

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

October 20, 2015

Kelly Williams, Administrator
Department of Public Health and Human Services
Senior Long Term Care Division
2030 11th Ave., PO Box 4210
Helena, MT 59604-4210

Dear Ms. Williams:

I want to express my appreciation to you and staff from Montana's Department of Public Health and Human Services, Senior and Long Term Care Division for providing CMS with updates regarding Montana's Money Follows the Person (MFP) program. The insights that you and your staff shared during our July 20-23, 2015 site visit are critical to federal efforts aimed at increasing access to long-term services and supports in the community. Our continued partnership in the operation of this unique program is extremely important because of the effect it has on the lives of the persons with disabilities and elderly citizens of Montana. This site visit was instrumental in allowing us to learn from each other the strategies that can be used to continue to achieve success and face the challenges for this rebalancing initiative.

During this site visit, we sought to engage in dialogue with state health officials, program staffs, community direct support staff, and most importantly our beneficiaries and their families. We were able to accomplish this goal and discuss technical assistance and other opportunities for the Montana MFP program necessary to meet its program objectives and the state's rebalancing goals.

This letter summarizes the key points that were discussed during our visit. Below you will find a list of the observations that arose, as well as some recommendations that we can discuss in further detail in our future communications.

Organization & Administration

The State of Montana MFP program has demonstrated leadership, support, and collaboration from the Administrator to all levels of the various divisions within the Department of Public Health and Human Services (DPHHS), Senior and Long Term Care Division.

Montana provides LTSS primarily through four divisions and six bureaus/programs within DPHHS:

1. Senior Long Term Care (SLTC) Division, which includes four bureaus:

- a. Nursing Facilities Bureau
 - b. Adult Protective Services Bureau
 - c. Aging Services Bureau
 - d. Community Services Bureau
2. Developmental Services Division (DSD)
 - a. Developmental Disabilities Program (DDP)
 - b. Children's Mental Health Bureau (CMHB)
 3. Addictive and Mental Disorders Division (AMDD)
 4. Disability Employment and Transitions Division (DETD)

Montana's MFP participants are served in partnership with several waiver programs across three Divisions in the Department of Health & Human Services:

- Big Sky Waiver – Senior & Long Term Care Division – serves elderly and physically disabled;
- SDMI Waiver – Addictive & Mental Disorders Division – serves adults with mental illness;
- 0208/Comprehensive Waiver – Developmental Services Division – serves individuals with intellectual and developmental disabilities;
- 1915(i) HCBS State Plan – Children's Mental Health Bureau (in DSD) – serves youth with a diagnosis of severe emotional disturbance (SED). Discussion was held about the benchmark to serve SED youth in Psychiatric Residential Treatment Facilities. The State has requested technical assistance.

Collaboration and leadership support are crucial components to the success of the MFP program. Each Division partnering with MFP brings their strengths to the table to enhance services, develop and increase budget capacity, increase provider rates, and enhance housing supports.

The CMS team visited four MFP beneficiaries in Helena, Butte, and Missoula. Two individuals receive services from the SDMI Waiver, one individual receives services from the Big Sky waiver and one individual receives services from the 0208 Waiver. All four beneficiaries expressed gratitude to be back into their respective communities with necessary Home and Community Based Supports.

Montana utilizes contractors across the state including the AAAs, ADRCs, and ILCs to supplement MFP project and DPHHS staff. The Community Choice Partnership has an MFP demonstration contract with ADRCs, AAAs, and Center for Independent Living, and Mental Health Centers to supplement existing case managers and function as local MFP transition coordinators. The state-level transition coordinator trains local transition coordinators across target populations and coordinates referrals statewide, ensuring all referrals are centrally tracked and assigned a regional transition coordinator.

Montana has statewide waiver contracts with case management entities. The Community Choice Partnership is utilizing that network as a provider of the MFP Regional Transition Coordinator

Demonstration Service. All MFP referrals are centrally tracked and assigned to a local case manager who provides the Regional Transition Coordinator service. MFP state-level staff trains the local providers of the demonstration service. The MFP program intends to expand the network of providers of the Regional Transition Coordinator Service to AAAs, ADRCs, ILCs, and other interested parties.

Montana's LTSS population includes consumers who are elderly, physically disabled, developmentally disabled, adults with severe disabling mental illness, and youth with serious emotional disturbance. Forty-six out of Montana's 56 counties are considered frontier with an average population of six or fewer people per square mile.

Housing

As with most states, Montana is experiencing challenges with the availability of affordable, accessible and integrated housing. An asset is Montana's State Housing Coordinator who trains local transition coordinators on housing issues, maintains the housing registry, and leads statewide and regional strategic/system change efforts, along with numerous other duties as described in MT's OP.

Montana has a housing task force working to create a State-funded Housing Bridge Program. The Housing Bridge Program would use State general funds to pay rental assistance for individuals who are on the wait list for a Section 8 Housing Choice Voucher. Once the Bridge program is funded, the MFP State housing coordinator will work with local Housing Authorities to coordinate it with local housing voucher programs.

