



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

Montana Community Choice Partnership
Money Follows the Person (MFP)
Non-Medicaid Services Provider Manual
April 2025

Table of Contents

Chapter 1	Montana Community Choice Partnership – MFP Non-Medicaid Services	4
	Overview.....	4
Chapter 2	Regional Transition Coordinators	6
Chapter 3	Regional Transition Coordination Process	7
Chapter 4	Billing and Payment.....	12
Attachment A	Demonstration Services Billing Codes/Prices	13
Attachment A.1	Supplemental Services Billing Codes/Prices	14
Attachment A.2	Failed Transition Payment Schedule.....	18
Attachment B	Montana MFP Supplemental Services	
	Person-Centered Planning Process	19
	Clothing Grant.....	21
	Transportation.....	22
	Home Repair	23
	Home Modification	24
	Assistive Technology	25
	Occupational Therapist Assessment.....	26
	Vehicle Modification.....	27
	Pantry Stock	28
	Specialized Medical Equipment	29
	Medical Supply.....	31
	Payment to Secure a Community-Based Home: Rental Application.....	32
	Payment to Secure a Community-Based Home: Security Deposit.....	33
Attachment B.1	Montana MFP Food Security Plan	34
Attachment B.2	Supplemental Services Process for Regional Transition Coordinators	
	Clothing Grant Process	36
	Pantry Stocking Process	37
	Transportation Process.....	38
	Medical Supply Process	39
	Occupational Therapist Assessment Process.....	40
	Home Repair Process	41
	Home Modification Process	42
	Assistive Technology Process	43
	Vehicle Modification Process	44

	Specialized Equipment Process	45
	Payment for Securing a Community-Based Home Process: App.....	46
	Payment for Securing a Community-Based Home Process: Deposit.....	47
Attachment C	Retroactive Transition Process.....	48
Attachment D	Glossary of Acronyms	49

Chapter 1 Montana Community Choice Partnership – MFP Non-Medicaid Covered Services

Overview

The Senior and Long-Term Care Division (SLTCD) administers the Montana Community Choice Partnership – Money Follows the Person (MFP) Demonstration Project. This project provides flexible funding opportunities to help Montana successfully transition seniors and individuals with disabilities from institutional settings to community-based living. The project's flexibilities enable MFP to provide transition coordination, demonstration, and supplemental services to its participants. These services are for short-term use and do not constitute entitlement services.

Transition Coordination, Demonstration, and Supplemental Services Defined

Transition Coordination Services

Consistent with section 6071(c)(6) of the Deficit Reduction Act of 2005, Montana MFP provides comprehensive person-centered transition coordination services that includes the provision of housing-related supports to assist an MFP participant to locate and secure MFP-qualified accessible, affordable community-based housing. Montana MFP has flexibility in defining the specific set of services that satisfy the following components:

- Person-centered service planning
- Comprehensive transition services
- Care coordination
- Promotion of community integration

Demonstration Services

MFP demonstration services are qualified Home and Community Based Services(HCBS) that could be provided, but are not currently provided, under the individual's current Medicaid program. The current demonstration services* offered to MFP participants are as follows*:

- MFP Transition Services
- MFP Regional Transition Coordination
- MFP Peer Support Services
- MFP Companion Services
- MFP Information Technology
- MFP Overnight Supports
- MFP Modify Existing Vehicle for Accessibility

*For details, see attachment A.

Supplemental Services

Supplemental services are services to support a Montana MFP participant's transition and are not otherwise allowable under any Medicaid program. Supplemental services covered by Montana MFP must be paid for and received prior to a participant's move in date. The current supplemental services available to Montana MFP participants are as follows*:

- Clothing Grant
- Pantry Stock
- On-Site Transportation
- Minor Home Repair
- Home Modification
- Assistive Technology
- Occupational Therapist Assessment
- Vehicle Modification
- Specialized Equipment
- Medical Supplies
- Housing Application Fee(s)
- Security Deposit

*For details, see attachment B.

