

Montana Community Choice Partnership

Money Follows the Person

Demonstration Grant

1:LICMS331092-01-00

Sustainability Plan

April 30, 2015

MANDATORY ELEMENTS

1. Executive Summary

Montana's Department of Public Health and Human Services (DPHHS) submitted a grant application entitled, "Montana Community Choice Partnership Money Follows the Person (MFP)" to the Centers for Medicare and Medicaid (CMS) in 2012. The State received the MFP grant Notice of Award in the amount of \$12, 303,184 on September 27, 2012.

Montana is one of the last states to apply for and implement a MFP demonstration grant and the program is just getting started on transition processes. Sustainability planning is difficult to fully grasp at this point in time with grant implementation efforts just starting to take shape.

Montana is committed to enhancing its long term services and supports (LTSS) system to increase the use of home and community based services (HCBS) and reduce the use of institutional supports. Montana's MFP grant seeks to expand the State's existing transition efforts to individuals in multiple target populations who have complex care needs. The MFP grant enhanced Federal Medical Assistance Percentage (FMAP) will be reinvested into increasing HCBS services and supports, including diversion activities and waiver expansion as described in the approved Operational Protocol and in this sustainability planning document.

Montana has been successfully moving individuals who are elderly and physically disabled from skilled nursing facilities to HCBS settings since 1999, utilizing funding from institutional budgets to develop ongoing community services. Money Follows the Person will allow the State to augment its existing system of community based long term services and

supports, and to increase home and community based services through the transition efforts that are currently underway.

Montana is a low population state in numbers of individuals being served, and as such, needed to have a different approach for the purpose of developing meaningful transition benchmarks under MFP. The established benchmark was to transition 235 participants from institutional settings into HCBS settings. The Community Choice Partnership demonstration grant is a collaborative effort, being accomplished in partnership with several Divisions within DPHHS through the use of existing 1915(c) waiver and state plan services, in addition to newly added MFP Demonstration Services to target individuals with developmental disabilities, severe disabling mental illness (SDMI), youth with serious emotional disturbance (SED), and other individuals with complex needs. As of the writing of this plan, 24 individuals have transitioned into services through these partner waivers and the program has received 106 referrals for services.

Montana has been and will continue to be committed to keeping people in need of services in their homes and communities whenever possible as alternatives to institutional care. Building additional community supports and services to serve individuals in the least restrictive, most cost effective setting will continue to be a focus in Montana even after the MFP grant is completed.

2. Stakeholder Involvement

a. Process

Three distinct groups serve as stakeholders in the MFP grant. A Governor-appointed Stakeholder Advisory Council was established during the MFP grant planning stage in 2012. The Stakeholder Advisory Council is comprised of 15 members that meet quarterly. In addition to the Stakeholder Advisory Council, the MFP grant established a Steering Committee comprised of 20 Division partners (including MFP grant staff) that meets once a month. The MFP grant also maintains an interested parties list that includes 134 members. Interested party members are invited to attend the quarterly Stakeholder Advisory Council and are often asked for input and feedback on process and policy development. Stakeholders provide vision and guidance; information regarding current programs and services; assist in developing policies and processes; identify barriers; propose solutions; and provide input on all grant activities. Consensus is generally met through discussion and the provision of follow up materials and information.

Stakeholder Advisory Council members were identified at a parameter setting meeting on May 22, 2012. The group brainstormed a high-level scope of what to include in the MFP grant, what populations to serve, and how MFP funds could be used to support services to the identified populations. High level evaluation of current systems, methodologies, rates for services, quality assurance, data systems, and interagency coordination also took place. A Steering Committee consisting of staff from partner programs and agencies was also developed.

Four Stakeholder Advisory Council meetings took place prior to the MFP grant award in September 2012. Topics included overview of the MFP grant; plans to build on Montana's current nursing home transition efforts; identification of target populations; development of a vision statement and project name; gap analysis; qualified housing requirements; plans to develop a housing registry; identifying housing partnerships with the MT Department of Commerce (MDOC) and the MT Home Choice Coalition; creation of Housing Bridge assistance; pursuit of a HUD 811 grant in partnership with MDOC; the operational protocol components; strategic planning; and review of the draft operational protocol.

Seven Steering Committee meetings took place prior to the MFP grant award. Topics included benefits; services; funding; quality measures including 24/7 backup, risk assessment, and incident management systems; self-direction; informed consent; service population estimates; benchmark development; cost per client in each partner program; cost of demonstration services; administrative costs; letters of endorsement; memorandums of understanding; and budget.

Three community forums were held across the state in June 2012 to obtain input from consumers, advocates, long term care providers, and interested parties to help design the MFP demonstration project; DPHHS presented an overview of the grant opportunity; and the group brainstormed responses to the question, "What benefits or services would you like to see implemented to achieve the MFP objectives?"

Post grant award, the Stakeholder Advisory Council met four times and continues to meet quarterly; the Steering Committee met sixteen times and continues to meet monthly; and

three community forums were held statewide to review draft MFP processes and the Regional Transition Coordinator demonstration service.

The last two quarterly Stakeholder Advisory Council meetings and the last five Steering Committee meetings have involved discussion and planning around the MFP Sustainability Plan. On March 10, 2015, council members participated in an exercise of verbally providing input based on the Sustainability Template with an in-depth review of the MFP demonstration services and crosswalk possibilities as well as a two-week follow up period to provide written feedback. Comments received through this process are incorporated into the Sustainability Plan.

Interested party members have been invited to attend every Stakeholder Advisory Council meeting pre-grant award and post-grant award. They will continue to be invited to future meetings for the duration of the MFP grant and were invited to provide verbal and written feedback for the Sustainability Plan.

Agendas, meeting minutes, and an ongoing status report memorialize meeting activities and comments and are used to build upon the work of the previous meetings.

b. Summary of Stakeholders With Counts

The 15 members of MT's MFP Stakeholder Advisory Council include six service providers representing each service population targeted by the MFP grant (elderly, physically disabled, developmentally disabled, mentally ill, and youth with SED). The committee also includes representation from Independent Living, Disability Rights Montana (a non-profit advocacy organization), two tribal representatives, and a consumer of HCBS services. One of the members also sits on the Montana Council of Developmental Disabilities, which is comprised of

50% consumers and family members. The other four members include the Montana State Medicaid Director as well as the three Division Administrators who oversee the programs the MFP grant is partnering with the Senior and Long Term Care Division (SLTCD), Addictive and Mental Disorders Division (AMDD), Disability Services Division (DSD), and the Children's Mental Health Bureau (CMHB) that is housed within DSD. Upon suggestion by the Stakeholder Advisory Council, MFP staff will extend invitations to current MFP participants to join the council.