A housing task force worked to develop a request to the 2013 Legislature for one-time funding for Housing Bridge Assistance. The Housing Bridge Assistance program used State general funds to pay rental assistance for individuals transitioning to the community with MFP funds who were on the wait list for a Section 8 Housing Choice Voucher. The one-time funding ended June 30, 2015. Montana continues to collaborate with the Department of Commerce and housing partners to serve MFP participants who enter partnering 1915(c) waivers.

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 HCBS waiver services. In addition, the MFP grant is partnering with the MDOC to support the Housing Locator which will enable renters to locate rental properties and landlords to list available properties.

Rebalancing

Montana plans to reinvest all rebalancing funds into ongoing Home and Community Based Services.

- Funds realized through the increased Federal Medical Assistance Percentage (FMAP) for waiver services and MFP demonstration services will allow the State to augment its

existing long term services and supports system and increase home and community based services.

- Growth will come in the form of increased waiver slots/services.

Direct Care Worker/Wage Funding

The Montana Legislature has authorized funding for the Department of Public Health and Human Services to raise provider rates for Medicaid services in the form of wage increase, benefit enhancements, or lump sum payments such as bonuses or stipends to workers who provide direct care and ancillary services. Direct care workers who were eligible for this funding work in nursing facilities, the home and community based waiver, community first choice and personal assistance programs. Additional funding was approved by the Montana Legislature to increase the funding for these direct care workers by up to 25 cents/hour in state fiscal year 2016 in wages and benefits and up to 50 cents/hour in 2017 as a vehicle to sustain and maintain their direct care workforce with an appropriation of approximately \$7 million dollars over the biennium.

CMS considers this a “Best Practice” which enhances the opportunity of DSWs to provide critical transition service needs.

Stakeholder Involvement

The state has an advisory group comprised of providers and state agency representatives. The ADRCs and community providers also play a major role in providing feedback for program improvements. The stakeholder group is heavily involved in making recommendations for program improvements on a regular basis. The state has a good community support provider network that is providing community related HCB services.

Employment

Montana’s Disability Employment and Transition Division promote employment and independence among Montanans with disabilities through multiple services: Vocational Rehabilitation which assists approximately 8,000 Montanans with disabilities each year in securing competitive, integrated employment; and the Community Choice Partnership MFP project which collaborates closely with the Disability Employment and Transitions Division in communication with the Statewide Independent Living Council, to provide employment, transportation, and electronic communication opportunities and assistive technology.

Quality Assurance (QA): The State has a Quality Assurance mechanism in place where utilizing their case management system and sharing information and partnering across sister agencies insure beneficiaries’ timely and efficient HCBS services.

Recommendation: The QA team will continue to provide further oversight and follow-along services with enhanced screening mechanisms to ensure those who transition remain in their community with the necessary HCBS and supports.

Data Reporting

Montana is submitting all required data forms in a timely manner. There are no issues or concerns at this time.

Follow-up areas:

*Consider extending MFP to June or even December 2018 vs the current proposed end-date of December 2017 to allow for additional transitions and to further build up the Rebalancing Fund so Montana has additional funds to pay for much needed waiver slots and address the HCBS needs of Montana residents. CMS/Geoffrey Ntosi (OAGM) will provide TA regarding the 20% administrative cap.

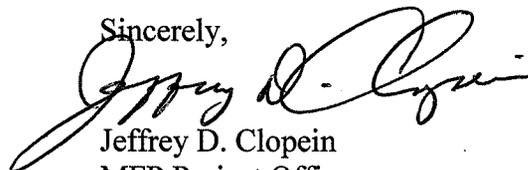
* Develop a coordinated hand-off process and set of protocols/tool (s) between a transition coordinator and a waiver case manager to ensure continuity of services and a more streamlined process;

*Develop ROIs or other data reporting methods to demonstrate effectiveness of Demonstration Services for helping individuals transition out of institutions. Work with DPHHS to incorporate these transition services into HCBS waivers;

*Assist with transitioning individuals from IMDs-Review the records of adults from IMDs who wish to transition to determine whether they have had a prior hospitalization or received other institutional care covered by Medicaid which would make them eligible for MFP. Technical assistance can be provided with this process.

Thank you again for your ongoing commitment to the Money Follows the Person Rebalancing Demonstration program. The State of Montana continues to make very good progress in a short period of time in building infrastructure, collaboration and partnerships since October 2012. I look forward to continuing to collaborating with you in the future on addressing Montana's complex systems change issues and providing technical assistance. I am hopeful that we can work together to transform the state's long-term care system.

Sincerely,



Jeffrey D. Clopein
MFP Project Officer

cc: Traci Clark, MT MFP Project Director
Kelly Williams, Administrator
Mike Smith, CMS, Director of Division of Community Systems Transformation
Todd Wilson, CMS, MFP Team Lead
Laurie Jensen, CMS Regional Office, Waiver Analyst
Rebecca Lester, Mathematica Policy Research
Ellen Speckman-Randall, MFP Technical Assistance Lead, New Editions
Consulting, Inc.