Chapter 2 – Regional Transition Coordinators

A transition coordinator plays a crucial role in ensuring a smooth and successful transition for individuals moving from an institutional setting back into the community. Here are some key reasons why they are needed:

- **Personalized planning:** They work closely with individuals to develop a personalized transition plan that addresses their individual needs, preferences, and goals. This includes identifying suitable housing, arranging necessary medical equipment, and coordinating home care services.
- **Resource coordination:** They help connect individuals with various community resources and services, such as transportation, peer support, and financial assistance for housing and household goods. This ensures that all necessary supports are in place for a safe and successful transition.
- **Advocacy and support:** They advocate for the individual's needs and preferences, ensuring their voice is heard throughout the process. They provide emotional support and guidance, helping individuals navigate the complexities of transitioning back to the community.
- **Reducing readmissions:** By coordinating care and ensuring all necessary supports are in place, they help reduce the risk of hospital readmissions, failed transitions, and other complications that can arise during the transition period.
- **Problem-solving:** They assist in overcoming barriers that may arise during the transition, such as finding suitable housing or addressing financial challenges.
- **Expert guidance:** Their expertise and experience are invaluable in resolving issues that could otherwise hinder the transition process.

Overall, transition coordinators play a vital role in ensuring individuals can move back into the community safely, confidently, and with the necessary supports.

Chapter 3 – Regional Transition Coordination Process

Referral and Verification

MFP receives a referral for an individual wanting to move back into the community.

MFP staff verifies the length of institutional stay and Medicaid eligibility.

- If the Mountain Pacific (MP) level-of-care screening is available, the referral and screening will be sent to the waiver CMT and the RTC nearest the geographical location of the referral.
- If a level of care screening is not available, MFP will request one from MP and send the referral to the CMT and RTC without the screening.

Authorization

MFP staff will authorize the RTC service based on available Medicaid-enrolled and trained RTCs (RTC's must be enrolled HCBS providers) in the geographical location of the referral.

Initial Meeting

Within 10 business days of receiving the referral, the RTC will meet with the individual and /or their authorized representative or legal guardian face-to-face when permissible. During this meeting, the RTC will:

- Provide information regarding MFP (brochure, fact sheet) and explain the transition process.
- Provide the individual with the person-centered planning process.
- Discuss with the individual whom they want to include in their transition team (family members, peers, facility discharge planners, waiver case managers, etc.).
 - The level of care screening will indicate which waiver team received the level of care screening.

Informed Consent and Authorizations

During the initial meeting, the RTC will review the Informed Consent form with the individual/authorized representative. If the individual wishes to continue with MFP participation, they will be required to sign the form.

- The RTC will also obtain a release of information allowing the institutional setting to release information to the RTC, as well as the SLTCD or Behavioral Health and Developmental Disabilities Division and their contractors (Benefis, AWARE, etc.).
- The RTC will obtain the DPHHS/HPS-402 Authorization for the Use and Disclosure of Protected Health Information. This form is required by the Office of Public Assistance (OPA) and must list the RTC and MFP/SLTCD to receive the participant's protected health information.

Submission of Forms and Authorization

After the initial meeting, the RTC will submit the signed Regional Transition Coordinator Acceptance form to MFP staff.

- The RTC will also submit a prior authorization (PA) for the RTC fee of \$5,000 to MFP staff. This fee will be paid upon successful transition.

A transition is unsuccessful if the RTC begins transition activities based on the signed informed consent and the approved RTC Acceptance form, and the participant does not move into the community for at least 24 hours. Payment for a failed transition will be approved and paid by MFP after consideration of transition duties is completed. Please see attachment A.2 for the payment schedule.

- All documents must be submitted via State File Transfer Service (FTS) or other secure email system if the RTC does not have access to MedCompass.
- MFP staff will enter the PA in the Medicaid Management Information System (MMIS).

Waiver Eligibility and Follow-up Meetings

The RTC will contact the CMT and verify waiver eligibility.

Once eligibility confirmation has been received, the RTC will set up another meeting with the participant either face-to-face, telephonically, or virtually.

The RTC will discuss housing options that meet MFP settings requirements with the participant and their transition team.

- The housing checklist will be completed by the participant and transition team.
- If the participant has chosen an assisted living facility (ALF), they will need to complete and sign the Assisted Living Facility Selection form.
- If the participant chooses not to move into an MFP-approved setting, they will need to withdraw using the MFP withdrawal form.