Montana's MFP Steering Committee is comprised of 20 members and includes all four MFP staff; four staff from each of the partner Divisions; two Division Bureau Chiefs; three Division Administrators; the state Medicaid Director; a staff member and Bureau Chief from the Disability Employment and Transitions Division; a staff member from the State Long Term Care Ombudsman program; two staff from SLTCD's Community Services Bureau; and a staff member from the Aging Services Bureau.

The 134 members of the MFP interested parties list includes HCBS case managers, individuals with disabilities and family members, representatives of Independent Living Centers, representatives of Area Agencies on Aging, Aging and Disabilities Resource Centers (ADRCs), members of housing agencies, institutional providers, HCBS providers, assisted living providers, members of advocacy organizations, mental health providers, and tribal entities. Interested party members are invited to participate at all Stakeholder Advisory Committee quarterly meetings.

3. State Plan for Continuing to Support Moving Persons out of Institutions

a. Montana Will Continue to Actively Support Moving Persons Out of Institutions

Montana has a long standing track record of creating long term care services and supports to move individuals into community settings from various waiver programs. The State has successfully transitioned individuals who are elderly or disabled from nursing facilities for more than 15 years. Through a demonstration grant (Bridge waiver) which is now the 1915(i), the State has successfully transitioned youth from PRTFs for over 5 years. DSD has reduced the population in the Montana Developmental Center (MDC) from over 800 individuals 40 years ago, to less than 50 today.

The State currently supports the transition of individuals out of institutions and into community based settings through on-going nursing home transition efforts and through the many approved HCBS waiver programs that the State has developed. This transition work will continue after the MFP demonstration grant has concluded.

Montana's MFP participants are served across several waiver programs; the Big Sky Waiver (Senior and Long Term Care Division); the SDMI Waiver (Addictive and Mental Disorders Division); the 0208/Comprehensive Waiver (Developmental Services Division); and the 1915(i) State Plan services at Children's Mental Health Bureau. Services approved under these waivers and 1915(i) program form the core services for Montana's MFP participants. Additionally a participant can qualify for and receive MFP demonstration services.

The goal of the MFP grant is to build waiver capacity and expand the number of participants served in the partner waivers and 1915(i) program. This takes into consideration Stakeholder concerns that an individual should be able to transition when he/she is ready as

opposed to being asked to wait for a service slot to open up in waivers that have waiting lists, or for specific transition efforts to occur that allow individuals to transition from institutional settings to the community at regimented times during the year. Continuity of care for an MFP participant is established by enrolling an MFP participant onto one of the partner waivers or 1915(i) program at day one of MFP participation. In addition to meeting MFP requirements of being in an institution for 90 days, receiving institutional Medicaid for at least one day prior to moving to the community, and moving into qualified housing settings, MT MFP added the criteria of a participant meeting eligibility requirements for one of the partner programs and enrolling in those services at day one. The MFP grant funds the services for 365 days. At day 366, the participant will remain in the community waiver placement. As long as the person meets waiver or 1915(i) requirements, the person will continue to receive HCBS waiver or 1915(i) services and will be served with additional budget capacity added to each corresponding programs waiver budget to sustain the placement.

b. Populations Included in the Ongoing Support

Montana's MFP grant serves elderly, physically disabled, mentally ill, individuals with intellectual disabilities, and youth with severe emotional disturbance (SED). Transitions will continue and will receive ongoing support as follows through existing waivers and the 1915(i) program:

- Big Sky waiver serves elderly and disabled individuals;
- SDMI waiver serves individuals with mental illness;
- 0208/Comprehensive waiver serves individuals with intellectual disabilities and developmental disabilities;

- 1915(i) state plan serves youth under age 18 who have severe emotional disturbance (SED).

Montana's 2015 Legislature, which adjourned April 29, 2015, continued to provide expansion funding for the waiver programs to build additional capacity for community services. At the present time there has been additional funding added to the intellectually disabled and the mental health program areas for increased waiver slot capacity for the next biennium, as well as designated ongoing funding for sustaining MFP participants in waiver placements when they have reached day 366 to build this increased HCBS capacity.

As MFP progresses and more information about the value of the MFP demonstration services is gathered, Montana will look at the possibility of incorporating demonstration services in partner waivers upon waiver renewal or through an amendment process and in the 1915(i) program.

c. Institutions Targeted

Montana will continue to target the same institutional settings identified in the Operational Protocol when the MFP grant is finished. As part of our ongoing transition efforts the following institution types will be targeted to identify potential MFP participants for each waiver type:

- Elderly and Physically Disabled:
 - Nursing Homes;
 - Hospitals;
 - State Veterans' Homes (Montana Veterans Home/Eastern Montana Veteran's Home)

- Severe Disabling Mental Illness:
 - Montana State Hospital
 - Montana Mental Health Nursing Care Center
 - Montana Developmental Center
- Individuals with intellectual or developmental disabilities:
 - Nursing Homes
 - Hospitals
 - Montana Developmental Center
- Youth with Severe Emotional Disturbance (SED):
 - Psychiatric Residential Treatment Facilities (PRTFs) to include: Shodair Children’s Hospital, Acadia Montana, and Yellowstone Boys and Girls Ranch
 - Out of state PRTFs

d. If the State is Not Planning to Continue to Support Persons Moving Out of

Institutions

This section is not applicable to the MT MFP grant as Montana has a long standing track record of creating long term care services and supports for individuals moving out of institutions.

e. Estimate of Funds Necessary to Continue Meeting the Submission of MFP Grant and Programmatic Reporting Requirements

Staff time will be required to continue to meet the submission of MFP grant and programmatic reporting requirements. Montana plans to transition MFP participants through December 31, 2017. Participants are eligible to remain in MFP for 365 days and some of them

could be re-institutionalized for up to 90 days and return to MFP. If this occurs, the time spent out of MFP services due to re-institutionalization does not count against the 365 days of MFP eligibility. The State could potentially serve MFP participants through the end of March 2019. Montana intends to retain the full contingent of MFP staff through December 31, 2019.

