Aged, Blind and Disabled (ABD) Supports available from Montana Medicaid

Medicaid Tribal Consultation
December 5, 2019
Topic Areas

1. Background

2. Eligibility Special Focus Area: Aged, Blind and Disabled

3. Benefit Plan Special Focus Area: Long Term Care (LTC) Services and Supports

4. Eligibility Special Focus Area: Big Sky Waiver

5. Benefit Plan Special Focus Area: Big Sky Waiver Services
Background

a) Definitions

b) Today’s Special Focus Area
Definitions

Aged: 65 years and older

Disabled: Individuals meeting social security disability standards

ABD: Aged/Blind/Disabled. Medicaid members 65 and older are determined eligible under ABD eligibility standards.

Medicaid Standard Benefits: State plan medical benefits available to all members (when medically necessary).

Medicaid Waiver Benefits: Additional benefits available to a limited number of members to allow the member to live safely in the community and avoid institutionalization.
Today’s Special Focus Area

<table>
<thead>
<tr>
<th>Aid Category</th>
<th>Average Monthly Enrollment</th>
<th>Percent of Enrollment</th>
<th>Expenditures</th>
<th>Percent of Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged</td>
<td>7,596</td>
<td>5%</td>
<td>$218,354,832</td>
<td>19%</td>
</tr>
<tr>
<td>Blind and Disabled</td>
<td>19,235</td>
<td>14%</td>
<td>$441,404,409</td>
<td>37%</td>
</tr>
<tr>
<td>Adults</td>
<td>22,463</td>
<td>16%</td>
<td>$152,659,082</td>
<td>13%</td>
</tr>
<tr>
<td>Children</td>
<td>91,359</td>
<td>65%</td>
<td>$362,478,444</td>
<td>31%</td>
</tr>
<tr>
<td>Total</td>
<td>140,653</td>
<td>100%</td>
<td>$1,174,896,767</td>
<td>100%</td>
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</table>
Eligibility Special Focus Area: Aged, Blind and Disabled

a) Paths to Standard Medicaid

b) Paths to Medicare Support
Paths to Standard Medicaid

SSI Eligible
Automatic Medicaid Eligibility

Categorically Needy
Low Income
Low Assets
Over 65 or Disabled

Medically Needy
Higher Income
High Medical Bills
Low Assets
Over 65 or Disabled

MWD
Higher Income
High Medical Bills
Low Assets
Disabled
Working

Standard Medicaid
Benefit Plan
Paths to Medicare Support

Qualified Medicare Beneficiary (QMB)

- Income Limits
  - Individual $1041
  - Couple $1410

- Resources
  - Individual $7,730
  - Couple $11,600

Specified Low Income Medicare Beneficiary (SLMB)

- Income Limits
  - Individual $1249
  - Couple $1691

- Resources
  - Individual $7,730
  - Couple $11,600

Qualifying Individual (QI)

- Income Limits
  - Individual $1406
  - Couple $1903

- Resources
  - Individual $7,730
  - Couple $11,600

QMB, SLMB, QI all qualify for low income subsidies for Part D

Premium, Deductible and Copay Coverage

Medicare Part B Premium Support
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<th>Benefit Plan Special Focus Area: Big Sky Waiver Services</th>
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**Benefit Plan Special Focus Area: Long Term Care Supports**

a) Standard Medicaid Benefit Plan

b) Home Health Services

c) Personal Care Attendants

d) Skilled and Non Skilled Nursing Home
# Standard Medicaid Benefit Plan

## Mandatory Benefits
- Physician and Nurse Practitioner
- Nurse Midwife
- Medical and Surgical Service of a Dentist
- Laboratory and X-ray
- Inpatient Hospital (excluding inpatient services in institutions for mental disease)
- Outpatient Hospital
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Family Planning
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Nursing Home Facility
- Home Health
- Durable Medical Equipment
- Transportation
- Behavioral Health

## Optional Benefits
- Outpatient Drugs
- Dental and Denturist Services
- Ambulance
- Physical and Occupational Therapies and Speech Language Pathology
- Home and Community Based Services
- Eyeglasses and Optometry
- Personal Assistance Services
- Targeted Case Management
- Podiatry
- Community First Choice

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Under federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) regulations, a state must cover all medically necessary services to treat or ameliorate a defect, physical and mental illness, or a condition identified by a screen for individuals under age 21. This is true of whether the service or item is otherwise included in the State Medicaid plan.
Home Health Services

Home Health services are performed by licensed, qualified professionals and are reasonable and medically necessary for the treatment of a disability, illness or injury.

- Physical, occupational and speech language therapies;
- Skilled nursing services provided on a part-time or intermittent basis;
- Any setting in which normal life activities take place;
- Service is medically necessary;
- Physician established plan of care, reviewed every 60 days.
Personal Care Attendants

Support in the home with activities of daily living and related services. PCAs services come through the **Personal Assistance Program** or **Community First Choice** depending upon level of care requirements.