Utilizing the person-centered planning process and based on the MFP Nursing Home Transition Needs Assessment, the participant and transition team will review any goods and/or services identified for a successful and safe transition.

- Goods and services include but are not limited to:
 - Non-recurring household goods
 - Independent living skills training
 - Benefit assistance – Social Security, Medicaid, Supplemental Nutrition Assistance Program (SNAP)
 - Peer advocacy – peer-to-peer support
 - Senior companionship – emotional support and socialization for older adults moving into the community
 - Vocational training

The RTC will submit a PA to MFP for the most cost-efficient goods and services (including identified supplemental services) in accordance with the MFP goods and services cost sheet via State FTS or other secure email system if the RTC does not have access to MedCompass.

The RTC will ensure any chosen vendor has been verified as non-exempt through the Office of Inspector General (OIG).

MFP staff will enter the PA into the MMIS and provide authorization verification to the RTC.

Receipts must be retained to process payment (see chapter 4 for billing).

The RTC will be responsible for purchasing the goods and services.

- The RTC will either deliver the goods or arrange for their delivery.
- The RTC will either set up the goods or arrange for their setup.
- If the RTC does not complete delivery and setup, any extra cost to do so must be included in the PA.

The RTC will complete the MFP-specific risk assessment (form provided by MFP) with the participant and provide a copy to the CMT.

The RTC will complete the backup plan (form provided by MFP) with the participant and provide a copy to the waiver CMT to upload in the case management system.

The RTC will coordinate falls prevention training pre-transition for all individuals moving into the community. If determined necessary, post-transition training will be available as well.

Housing and Serious Occurrence Reporting

If the RTC detects any difficulties with housing issues, they will reach out to the MFP housing specialist for assistance.

If a serious occurrence takes place during the transition period or within 30 days post-transition, the RTC must report the incident to MFP within 24 hours of the knowledge of the occurrence.

- If the serious occurrence takes place during the transition period, the RTC must report the occurrence to MFP staff using one of the following communication methods:
 - Email (using Medicaid ID only to identify the individual)
 - State of Montana FTS
 - Secure message through MedCompass
- MFP staff must enter reported serious occurrences into the QAMS incident reporting system within 48 hours of receiving the notice.
- If the serious occurrence takes place post-transition, the RTC must report it to the waiver CMT. The team will follow their own policies governing reporting requirements.
- A serious occurrence is a significant event that affects the health, welfare, and/or safety of an MFP applicant.
 - Reportable incidents include:
 1. Suspected or known exploitation, physical, emotional, sexual, or verbal abuse.
 2. Neglect of the applicant, self-neglect, or neglect by a paid caregiver.
 3. Any time the emergency backup system is administered.

Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed.

4. Sexual harassment by a provider agency employee or an individual.
5. Any occurrence that results in hospital emergency room, the equivalent level of treatment or hospitalization. The injury may be either observed or discovered. Any injury within the previous 90 days must also be reported.
6. An unsafe or unsanitary working or living environment that puts the personal care attendant and/or applicant at risk.
7. Any event that is reported to Adult Protective Services, Child Protective Services, law enforcement, the ombudsman program, or the Quality Assurance Division/Licensing.

8. Referrals to the Medicaid Fraud Unit.
9. Psychiatric Emergency: Admission of an applicant to a hospital or mental health facility for a psychiatric emergency.
10. Medication Emergency: When there is a discrepancy between the medication that a physician prescribes and what the member takes, and this results in hospital emergency room or equivalent level of treatment or hospital admissions; or any medication error occurring during the provision of Medicaid reimbursed nursing or personal care services such as Community First Choice Services (CFCS)/Personal Care Services (PCS), Home Health, or Hospice).
11. Suicide, suicide attempt, or suicide threat.

Transition Plan Submission and Follow-up

The RTC will submit the transition plan to the waiver CMT and MFP up to 30 days before the move-in date (if possible).

The RTC will check in with the participant at the following intervals:

- Day of move
- One week post-transition
- One month post-transition
 - The RTC will conduct a [member satisfaction survey](#), provided by MFP.
 - The RTC's services will end after this check-in.
- MFP staff will follow up monthly for 365 days.