The estimates by Montana for reporting are as follows:

Financial and Data Reports:

- The financial report (ABCD) and MMIS data files for Quarter 4 of CY 2018 will be due by February 15, 2019.
- A semi-annual Truven report will be due by the end of January 2019. If any of the participants transitioned in 2017 are re-institutionalized, their services may carry into 2019. That would mean another financial report (ABCD) and potentially MMIS data files may need to be submitted for Quarter 1 of CY 2019. These reports would be due May 15, 2019.
- In addition, another semi-annual Truven Report may be required for the first half of 2019. This would theoretically be due by July 30, 2019. Assuming no more financial (ABCD), MMIS data files, or semi-annual Truven reports will be required by CMS after July of 2019, only the follow up Quality of Life (QOL) Survey requirement will remain.

Budget Calculation for Closeout of Transition Services:

All costs incurred by MFP are outlined in Section 8 Estimated Budget Summary.

Quality of Life Surveys:

Quality of Life surveys take place as part of the MFP grant requirements at three separate times per participant. The first survey (baseline) must be completed prior to a

participants' transition. The second survey is due at approximately 11 months after transition to the community. The final survey is due at approximately 24 months after transition to the community. Based on these requirements:

- The survey schedule for any participant that transitions in December of 2017 would require a one year follow-up in 2018.
- The two year follow up survey for participants that transition in December of 2017 will not be completed until December of 2019.

MFP Quality of Life Survey Calculation:

Montana compensates each surveyor that conducts a QOL survey. A surveyor is compensated \$100 for each survey conducted.

In 2018, Montana will need to conduct a one-year follow up survey on the 88 participants transitioned in 2017 and two year follow ups on the 77 participants transitioned in 2016. In 2019, Montana will need to conduct a two year follow-up QOL on the 88 participants we plan to transition in 2017. These costs are included in the contractual line item found in the Estimated Budget Summary.

4. Demonstration Services and Services Funded by MFP Administrative Funds Included in the State's OP and Delivered to MFP Participants

Montana proposed adding ten additional demonstration services within the MFP grant in addition to the core waiver and state plan services each participant receives depending upon the program the participant is eligible for (Big Sky Waiver, SDMI Waiver, 0208/Comprehensive Waiver, or 1915(i) State Plan at CMHB).

To date, six of the ten demonstration services have been defined and coded into the State's Medicaid claims and billing system (MMIS). These demonstration services represent a mix of new Medicaid services as well as an effort to create consistency among the partner programs that may or may not offer a particular service. The MFP grant will track the usage of these demonstration services in order to provide information to the partner 1915(c) waivers and 1915(i) program so that each program might assess the benefit of adding the service to its current menu of service options at the time of waiver renewal or through a waiver amendment.

Since Montana just started transitions in May 2014 and only six of the demonstration services are defined and coded for use, the data about MFP demonstration services is limited at this point. A workgroup has been established to complete the policy and finalize fees for each demonstration service. It is likely that MFP Transportation Services and MFP Geographic Factor for Travel will be removed from the operational protocol. This will reduce the number of demonstration services to eight. That will leave two demonstration services that need to be finalized: MFP Peer Support Services and MFP Substance Use Disorder Treatment Services. The following table summarizes the MT MFP demonstration services:

MFP Demonstration Service	MMIS Billing Code/Modifier
MFP Transition Services – <i>defined and coded</i>	H2016/UA
MFP Regional Transition Coordinator – <i>defined and coded</i>	H0043/UA
MFP Companion Services – <i>defined and coded</i>	S5136/UA
MFP Peer Support Services*	T2012/UA
MFP Information Technology – <i>defined and coded</i>	T1014/UA
MFP Geographic Factor for Provider Travel* – <i>possible elimination from OP</i>	A0425/UA
MFP Substance Use Disorder Treatment Services*	H0026/UA
MFP Modifying Existing Vehicles for Accessibility – <i>defined and coded</i>	T2039/UA
MFP Transportation Supports* – <i>possible elimination from OP</i>	T2002/UA
MFP Overnight Supports – <i>defined and coded</i>	S5116/UJ
<i>*draft policies in place-providers not able to bill for these services</i>	

a. Name and Definition of Services

The following table provides the name and summary definition of each demonstration service:

<u>Demonstration Service Name</u>	<u>Definition of Service</u>
MFP Transition Services	Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institutional setting to qualified housing in a private residence or residential setting meeting MFP requirements. DPHHS will support MFP participants in their transitions by paying one-time costs assessed as needed to support transitions. These costs may include security deposits (including first month’s rent), moving expenses, payment toward past bills affecting ability to meet rental qualifications, set up fees or deposits for utilities or service access, furniture, other household goods, services needed for health and safety, and home accessibility adaptations. The MFP State Transition Coordinator or MFP Project Director can prior authorize payment for up to \$4,000 of goods and services. Transition services costs can exceed this amount with prior approval of the Department.
MFP Regional Transition Coordinator	Regional transition coordinators will provide supports for consumers’ needs as they transition from institutions to the community. Transition coordinators will work with a team, including the consumer, family members, institutional providers, discharge planners, peer mentor/advocate, and community providers (including CILs) to develop a

	<p>transition plan and oversee its implementation.</p> <p>Transition coordinators will coordinate services around the transition, including the transition services (Example: housing assessment, home modifications, vehicle modifications, utility deposits, connecting participants to peer mentors, working with local housing coordinators, visiting potential housing options, coordinating moving day, and selecting other MFP demonstration services needed by the consumer to successfully transition).</p>
MFP Companion Services	<p>MFP adult and youth participants and/or family members may be paired, when appropriate and available, with a companion to provide support before, during, and following their transitions as well as provide socialization. MFP companions are persons or family members whose life experience provides expertise that professional training can't replicate. Companions will begin interacting with MFP participants or family members before the transition occurs, will stay in touch regularly, and work to integrate participants into the community and provide support to families. Montana will partner with statewide networks to provide this service.</p>
MFP Peer Support Services	<p>MFP peer mentors/advocates have a different role than MFP companions. More than socialization, mentors/advocates work with consumers and family members to introduce them into the culture of home and community based supports. A peer mentor/advocate serves as a participant advocate and provides participant information and support from a peer perspective. Montana will partner with statewide networks to provide this service.</p>
MFP Information Technology	<p>Montana is a rural/frontier state, with many Montanans living far from services, neighbors, and family. Montana will be using MFP as an opportunity to increase its use of technology to connect participants to health services, families, peers, and social opportunities. If required by the person-centered plan:</p> <ul style="list-style-type: none"> • Montana may support communication needs including hardware and associated costs to maintain connectivity or provide enhanced supervision, monitoring, and diagnostic needs. • Montana may purchase information technology equipment or software needed to support medication management. • Montana will seek out group purchasing for these products and services for participants.
MFP Geographic Factor for Provider Travel	<p>Many miles often separate towns in Montana. It is not unusual to drive for 50 miles to reach the closest town. In order to improve access to services in rural Montana, the State will use a geographic factor to reimburse providers traveling more than 25 miles to provide services.</p>
MFP Substance Use Disorder Treatment Services	<p>Montana has limited resources focused on substance abuse, gambling, and other addictive disorders for adults or children on Medicaid. Individuals with developmental disabilities, traumatic brain injuries, and cognitive disorders in Montana have a particular need for these services. Under MFP, the State will support services to fill this gap.</p>

