER

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The Big Sky Waiver serves people who are eligible for Medicaid-covered long-term care services and who would otherwise be placed in a nursing home because of the level of care they need. Individuals also must have an unmet need for assistance that can only be provided through a home and community-based service. The program pays for items such as dietician services, housecleaning, private duty nursing, and rehabilitative therapies. People may receive services either in their homes or at an assisted living facility.

Because the program doesn't serve all eligible Montanans, the state had to receive an exemption, or waiver, from federal Medicaid laws to offer the program. The state also can limit enrollment in the program to remain within the funding appropriated by the Legislature, thus creating a waiting list of people who have qualified for the program but who can't be served because enrollment has reached the cap.

The federal government reimburses the state's costs at the same matching rate it uses for other Medicaid-funded health care services -- about 65%.

### PERSONAL ASSISTANCE SERVICES

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The Personal Assistance Services Program (PAS) pays for long-term supportive services that allow people to remain at home by helping with activities of daily living, such as bathing, dressing, eating, and exercising. It also covers limited grocery shopping, housekeeping, and laundry assistance.

Unlike the waiver, people can receive the services without needing a nursing home level of care. PAS also is an option under the state's regular Medicaid program, so people are entitled to coverage under the program if they meet the other eligibility requirements. Because of this, enrollment is not capped, and there is no waiting list for services.

The federal government pays its usual Medicaid matching rate of about 65% for these services.

## COMMUNITY FIRST CHOICE

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The Community First Choice (CFC) program combines various elements of the PAS program and the Big Sky Waiver.

Like the waiver, people must need an institutional level of care to qualify for the program.

However, CFC does not pay for all the services covered by the waiver. Instead, the program pays for assistance with activities of daily living, as well as some tasks related to integrating individuals into the community. Like PAS, it's an option within the state's regular Medicaid program, meaning enrollment is not capped.

States are reimbursed for CFC services at a matching rate that is 6% above the state's regular federal matching rate.

## SELF-DIRECTED VS. AGENCY CARE

People receiving services through the CFC and PAS programs have the option to obtain services either through an agency-based or self-directed care model.

Agency-based services are provided through a home health agency that hires, trains, pays, and schedules workers to provide services to people who have selected the agency as their provider.

Under the self-directed model, the individual receiving services is responsible for hiring, training, and managing their personal care attendants and for reviewing and approving all records to assure that services have been provided in accordance with the service plan. The individual also determines the qualifications and pay scale for the personal care attendants who are hired.

The individual's health care provider must authorize the use of self-directed care, and the individual or the person's personal representative also must be able to understand and assume responsibility for the choices they make regarding the services provided.

## SUMMARY OF PROGRAM ELEMENTS

The table below shows the 2021 biennium appropriation for each program.

	Revenue Source	Big Sky Waiver	CFC	PAS
FY 2020	Federal Funds	\$26,482,505	\$18,745,624	\$1,952,604
	General Fund	\$11,161,770	\$8,567,925	\$932,071
	State Special Revenue	\$3,705,209	\$1,513,650	\$106,777
	Total Funds	\$41,349,484	\$28,827,199	\$2,991,452
FY 2021	Federal Funds	\$28,010,298	\$22,982,299	\$1,744,794
	General Fund	\$11,161,770	\$10,790,528	\$928,107
	State Special Revenue	\$3,936,851	\$1,788,272	\$306,777
	Total Funds	\$43,108,919	\$35,561,099	\$2,979,678

The table below summarizes key statistical information for each of the programs.

	<b>Big Sky Waiver</b>	<b>CFC</b>	<b>PAS</b>
Date Implemented	1982	2014	1982
Number Served	2,564	3,229	48
Number on Waiting List (mid-August 2019)	213	No Enrollment Cap	No Enrollment Cap
Average Length of Time on Waiting List	130 Days	Not Applicable	Not Applicable
Average Cost Per Slot	\$16,084	\$10,725	\$2,368
Total Cost of Services (FY 2019 YTD)	\$40,278,930	\$37,37,559,995	\$1,321,691

The table below provides length of stay information for participants in the Big Sky Waiver, which as of mid-August served individuals ranging in age from 2 to 102 years of age. The average length of stay was 1,621 days, or 4.44 years. The longest length of stay was nearly 36 years.

<b>Length of Stay (Waiver)</b>	<b># of Enrollees*</b>
Up to 1 Month	22
1 to 3 Months	113
3 to 6 Months	133
6 Months to 1 Year	226
1 to 2 Years	326
2 to 5 Years	536
More than 5 Years	585

\* On Aug. 12, 2019

## **Sources**

- Administrative Rules of Montana, Title 37, Chapter 40, Subchapters 1, 11, 13, and 14.
- Interview with Barb Smith, Administrator, Senior and Long-Term Care Division, Department of Public Health and Human Services, July 24, 2019.
- Appropriation and program data provided by DPHHS Senior and Long-Term Care Division.
- "Community Services for Seniors and People with Disabilities," DPHHS Website, available at <https://dphhs.mt.gov/sltc/csb>, accessed July and August 2019.