Chapter 4 – Billing and Payment

Montana MFP uses the department's MMIS for claims processing.

Demonstration Services Billing

All demonstration goods and services (attachment A) require PA approval by Montana MFP staff. The PA will be entered into the MMIS by MFP staff, and the PA number will be given to the provider. Once the participant is enrolled in the waiver program, the provider will submit the claim to Medicaid for payment. The provider will use the waiver enrollment date as the date of service.

Deposits: Deposits must be paid prior to waiver enrollment . The vendor will need to submit an invoice for the goods/service, along with a W-9, to the RTC, who will then submit the documents to Montana MFP staff. The department will process these payments manually. The RTC will be responsible for obtaining the receipt and uploading it into the case management system or send it via FTS to MFP staff if the RTC does not have access to the case management system.

Failed Transitions: Failed transitions can only be processed manually. The RTC will need to submit an invoice outlining the steps completed in #5 of the process, along with a W-9, to Montana MFP staff.

Supplemental Services Billing

All supplemental services (see attachment A.1) require prior approval by Montana MFP staff. MFP staff will enter the PA into the MMIS and will give the PA number to the provider. All supplemental services **MUST** be paid for and received **PRIOR** to moving into the community. Montana MFP will enter a Pre-MFPG span into the MMIS, and the provider will submit the claim to Medicaid for payment. The Pre-MFPG span will end the date the participant moves into the community.

Retroactive payment is not possible.

Supplemental Services Billing (manual billing)

All supplemental services **MUST** be paid for and received **PRIOR** to the individual moving into the community. All supplemental services require prior authorization approval by Montana MFP staff.

The Regional Transition Coordinator(RTC) will choose one of two ways for billing of the current services being offered (after each process is followed).

1. The RTC will purchase the item(s). The RTC will then submit the receipts and a w-9 to MFP staff for reimbursement.
2. The RTC will request that MFP staff purchase the item(s) when the item(s) are ready for purchase.

Attachment A

Demonstration Services Billing Codes/Prices

Current MFP Demonstration Services	MMIS Billing Code/Modifier	Fee Amount
MFP Transition Services	H2016/UA	\$4,000/ unit – paid at actual cost; more with prior approval
MFP Regional Transition Coordinator	H0043/UA	\$5,000/transition
MFP Peer Support Services	T2012/UA	\$10/15 minutes
MFP Companion Services	S5136/UA	\$7/15 minutes
MFP Information Technology	T1014/UA	Use of technology to connect participants to health services, families, peers, and social opportunities.
MFP Overnight Supports	S5116/UA	\$40/night (minimum 6 hours, maximum 12 hours – limited to 30-45 days)
MFP Vehicle Modification for Accessibility	T2039/UA	\$4,000/unit

Attachment A.1

Supplemental Services Billing Codes/Price

New MFP Supplemental Services	Proposed HCPC Code	HCPC Description	Fee Amount
Clothing Grant	S5199	Personal care item, NOS, each	Up to \$635/indiv
On-Site Transportation			Up to 500 miles @ \$0.55/mile
	A0080	Non-emergency transportation: per mile – vehicle provided by volunteer (individual or organization), with no vested interest	
	A0090	Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest	
	A0100	Non-emergency transportation: taxi	
	A0110	Non-emergency transportation and bus, intra or interstate carrier	
	A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	
	A0130	Non-emergency transportation: wheelchair van	
	A0140	Non-emergency transportation and air travel (private or commercial), intra or interstate	
	A0160	Non-emergency transportation: per mile – case worker or social worker	
	A0170	Transportation ancillary: parking fees, tolls, other	
	A0180	Non-emergency transportation: ancillary, lodging-recipient	
	A0190	Non-emergency transportation: ancillary, meals-recipient	
	A0200	Non-emergency transportation: ancillary, lodging escort	
	A0210	Non-emergency transportation: ancillary, meals-escort	
Minor Home Repair	S5131	Assistance with household management and upkeep, provided by the day	\$3,000/indiv
Home Modification	S5165	Home modifications: per service	\$25,000/indiv