MFP Modifying Existing Vehicles for Accessibility	Transportation is often an obstacle for individuals who are disabled with accessibility needs to fully engage in employment, recreation, and social activities. Making modifications to an existing vehicle will be specified in the service plan as necessary to enable a consumer with accessibility needs to more fully integrate into the community and to ensure their health, safety and welfare.
MFP Transportation Supports	Montana will provide required financial support to individuals needing another method of accessing transportation beyond a purchased vehicle. If required by the person centered plan: <ul style="list-style-type: none"> • MFP may pay costs associated with licensing, insuring, or maintaining a vehicle to promote independent vehicle usage. • The State may provide transportation vouchers to help participant’s access public transportation options.
MFP Overnight Supports	MFP participants living alone and needing supervision can have overnight or enhanced staffing to help support the transition for a limited time. Overnight or enhanced staffing supervision will be provided based on individual needs defined in the person centered plan. Generally this support will be available up to 30 to 45 days, unless extenuating circumstances warrant a longer timeframe.

b. Target Population

All ten demonstration services will be available to all MFP grant target populations to include elderly, physically disabled, mentally ill, individuals with intellectual disabilities, and youth with SED. By including these services as part of the MFP demonstration grant, Montana intends to study the usefulness of these services in all the partner waivers and 1915(i) program. Montana started transitions in May 2014 and six of the demonstration services are defined and coded for use, therefore, the data about the MFP demonstration services is limited at this point. Montana is one of the last states to implement an MFP grant and it is too early to determine which, if any, of the MFP demonstration services will be incorporated into the menu of Medicaid services available in the Big Sky Waiver, SDMI Waiver, 0208/Comprehensive Waiver, or the CMHB’s 1915(i) state plan.

c. State’s Decision to Retain, Retain with Modifications, or Delete Service

Montana piloted two transitions in May 2014 and other transitions followed in August 2014. The data about demonstration services used is just beginning to become available. It is too early in Montana’s MFP program to make decisions about what demonstration services will be retained, modified or deleted. As the supporting data becomes available, it will be shared with grant partners and Stakeholders who will consider whether or not the service is valuable as a permanent addition to the 1915(c) waivers or 1915(i) state plan program through an amendment process or through the scheduled waiver renewal. Any increased costs associated with these decisions will also need to be approved through a legislative process. The following table summarizes waiver renewal dates and dates of next legislative sessions:

	Renewal	Legislative Sessions
Big Sky Waiver – 1915(c)	7/1/16	2017 & 2019
SDMI Waiver – 1915(c)	7/1/15	2017 & 2019
Comprehensive 0208 Waiver – 1915(c)	6/30/18	2017 & 2019
CMHB 1915(i) State Plan	No plans to continue	
<i>*each waiver program could also request an amendment to services at any time.</i>		

Each demonstration service will be addressed in the context of the following information:

- i. Retention-include which waiver(s) or SPA will be amended or added including timeframes for submittal to CMS;
- ii. Retention with modifications-describe modifications and include which waiver(s) or SPA will be amended or added including timeframes for submittal to CMS, and
- iii. Deletion-Reason for deletion.

Transition Services currently exist in all the partner waivers and 1915(i) program. The following table summarizes those services:

MFP Demonstration Service	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Transition Services	Community Transition Services and Environmental Accessibility Adaptations	Community Transition Services	Community Transition Services and Individual Goods and Services	Supplemental Supportive Services

Stakeholders are especially interested in being able to add coverage for rental deposits and first month’s rent to the existing transition services definitions. The MFP program will continue to collect data about this demonstration service. Each waiver program could modify existing transition services and request an amendment or make the change at the time of renewal.

The ***MFP Regional Transition Coordinator*** demonstration service is a new service to all partner programs and does not currently exist as a standalone service. This service emphasizes extensive pre-transition planning which is critical to making complex transitions successful. Stakeholders widely valued the addition of this demonstration service to MT’s grant. At the present time, current case managers serve in this role. However, the grant’s operational protocol indicates that the State will explore how other individuals such as Independent Living Center staff, might provide these services. Throughout 2015, strategic planning will occur to explore how the current framework of this service can be developed, how fee structures might be modified, and how training for this role could be further developed and improved. Current questions and concerns that need to be addressed include:

- not having a payment mechanism for this service until a participant moves to the community which results in delays in provider reimbursement for services provided;

- case managers currently fill this role and it is believed that others do pre-transition planning but are not monetarily recognized for the work;
- MFP participants are viewed as temporary slots and might not receive the same focus of attention as permanent waiver slots;
- temporary slots do not enable agencies to budget for the long term and increase staff as needed;
- how does the state develop a mechanism to pay for failed transitions without MFP administrative funds

It is unclear at this time how to crosswalk this service into the partner programs.

According to the information provided by CMS for the purposes of sustainability planning, it appears that this could be included in case management services or in transition services in the 1915(c) waivers and the 1915(i) program. Before considering waiver amendments, the MFP grant will need to revise the service definition to address the concerns stated above. In addition, the grant will need to demonstrate the overall value of this service since we are only in our tenth month of transitioning individuals and do not yet have enough data to make an informed decision.

Peer Support Services are currently under development in collaboration with a work group comprised of staff from each partner waiver program and the CMHB 1915(i) program as well as the MT Peer Task Force. The MT Peer Task Force received a grant from the Addictive and Mental Disorders Division (AMDD) in 2013 to develop the standards for a person providing peer support services as well as a peer support toolkit and training curriculum. Stakeholders believe this demonstration service will be valuable in ensuring successful transitions and the

goal of the MFP grant is to demonstrate the effectiveness of this service. The fee structure of this service will also be revised based on input from the workgroup. The policy for this service will be complete by May 2015.