- **PAS participants** have a health condition limiting their self-care ability.
- **CFC participants** meet nursing facility level of care.
- Grocery shopping, medical escort, housekeeping and laundry.
- Asst. with bathing, dressing, grooming, toileting, eating, medication assistance, ambulation and exercising.
- CFC includes community integration, yard hazard, and personal emergency response unit.
Skilled and Non-Skilled Nursing Home

24-hour room and board and health care services, including basic and skilled nursing care, rehabilitation, and a full range of other therapies, treatments, and programs.

- Eligible for LTC Medicaid
- Member needs nursing facility level of care
- Providers are licensed and certified nursing homes or Swing beds in critical access hospital
- Nursing care, CNA care, restorative or maintenance therapies, some supplies, house meds, meals and activities
- Short term and long term stays are covered
- Eligibility Special Focus Area: Big Sky Waiver
- Benefit Plan Special Focus Area: Big Sky Waiver Services
**Eligibility Special Focus Area: Big Sky Waiver**

- a) Established to prevent or delay entrance into nursing facility services

- b) Members must meet nursing facility level of care and be financially eligible for long term care

- c) Participation is capped based on appropriated funding, a “slot” or funds must be available for entry to the waiver

- d) Members agree to participate in the care planning process and accept services
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<th>Benefit Plan Special Focus Area: Big Sky Waiver (BSW) Services</th>
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<td>a) BSW Available Service List</td>
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<td>b) BSW – General Service Guidelines</td>
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<td>c) BSW Service – Environmental Accessibility Adaptations</td>
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<td>d) BSW Service - Respite</td>
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<td>e) BSW Services - Day and Residential Habilitation</td>
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<td>f) BSW Services – Non Medical Transportation</td>
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<td>g) BSW Services – Other</td>
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# BSW Available Service List

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<tr>
<th>Adult Day Health</th>
<th>Family Training and Support</th>
<th>Pain and Symptom Management</th>
<th>Residential Habilitation</th>
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<tbody>
<tr>
<td>Case Management</td>
<td>Health and Wellness</td>
<td>Personal Assistance Services – Supervisor and/or Socialization</td>
<td>Respiratory Therapy</td>
</tr>
<tr>
<td>Community Transition</td>
<td>Homemaker</td>
<td>Personal Emergency Response System</td>
<td>Respite Care</td>
</tr>
<tr>
<td>Consultative Clinical and Therapeutic Services</td>
<td>Homemaker Chore</td>
<td>Physical Therapy</td>
<td>Senior Companion</td>
</tr>
<tr>
<td>Day Habilitation</td>
<td>Non-Medical Transportation</td>
<td>Post-Acute Rehabilitation Services</td>
<td></td>
</tr>
<tr>
<td>Dietetic Services</td>
<td>Nutrition</td>
<td>Prevocational Services</td>
<td></td>
</tr>
<tr>
<td>Environmental Accessibility Adaptations</td>
<td>Occupational Therapy</td>
<td>Private Duty Nursing</td>
<td></td>
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</tbody>
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BSW Service – General Service Guidelines

General service guidelines are the basic requirements that are applicable to all services in the waiver.

- Service must be in a plan of care developed with a Case Management Team
- Services must be delivered to the member
- Service is not available under a state plan benefit
- Service is delivered on at least a monthly basis
- Service is determined to be equally effective and less costly than other services
- Service is not available under a state plan benefit
BSW Service - Environmental Accessibility Adaptations

Environmental accessibility adaptations are physical adaptations to the home that provide the ability for BSW members to live safely in their home.

Is necessary to a) ensure the health, welfare and safety of the member or b) enable the member to function with greater independence in the home.

Can include one ramp per residence

Is not general housing maintenance

Is most cost effective option

Is in the Member’s Service Plan

Is medically necessary

Is related to the member’s diagnosis

Can include one ramp per residence
BSW Service - Respite

Respite is a temporary, short-term care provided to members in need of supportive care to relieve the normal non-paid caregivers.

- Provided to a BSW member
- Is short term or temporary
- Respite caregivers are aware of emergency assistance systems
- Relieves non-paid caregivers
- Respite caregivers are physically and mentally qualified to deliver care
- Is provided in the member’s residence or by placing the member in another private residence, or other health care facility.
BSW Service – Day Habilitation

Day habilitation is assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills.

- Services are provided four for more hours a day on a regularly scheduled basis.
- Coordinated with Speech, Occupational and Physical therapies.
- Enforce living skills learned in other programs, such as prior inpatient therapy.
- Included in the plan of care.
- Managed by a Supported Living Provider.
- Provided in a non-residential setting.
BSW Service - Non-Medical Transportation

Non-Medicaid transportation is travel that enables individuals to access waiver services and other community activities and resources.

- Transportation providers have a valid driver's license.
- Transportation providers have automobile insurance.
- Is provided by the most cost-effective mode.
- Provided to a BSW member.
- In the Member’s Service Plan.
- Is provided in addition to (not a replacement for) medical transportation provided in the Standard Medicaid Program.
BSW Service - Other

Are there other services you would like to discuss?