Assistive Technology	T2035	This code reports charges for utility services, such as water and electricity, needed to support medical equipment and assistive technology devices. The waiver refers to permission from the federal government to state Medicaid plans to finance services that are not in compliance with federal regulations.	\$5,000/indiv
Occupational Therapist Assessment	97165	Occupational therapy evaluation, low complexity, requiring these components: 1) An occupational profile and medical and therapy history, which includes a brief history, including review of medical and/or therapy records relating to the presenting problem; 2) An assessment(s) identifying one to three performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and 3) Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of the evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$66/15 minutes (not to exceed one hour)
	97166	Occupational therapy evaluation, moderate complexity, requiring these components: 1) An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; 2) An assessment(s) identifying three to five performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or	\$66/15 minutes (not to exceed one hour)

		participation restrictions; and 3) Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable the patient to complete the evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	
	97167	Occupational therapy evaluation, high complexity, requiring these components: 1) An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; 2) An assessment(s) that identifies five or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and 3) Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable the patient to complete the evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	\$66/15 minutes (not to exceed one hour)
	G0129	Occupational therapy services requiring the skills furnished as a component of a partial hospitalization or intensive	\$66/15 minutes (not to exceed one hour)

		outpatient treatment program, per session (45 minutes or more).	
Vehicle Modification	T2039	Vehicle Modification, waiver, per service	\$30,000/indiv
Pantry Stock	S5121	Chore services; per diem	\$400/indiv
Specialized Equipment	T2029	Specialized medical equipment, not otherwise specified, waiver	\$15,000/indiv
Medical Supplies	A9999	Misc. DME supply or accessory, not otherwise specified	\$300/indiv
	T2025	Specialized supply, not otherwise specified, waiver	
	T5999	Supply, not otherwise specified	
Housing Application Fee	H0043	Supported housing, per diem, services for an independent living situation	\$200/indiv
Security Deposit	H0044	Supported housing, per month, services for an independent living situation	\$2,400/indiv

Attachment A.2

Failed Transition Payment Schedule

Payment of a failed transition (as defined in Chapter 3, #5) will be approved and paid by the MFP program after consideration of the completion of the following transition activities:

\$500 informed consent, signed and received by MFP

\$500 RTC Acceptance and Approval form, signed and received by MFP

\$500 Grant-funded, slot approved by MFP

\$750 MFP transition plan developed:

- Identified accessible, affordable, and safe MFP-qualified housing
- Identified risks associated with the transition to the community
- Developed a plan to mitigate risk
- Identified service needs (e.g. CFCS/PCS, durable medical equipment, independent living training, etc.) and provided the participant with contact information or made direct contact on behalf of the participant to inquire about the services

\$850 Housing Checklist/ALF form, signed and received by MFP

\$900 Transition Goods cost sheet created and approved by the participant and items purchased

The RTC will send an itemized invoice for completed tasks along with a W-9 to MFP staff, who will process the payment manually. Failed transitions are not entered into the MMIS.

Attachment B

MONTANA MFP SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

Montana will offer supplemental services based on an individual's person-centered plan, using the process below.

Person-Centered Planning Process

The MFP person-centered planning process is designed to create an environment that is participant-driven and participant-centered. Individuals eligible for MFP can clearly identify the supports and services they want and need to achieve independence and personal fulfillment while meeting health and safety needs. This is accomplished through the following steps.

1. An MFP referral is received from the participant, family member, or care provider.
2. MFP staff will authorize the RTC service based on participant choice and available Medicaid-enrolled RTCs in the geographical location of the referral.
3. The RTC will discuss with the individual whom they want to make up their transition team. This can include family members, peers, facility discharge planners, waiver case managers, etc.
4. The RTC will contact the individual to schedule an in person or over-the-phone discussion. The individual identifies a time and place at their convenience and may dictate their preferred method of communication.
5. During the RTC meeting with the individual, the RTC will offer written materials about MFP transition services and supplemental services.
6. If interested in receiving MFP transition services, the participant signs an informed consent as well as an authorization for the use and disclosure of protected health information.
7. The MFP participant will identify their vision (using the State's PCP form) of community living, wants and needs, services, and health and safety concerns with the help of their chosen RTC. Goals and objectives are developed to ensure achievement of the person-centered plan. The MFP participant can choose other members of their team to participate during this process at their discretion.
8. The RTC will then compose a person-centered plan draft, and the MFP participant will review, edit as desired, and approve by signing the final document.
9. The RTC will review housing options with the MFP participant, to allow informed decision making. The RTC assists MFP participant, as needed, with identifying availability of housing, completion of applications, and touring their preferred community residential placement.
10. Once the MFP participant chooses their community placement, MFP assists in their transition through services identified by the participant.