The following table summarizes what comparable peer support service exists or does not exist in each partner program:

MFP Demonstration Services	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Peer Support Services	None – MFP Demonstration Service	Upcoming waiver renewal; Requesting addition of “Peer Specialist”	None – MFP Demonstration Service	Peer-To-Peer Services

Currently, the 1915(i) is the only partner program that provides this service through “Peer to Peer” services. The SDMI 1915(c) waiver program will submit a waiver renewal that is due July 1, 2015 and it will include the request to add a service entitled “Peer Specialist”. While it is believed that peer support services will be a valuable addition to waiver programs, there is not enough data from the MFP program to support any long term decisions.

Companion Services are currently available as “Senior Companion” services in the Big Sky waiver and as “Adult Companion” services in the 0208/Comprehensive waiver. The MFP Companion Services will provide this service for the SDMI waiver and in the 1915(i) program.

The following table summarizes companion services in each partner program:

MFP Demonstration Services	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Companion Services	Senior Companion Services	None – MFP Demonstration Service	Adult Companion Services	None – MFP Demonstration Service

This service was finalized in January 2015 and there is not enough data to determine if it will be added as a waiver amendment to those waivers that do not currently offer this service.

Some coverage for **Information Technology Services** is included in the Big Sky waiver, SDMI waiver, 0208/Comprehensive waiver as specialized medical equipment and supplies, adaptive equipment, and supplemental supportive services. The following table summarizes these services:

MFP Demonstration Services	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Information Technology	Specialized Medical Equipment and Supplies; or PERS	Specialized Medical Equipment and Supplies; or PERS	Environmental Modifications/Adaptive Equipment; or Individual Goods and Services; or PERS	None – MFP Demonstration Service

The MFP demonstration service seeks to broaden the scope of these services by increasing the opportunity for connectivity of participants to healthcare, family members, peers, and social opportunities. By providing for connectivity needs, the demonstration service addresses the unique challenges of supporting a participant who transitions in a frontier state¹. The policy for this service was finalized in February 2015 and no MFP participant has used this service to date. There is not enough information to determine if this service will be sustained after the MFP grant.

¹ The National Center for Frontier Communities defines a “frontier health professional shortage area” as an area 1) with a population density of less than 6 persons per square mile within the service area and 2) with respect to which the distance or time for the population to access care is excessive. 46 counties out of 56 counties in Montana are frontier counties

The MFP demonstration service called **Geographic Factor for Provider Travel** is under review by a work group comprised of staff from each partner waiver and 1915(i) program. The 1915(i) is the only program to currently provide this. It is not a standalone service, rather, it is a factor attached to a specific service for a specific provider to receive increased reimbursement as incentive for providing necessary services to individuals when travel over long distances is required. A proposal has been made to remove this demonstration service from Montana’s MFP operational protocol. There is currently no data to support adding this service as an amendment to the 1915(c) waivers or 1915(i) program. It is not clear how this could be developed or sustained as a standalone service.

The MFP demonstration service called **Overnight Supports** was developed in January 2015. There are similar services available in the Big Sky waiver, SDMI waiver, and 0208/Comprehensive waiver as supported living services and live in caregiver. The following table provides a summary:

MFP Demonstration Services	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Overnight Supports	Supported Living	Supported Living	Live-In Caregiver	None – MFP Demonstration Service

A similar service also exists in extended State Plan Personal Assistance/Community First Choice. To date, no MFP participant has used this demonstration service. It will be assessed throughout the duration of the MFP grant to determine its value in adding it as a service through a waiver amendment or renewal.

MFP Transportation Supports has not been developed as an MFP demonstration service. All partner waivers and 1915(i) currently have services for transportation or non-medical transportation. Based on the existing service, the workgroup will consider removing this demonstration service from the MFP operational protocol in 2015. The following table summarizes this existing service in each program:

MFP Demonstration Services	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Transportation Supports	Non-Medical Transportation	Non-Medical Transportation	Transportation	Non-Medical Transportation

The partner workgroup finalized the demonstration service called **Modify Existing Vehicle for Accessibility** in January 2015. A similar service currently exists in the Big Sky waiver and 0208/Comprehensive waiver. See the following table for a summary:

MFP Demonstration Services	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Modifying Existing Vehicles for Accessibility	Vehicle Modification	None – MFP Demonstration Service	Environmental Modifications/Adaptive Equipment	None – MFP Demonstration Service

The goal of the MFP demonstration service is to make this service available to all MFP participants across the partner programs. To date, the demonstration service has not been used by an MFP participant. The value of adding this service through an amendment or renewal process to the existing waivers will continue to be assessed over the course of the MFP grant.

MFP Substance Use Disorder Treatment Services has not yet been developed. Policy will be finalized in 2015 with a workgroup comprised of Division partners and experts in the

field of substance use disorders. Two partners currently have a similar service. See the following for a summary:

MFP Demonstration Services	Big Sky Waiver	SDMI Waiver	0208/Comprehensive Waiver	1915(i)
MFP Substance Use Disorder Treatment Services	None – MFP Demonstration Service	Substance Use Related Disorders Counseling	None – MFP Demonstration Service	Co-Occurring Services

MFP staff will offer a training regarding the finalized demonstration services to providers, case management teams, and interested parties at the Governor’s Conference on Aging (May 11 – 13, 2015). Ongoing training will be provided throughout the grant.

Montana is one of the last states to implement an MFP grant and there is simply not enough data at this point to make informed decisions on which services may be retained, modified, or deleted after the demonstration grant has concluded. If services are determined to continue, they will be cross-walked into the appropriate waiver program according to those program’s guidelines and regulations for amendment or renewal. Waiver services funding will be determined through the State’s legislative process. These decisions will be ongoing and will be made in partnership with the Stakeholder Advisory Council, Steering Committee, and appropriate Division staff.

Administrative funds for services used under the MT MFP grant include payment for failed transitions in two MFP demonstration services:

- MFP Regional Transition Coordinator Service
- MFP Transition Services

The MFP Regional Transition Coordinator service pays a rate based on the proportional amount of work that was completed if a participant does not move into the community. This payment is from administrative funds. MFP Transition Services can use administrative funds to cover upfront costs such as deposits, first month's rent, rental applications, and medically necessary items when appropriate. If the participant transitions to the community using administrative funds, the costs are recovered when the agency bills for the service as an MFP benefit cost. If the participant does not make it to moving day, the costs are paid as a failed transition out of administrative dollars.

