

Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper, Director

December 5, 2016

Senator Jon Sesso 811 West Galena Street Butte MT 59701 jonsesso@yahoo.com

Senator Mary Caferro 607 North Davis Street Helena MT 59601 Marycaferro@gmail.com

Dear Senators Sesso and Caferro:

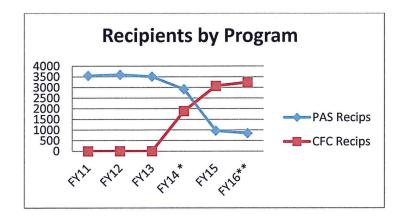
Thank you for this opportunity to respond to your questions regarding services provided through the Senior and Long Term Care Division. In summary, you are seeking information regarding waiting lists, excess authority and how both exist at the same time for the Big Sky Waiver (waiver) and the Community First Choice (CFC) program.

Community Frist Choice

The Community First Choice (CFC) is a state plan home and community based services program designed to provide direct care in the home setting. As a state plan service, the program does not have a cap and must provide services to those who qualify and cannot have a wait list. The type of care authorized is tailored to each individual in a person centered manner and dependent upon their needs, living situation, and availability of caregivers.

Services available through CFC include the Activities of Daily Living: bathing, dressing, grooming, toileting, eating, medication assistance, ambulation and exercising. Medical escort is also available. Under the CFC program there is also additional time for community integration, yard hazard removal for the purpose of providing safe access and entry to the home, correspondence assistance and a personal emergency response system.

The CFC state plan option was established under the Affordable Care Act of 2010 and provides a six percentage point increase in federal match. Individuals began the transfer from personal assistance services to CFC midway through FY 2014. That transition is illustrated in the graph below.

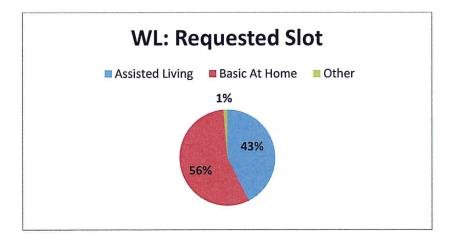


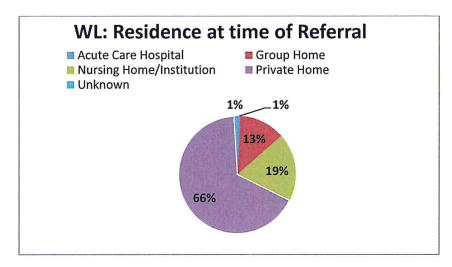
The CFC program finished FY 2016 with an estimated excess authority of \$3.3 million. During the early planning stages of CFC, an estimate was done that included a greater percent of transfers from other programs than what has occurred. In addition, a lower number of individuals in the personal assistance services (PAS) program transferred to CFC.

Big Sky HCBS Waiver

The Big Sky Waiver (waiver) is a Home and Community Based Services (HCBS) program allows people, who would otherwise be institutionalized, to live in their own home and community. To qualify for the HCBS Program, a recipient must be financially eligible for Medicaid and meet the level of care requirements for nursing facility placement. In addition, individuals must have an unmet need that can only be resolved through a home & community based service in order to qualify for the program. To access services provided under the waiver, there must be a slot available.

The budget is allocated to providers on a slot based concept, where the slot is equal to an average cost plan. The unduplicated count of members served is greater than the slot count as not all members cost the average rate and the program does have some turnover. This situation does create a waiting list, which is allowable under this program. As of this writing the waiting list is 517. The waiting list is priority based. Members who are on the list are most likely receiving CFC services, or are residing in an assisted living, group home or nursing facility setting. The charts below provide some basic information regarding the waiting list (WL).





The Big Sky Waiver finished FY 2016 with \$847,823 in excess authority. This funding could have provided services to 24 individuals with an average care plan cost of \$35,000. In reviewing data from in FY 2016, it was noted that the utilization factor (actual claims/plan of care estimate) was lower than estimated resulting in lower expenditures. In order to reduce the risk of this occurring again, the Community Services Bureau staff is working to develop a more accurate means to track utilization.

The characteristics of the two programs are summarized below:

	Big Sky Waiver	Community First Choice
Type of Medicaid Service	HCBS Waiver	State Plan
Service Qualification	Nursing Facility Level of care Need for HCBS service	Nursing Facility Level of care
Program Enrollment	Capped	Not Capped
Waiting List Approved	Yes	No
Excess Approp. Authority FY16	\$892,000	\$3.3 million
FY16 Member Count by service	2,525	3,346

Should you need any additional information, please contact Barb Smith of my staff. She can be reached at 444-4147 or barbarasmith@mt.gov

Sincerely,

Richard H. Opper, Director

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Montana DPHHS