

Care/Case Management Model Cover Sheet

Program Name: Big Sky Waiver

Population Focus: Montanans who are disabled (ages 0-64) or elderly (65+) who meet the level of care of a nursing facility, are financially eligible for Medicaid, and have an unmet need that can only be resolved through a Big Sky Waiver service.

Program Objectives: Big Sky Waiver (BSW) provides services for eligible individuals so that they can remain in their choice of home and community, thus avoiding institutionalized care. BSW program strives to ensure services follow an individualized and person-centered plan of care, address the health and welfare needs of program participants, that service providers offer quality care, and the program maintains financial accountability and cost-effectiveness.

Program Description: Individuals who meet the requirements for participation in the Big Sky Waiver (BSW) are admitted to BSW via a waitlist and coordination between Community Service Bureau staff and contracted Case Management Teams. The BSW Case Management Teams are responsible for facilitating the development of a person-centered service plan which outlines the member's needs, goals, and serves as a basis for service authorization. The plan is a collaborative effort between the Case Management Team, BSW member, and other individuals whom the member may choose to be present. The process involves the identification of available services, either within the BSW program or through other funding source or resource, that meet the individual's unmet medical and psychosocial needs so that they may remain in their home and community. A variety of services are available within the BSW program, such as adult residential living, environmental adaptation, personal assistance, nutritional services, specialized medical equipment, and homemaker services. Case Management Teams are responsible for the development of service plans in conjunction with the member, authorizing appropriate services, identifying health and safety issues, the continued assessment of member's comprehensive needs, monitoring of services being delivered, mediating problems related to services and providers, and responding to unexpected events and amending the service plan as needed. Case Management Teams meet face-to-face at least two times per year with the member to complete Annual Service Plan and the

Reevaluation; and provide continued follow up dependent on the BSW member's situation or status. Case Management Teams share responsibility in the BSW provider enrollment process and must explain to providers of the BSW program the prior authorization process, how to complete required forms, and further education on policy and procedure.

Required Care/Case Management Staff: The Department contracts with Case Management Teams to provide case management services. The BSW is divided into 10 areas made up of multiple counties. Case management teams are required to provide services within their contracted areas. Case Management Teams consist of nurses (RN or LPN), social workers (MSW or BSW), and appropriate support staff. Each BSW member has two case managers, one nurse and one social worker, to provide service coordination and oversight. Case managers must complete the on-line CMS training on Home & Community Based Services Assurances within 6 months of employment. All case managers must complete DPHHS New Case Management Training within their first 12 months of employment as a case manager.

Program Demographics

Monthly member count: BSW has a set number of slots available for unduplicated members. The total number of slots is 2,147 with 1,974 slots designated for Basic or Adult Residential slot. Total number of members served in FY18 was 3,065.

Average monthly program cost per member: The overall yearly budget for BSW is \$45,775,341. The average yearly Basic slot cost \$18,000 and Adult Residential slot cost \$26,500.

Average monthly total benefit cost per population member: n/a

Monthly provider count: The Department contracts with two provider agencies for Case Management: Partners in Home Care (Area 2) and Benefis Spectrum Medical (Areas 1,3,4,5,6,7,8,9,10). There are between 200-300 active providers of other BSW services.

Average # of members per provider:

Each area has a set number of unduplicated slots.

Area 1: 221

Area 2: 428

Area 3: 168

Area 4: 103

Area 5: 159

Area 6 & 7: 400

Area 8, 9, & 10: 495

Average monthly provider program revenue: n/a

Program Measurements:

Under the 1915 (c), CMS has a set of assurances, including sub-assurances, that the state must ensure the Big Sky Waiver program can meet. The six assurances include: Administrative Authority, Evaluation of Level of Care, Participant Services, Person-Centered Planning and Service Delivery, Participant Safeguards for Health & Safety, and Financial Accountability. For each assurance/sub-assurance, the state must create a Performance Measure that will demonstrate and verify if the state is in compliance and has met the CMS assurances. Quality Assurance Reviews (QAR) of the contracted Case Management Teams provide oversight and gather data used in some of BSW's Performance Measures. The QARs are conducted by Community Services Bureau to review Case Management Teams' performance based on established standards. Each team is reviewed at least every three years. If any discrepancies or non-compliance issues are identified, this is documented along with cause of the discrepancy and remediation plan. Case Management Teams are also required to complete quarterly Internal Audits and Quality Improvement Projects.