Budgetary allocations for waiver services are determined through the State's legislative process. Sustainability of these administrative costs will be determined through the legislative process. The legislature will meet again in 2017 and 2019.

5. Administrative (not service) Staff Positions Funded by MFP Administrative Funds

The Community Choice Partnership MFP grant supports four full time staff:

- MFP Project Director
- MFP Project Manager
- MFP Transition Coordinator
- MFP Housing Coordinator

a. Staff Position Job Descriptions

The responsibilities of the four MFP full time positions are included in the table below.

ROLE	RESPONSIBILITIES
MFP Project Director	Oversee MFP work and provide strategic guidance
	Lead project communication and reporting with CMS
	Lead project communication with SLTC Administrator and Medicaid Director
	Serve as liaison with other DPHHS divisions/bureaus and oversee MFP work done via these agencies
	Manage relationships with facility providers
	Manage relationships with individual advocacy/stakeholder groups beyond Community Choice Partnership MFP stakeholder advisory council
	Coordinate training work
MFP Project Manager	Coordinate Community Choice Partnership MFP stakeholder advisory council work
	Create MFP financial reports, working with BFSD and MMIS fiscal agent contractor
	Create and implement project communication plan
	Oversee communication/outreach/marketing/education material creation
	Conduct quality assurance over Community Choice Partnership MFP demonstration activities
	Aggregate data across participant populations and analyze to determine what is working well and where there is opportunity for improvement
	Define and implement mitigation strategies for risks and issues jointly with MFP project director
	Manage contractors supporting MFP implementation and operations work
	Support other work as requested by MFP project director
MFP Transition Coordinator	Train local transition coordinators across target population areas
	Coordinate referrals statewide ensuring all referrals are centrally tracked and assigned a regional transition coordinator

	Work with State housing coordinator to support local transition coordinators in connecting participants with housing
	Establish relationships and serve as liaison with local service providers, community-based organizations, and other community stakeholders across target population spectrum
	Oversee outreach efforts in facility settings
	Coordinate peer mentoring/advocacy with contractors
	Work to increase access to needed services, e.g. transportation or employment, through regional transition coordinators.
	Conduct quality assurance over regional transition work and intercede to improve quality and outcomes as needed (training, increased capacity)
MFP Housing Coordinator	Train local transition coordinators to support housing efforts
	Create and maintain housing registry
	Lead statewide and regional strategic/system change efforts outlined in Section 9, Housing, of the operational protocol
	Develop and maintain relationships with Department of Commerce and other housing stakeholders
	Lead housing outreach activities
	Advocate at local, state, and national levels to increase affordable, accessible housing options for individuals transitioning
	Collaborate with housing organizations and stakeholders to develop best practices for transitioning individuals
	Work with local housing authorities and other stakeholders to increase housing supply
	Focus on developing provider-managed assisted living that meets MFP qualified housing requirements
	Report on housing metrics for MFP demonstration project

b. Number of FTEs

Each of the four positions funded through MFP administrative funds are dedicated full time to the Montana Community Choice Partnership MFP demonstration project.

c. State’s Decision to Retain, Reduce or Combine the Number of FTEs, or Delete the Position

Montana intends to keep all four, full-time MFP staff through December 31, 2019. This will allow for the completion of MFP transitions and reporting close out work. Additionally,

these staff will coordinate with existing waiver programs for continuity of MFP placements during the close out of this grant effort. All MFP positions were hired with the understanding that the positions are full-time, temporary for the duration of the grant. No commitments were made by the State of Montana to maintain MFP staff after the grant is complete.

Stakeholders and partners have expressed the need to consider the value of retaining the State Housing Coordinator position to continue working on housing issues in collaboration across waiver and state plan programs. Locating affordable, accessible housing is one of the biggest barriers to transitioning individuals into home and community based services. Stakeholders state this role is valuable and could be beneficial across waivers. Considerations include deciding where to put this person. Options include permanency in a Division at the Department of Public Health and Human Services (DPHHS) or in the Housing Division in the Department of Commerce. Another possibility could include sharing the cost for this position between the two Departments. A Stakeholder shared an example where a similar sharing of FTE resources is currently occurring between DPHHS and the Department of Corrections. The State will evaluate the possibility for funding this full time position at the end of the MFP grant. Decisions to add permanent FTE are made through the legislative appropriation process which will occur in January of 2017 and again in 2019.

Stakeholders also express the value of coordinating waiver services across communities and programs and retaining the State Transition Coordinator role. Having one key contact to assist in determining which waiver program a person might be eligible for would help streamline service delivery and would expedite the referral and transition process. Further evaluation will be needed to determine the possibility for funding this full time position at the

end of the MFP grant. Decisions to add permanent FTE are made through the legislative appropriation process which will occur in January of 2017 and again in 2019.

d. Deletion of Positions – Reason for Deletion

All MFP staff positions are currently scheduled to end December 31, 2019. The State intends to continue transitions from institutional settings to HCBS settings through existing Medicaid waivers, 1915(i), and state plan services. These programs were in place prior to Montana receiving a MFP grant and each program will utilize existing staff resources to continue providing services to all populations being served under the MFP grant. Stakeholders and partners recognize and support the retention of MFP staff. The State will continue to explore the possibilities of permanently adding FTE to the DPHHS budget.

e. Reduction or Combining FTEs-Describe the Reduction and/or Combining of Positions and Include if Position Will be Funded with Medicaid Administrative Funds or State Funds Only and the Timeframe for Ending MFP Grant Funding for the Position

All MFP staff positions are currently scheduled to end December 31, 2019. The State intends to continue transitions from institutional settings to HCBS settings through existing Medicaid waivers, 1915(i), and state plan services. These programs were in place prior to Montana receiving a MFP grant and each program will utilize existing staff resources to continue providing services to all populations served under the MFP grant. Stakeholders and partners recognize and support the retention of MFP staff. The State will continue to explore the possibilities of permanently adding FTE to the DPHHS budget to augment these transition efforts across the state.

f. Deletion-Reason for Deletion

Montana provided services to all the MFP populations prior to the grant. Transitions from institutional settings to HCBS settings through existing Medicaid waivers and the 1915(i) program will continue by utilizing existing staff resources in each of those programs if ongoing funding cannot be found to sustain some or all of the current MFP staff positions.

6. State's Plan for Utilizing all the Rebalancing Funds by September 30, 2020.

a. Use of Rebalancing Funds Prior to December 2014

Montana did not have rebalancing funds prior to December 2014.

b. Planned Future Use Rebalancing Funds

As stated in our Operational Protocol, Montana will reinvest all rebalancing funds into developing ongoing Home and Community Based Services (HCBS). Through the MFP grant, the State will draw down funds for waiver services, 1915(i) services, and MFP demonstration services at the enhanced Federal Medical Assistance Percentage (FMAP) through the life of the grant. Montana will reinvest funds realized through the MFP demonstration grant into services and supports to continue rebalancing the State's long term services and supports (LTSS) system. This growth will come in the form of increased waiver slots/services utilizing funding that will be appropriated in each partner Division participating in MFP to develop increased budget capacity, increased provider rates, and housing supports.

Moving individuals from institutional settings into community based services is not something new that Montana was interested in developing but something that we wanted to build upon and augment through the MFP grant process and integrate across additional Medicaid waiver populations. Money Follows the Person will allow the State to augment its existing system of community based long term care services and supports and will increase home and community based services through the transition efforts of the MFP grant.

i. Existing Projects

Funding allocated for new community based services is made by the Montana Legislature which meets every two years. The State has requested and been approved for

increased funding in each of the MFP partner waiver programs for the purpose of sustaining the current MFP transitions placements after the 365 days of MFP enhanced funding has been exhausted.

Additional funding has also been appropriated by the legislature for expanded waiver capacity in the SDMI and the DSD/IID waiver programs to increase waiver capacity in Montana.

ii. New Projects

Through the remaining life of the MFP grant, the Montana Legislature will meet two more times, January of 2017 and again in 2019. Each of these legislative sessions will provide an opportunity to request additional funding to add capacity in community based long term care programs and to provide the ongoing funding necessary to sustain the MFP participants that will transition into community placements during the life of the MFP grant.

c. Plans for Continuing Rebalancing Projects After September 30, 2020 Including Identification of Assumed Funding Sources

MFP-like transition efforts will be a continued focus in Montana, even after the grant is complete. Funding for these efforts will be appropriated through the Montana Legislative process and will be in the form of Medicaid matching funds at the traditional Medicaid FMAP matching rate for Montana.

d. If Rebalancing Funds Have Been Used to Pay for Waiver Slots, Describe How the State Will Fund Those Slots After September 30, 2020.

Funding allocated for new community based services is made by the Montana Legislature which meets every two years. The Legislature is currently in session and increased funding requests to sustain the additional slots created through the MFP grant have been

requested and approved in each applicable waiver program. Additionally, through the remaining life of the MFP grant the Montana Legislature will meet two more times, January of 2017 and again in 2019. Each of these legislative sessions will provide an opportunity to fund additional capacity in community based long term care programs and to provide the ongoing funding necessary to sustain the MFP participants that will transition to community placements during the life of the MFP grant. Montana has been and will continue to be committed to keeping people in need of services in their homes and communities whenever possible as alternative to institutional care and will continue those efforts even after the MFP grant is over.

7. Timeline for the Activities Planned in 4, 5, and 6. The Timeline Must Include the Following:

Appendix A contains the timeline that outlines the following activities.

a. Projected Submittal Dates for Each Waiver, Waiver Amendment, SPA, and/or SPA Revision

The following table summarizes waiver renewal dates:

Waiver	Renewal Date
Big Sky Waiver – 1915(c)	July 1, 2016
SDMI Waiver – 1915(c)	July 1, 2015
Comprehensive 0208 Waiver – 1915(c)	June 30, 2018
CMHB 1915(i) State Plan	No plans to continue

b. Legislative Session(s) Where Funding and/or Authorization Will Be Requested

Montana’s legislature meets every other year beginning in January. It wrapped up the 2015 session in late April. The next legislative sessions where funding and authorization could be requested are 2017 and 2019.

c. Projected Dates for MFP Staff to be Converted to Alternate Funding or Terminated/Transferred

Montana intends to keep all four, full-time MFP staff through December 31, 2019. All MFP positions were hired with the understanding that the positions are full-time, temporary for the duration of the grant. No commitments were made by the State of Montana to maintain MFP staff after the grant. However, the State will explore the possibility for funding additional FTE through the legislative process.

d. Projected Last Date Referrals for MFP Will Be Accepted

The last date referrals will be accepted will be September 30, 2017.

e. Projected Last Date for Transitions

December 31, 2017 will be the last day for Montana’s MFP transitions.

f. Expected Due Dates for Other Milestones and Major Activities

Other major activities in the MFP grant include:

- improving quality measures across programs including 24/7 backup, risk assessment and mitigation, critical incident reporting (ongoing);
- finalizing remaining demonstration services (2015);
- revising to the Regional Transition Coordinator service, fee structure, and role expectations (2015 and ongoing);
- providing training, education, and outreach (ongoing); and
- IT systems analysis and improvements starting in 2017 through 2019.

8. Estimated Budget Summary

Appendix B contains the budget summary.

OPTIONAL ELEMENTS

1. State's Plans to Expand Home and Community Based Services

a. New Programs and Policies

Waiver Expansions 2016/2017:

The 2015 Montana Legislature considered additional funding for waiver programs in the Developmental Disabilities programs and the Mental Health Services programs. The following have been added:

- Funding for Developmental Services Waiver Slots for the comprehensive 0208 waiver above 2,750 service slots in FY 2016 and above 2,750 in 2017 of approximately \$6.5 million over the biennium.
- Funding for Mental Health Community Based Medicaid Waiver to be used to expand service slots for the waiver above the level of 198 slots funded in the FY 2015 legislative appropriations of approximately \$3 million over the biennium.
- Funding for a transitional mental health group home funding of approximately \$3.5 million to construct and operate mental health transitional group homes.

Previous Efforts in 2014/2015 are outlined below in targeted waiver programs:

Elderly and Physically Disabled: The Senior and Long Term Care Division (SLTC) have employed a proactive strategy with a “money follows the person” approach to rebalancing the long term care system. This approach identifies nursing facility residents who want to move into community service placements, and for whom appropriate, cost effective, community services could be developed thus allowing them to return to their own homes or move into small residential settings such as Assisted Living Facilities. Since FY 2004, over 300 people have

transitioned from nursing facilities into community services; with dollars for services following them from the nursing facility into the community. During FY 2014, 70 members were transitioned from nursing facilities into community service placements. The SLTCD plans to continue to utilize resources from the nursing facility program budget to fund these community placements under the HCBS waiver.

Out-of-State PRTF Reduction Plan: In the 2013 Legislature, funding for utilization review of children's Medicaid mental health services was dramatically reduced. This and other factors have resulted in significant growth in reimbursement to Psychiatric Residential Treatment Facilities (PRTFs). There was also a concomitant increase in the number of youth placed in out-of-state facilities. In May 2014, there were 181 youth in PRTF placement; of those 55 youth were out-of-state. The total number of youth in PRTF placements is still small as a percentage of total caseload; in state fiscal year 2014 Children's Mental Health Bureau providers served about 16,700 youth. However, it is preferable to have youth remain in or return to their homes and communities. To that end, the CMHB has put in place a plan to decrease the number of youth in out-of-state placement and increase the number of youth in community settings.

Increased efforts to transition clients from ICF/IID facilities to community: In an effort to identify barriers to placing clients who are on the Montana Developmental Center (MDC) waitlist in community provider settings, MDC and Disability Services Division administration met with providers. Some of the barriers identified included the inability to adequately staff facilities, insufficient and inflexible reimbursement rates, lack of appropriately trained staff, lack of community psychiatric support, and lack of community service start-up funds. While addressing barriers such as insufficient and inflexible reimbursement rates will take extensive

time and effort to address, DSD has been able to utilize Title XX dollars to address staff training and provider start-up costs. Beginning in April, 2014 \$20,000-\$30,000 transition stipends were made available to providers who were transitioning clients out of MDC. The amount of the stipend was determined by the amount of each client's cost plan and, while subject to Title XX funding limitations, could be used to support individuals transitioning from MDC to the community. Additionally, in response to concerns about inadequately trained staff, DDP has made available \$65,000 in training stipends. Latitude was given to providers in determining the nature of the training their staff was most in need of with the one requirement being that it qualifies as an evidence-based practice.

b. Designing, implementing, and/or expansion of Single Entry/No Wrong Door for Accessing LTSS

Aging and Disability Resource Centers (ADRCs): The Aging and Disability Resource Centers (ADRCs) were initially developed in 2003 under a Real Choice Systems Change Grant for Community Living funded by the now-called Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). . ADRCs are a resource for both public and private-pay individuals. Making information and counseling available to private-pay individuals is a central element of the ACL/CMS Resource Center vision. Reaching people before they become Medicaid-eligible, and helping them to learn about low-cost options and programs such as private long term care insurance, can help individuals make better use of their own resources and help to prevent or delay spend-down to Medicaid. Resource Centers serve elders age 60 and older and people with disabilities over the age of 18. Montana has received 5 grants, which have aided in the development of the ADRC model. Currently 8 of the

10 Area Agencies on Aging are ADRCs covering 48 of our 56 counties. In 2014, the ADRCs worked on the development of an Options Counseling program. This program is person-centered and provides assistance to all people interested in planning for their long term services and supports.

c. Creation and Expansion of Person Centered Planning and Service Delivery

Community First Choice State Plan Services: Montana is the fourth state to have a state plan approved by the Centers for Medicare and Medicaid (CMS) to implement the CFC option. Montana's program covers home and community-based attendant services and supports to assist members with activities of daily living (ADLs), instrumental activities of daily living (IADLs), health maintenance tasks, and related support services, like transportation assistance to medical appointments. ADL supports include bathing, personal hygiene, dressing, eating and meal preparation, mobility, positioning and transferring, toileting, assistance with exercise routines, and medication assistance. IADL supports include light housekeeping, laundry, yard hazard removal, assistance with personal finances, and community inclusion services. Health maintenance activities include administration of medications, wound care, and bowel and bladder care. State Plan was approved in July of 2014 by CMS retroactive to October 1, 2013.

d. Implement or Improve Employment Supports for People with Disabilities

e. Increase the DSW Supply and Quality

Health Care for Health Care Workers: Funding has been available for Health Care for Health Care Workers in the form of Medicaid provider rate increases when health insurance is provided for direct care workers in personal assistance, community first choice and private duty nursing programs. The funds must be used to cover premiums for health insurance that meets

defined benchmark criteria. This program has been successful at targeting a traditionally lower paid work force that provides necessary and vital direct care services to Medicaid members. As of July 1, 2014, seventeen (17) providers were enrolled in the program and they were providing over 575 workers across the state with quality health insurance coverage. Coverage for this work force focused program will continue in the 2016/2017 biennium and will be increased to provide insurance coverage for up to 50 new workers.

Direct Care Worker Wage Funding: The Montana Legislature has authorized the Department of Public Health and Human Services funding to raise provider rates for Medicaid services to allow for wage increases or lump sum payments to workers who provide direct care and ancillary services for many years. Direct care workers who were eligible for this funding work in nursing facilities, the home and community based waiver and personal assistance programs. Funding allowed for facilities to 1) raise direct care worker and ancillary worker wages and related benefits and/or 2) to provide lump-sum payments (i.e. Bonuses, Stipend, etc.) to workers who provide direct care and ancillary services. Additional funding is being considered by the 2015 Montana Legislature to increase the funding for these direct care workers by up to 25 cents in state fiscal year 2016 in wages and benefits and up to 50 cents in 2017 as a vehicle to sustain and maintain a direct care workforce with an appropriation of approximately \$6.6 million dollars over the biennium.

f. Other

2. State's Efforts to Develop an Adequate Supply of Accessible, Affordable Housing

Housing is a significant barrier to providing HCBS in Montana. The MFP Housing Bridge Assistance Program has been established utilizing one-time only housing assistance funding

appropriated by the Montana Legislature for SFY 2014 and SFY 2015. These funds were specifically appropriated to provide financial assistance for housing for persons transitioning from Medicaid-funded, facility-based care into a home and community based setting through the MFP Demonstration Program. One individual to date has utilized the Housing Bridge Assistance.

MFP is partnering with the Montana Department of Commerce (MDOC) to implement the HUD 811 Project Rental Assistance Grant to identify 82 project-based units which will be used for persons with disabilities ages 18-61 who receive waiver services as identified in the MFP eligibility requirements. In addition, the MFP grant is partnering with the MDOC to support the Housing Locator which will enable renters to locate available properties and landlords to list available properties.

Currently under consideration in the Montana Legislature is additional funding for Community Mental Health Services to be used for housing reentry for individuals into the mental health system of \$300,000 in each year of the 2016/2017 biennium.

3. State Efforts to Support State of the Art Quality Improvement Systems for HCBS

Montana has several waivers that currently contain quality assurance processes and we continue to work towards quality improvement strategies across all program areas.