11. After transition to community living, the CMT continues person-centered planning started by RTC and follows the participant's direction on changes/edits throughout the MFP year.
12. Through monthly case reviews in MedCompass and contact with CMT post transition, MFP ensures the participant remains safe, and person-centered planning practices continue to be followed throughout their participation in MFP. CMT reports any critical incidents, hospitalizations, or changes in condition to the MFP team throughout the MFP year. MFP and CMT work with the MFP participant to mitigate issues, complete risk assessments, and adjust services as needed.

To test and evaluate the efficacy of each service, the Department will create a survey for each service to distribute to the participant and RTC within 30 days of post transition. The surveys will measure participant satisfaction with the service as well as the importance of the service in making the transition possible.

MONTANA MFP SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Clothing Grant

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutional individuals who are physically disabled, aged, who have severe disabling mental illness, or who are developmentally disabled.

DESCRIPTION: MFP participants sometimes leave their institutional setting in hospital scrubs only. This clothing grant allows participants to obtain essential clothing with the goal of community integration. Receipts are required.

LIST AND DESCRIPTION OF GOODS AND SERVICES: Using a person-centered planning approach to ensure MFP participants have adequate clothing, participants utilizing supplemental services will have provision of pre-transition essential clothing, limited to the Following:

- 2 pants, each at \$25 = \$50 total
- 2 shirts, each at \$20 = \$40 total
- 5 underwear (one pack) at \$15 + 2 bras, each at \$20 = \$55 total
- 5 pairs of regular socks (one pack) at \$15 + 3 pairs compression stockings (1 pack) at \$20 = \$35 total
- 2 pairs of shoes, each at \$40 (to include specialized shoes with prescription) = \$80 total
- 1 coat (appropriate to the season at the time of transition), each at \$45 = \$45 total
- 1 winter coat, each at \$110 + 1 hat, each at \$10 + 1 pair of gloves, each at \$10 = \$130 total
- 1 pair of snow boots, each at \$50 = \$50 total
- 1 rain jacket, each at \$100 = \$100 total
- 2 pairs of shorts, each at \$25 = \$50 total

Total = \$635

COST: \$635/individual. Montana anticipates 25% of its annual transitions will require a clothing grant. Twelve transitions, each at \$635 = \$7,620

TIME PERIOD WHEN PAYMENT IS RENDERED: Purchases will be made upon established move-in date, up to the day before the move-in date.

TIME PERIOD WHEN SERVICES ARE RENDERED: Purchases will be made upon established move-in date, up to the day before the move-in date.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Transportation

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: Transportation designed to facilitate on-site visits to community housing, which may include visit to community-based housing entities. Montana is a rural state, and, quite often, community housing is in a separate town from the institutional setting.

LIST AND DESCRIPTION OF GOODS AND SERVICES: By using a person-centered approach to planning, transportation needs will have been identified and scheduled. This includes transportation to and from all necessary on-site visits.

COST: 500 miles at \$0.55/mile (Montana waiver Medicaid-approved mileage) – maximum/individual. Montana anticipates 75% of its transitions will access transportation as a supplemental service as they visit potential housing sites in their communities. 36 transitions (75%), each at \$275 = \$9,900

TIME PERIOD WHEN PAYMENT IS RENDERED: Transportation costs will be reimbursed as they are incurred prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: On-site housing visits occurring up to six months prior to discharge date.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Home Repair

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: The intention behind this service will be to preserve existing housing while ensuring safety through the provision of minor repairs. This service is limited to participant or participant's family-owned properties.

LIST AND DESCRIPTION OF GOODS AND SERVICES: Using a person-centered approach to planning home repairs for MFP participants includes minor repairs such as inspecting and repairing heating and air conditioning equipment, repairs to eliminate holes or other hazards in flooring or stairs, or replacement of windows/window screens. Person-centered planning will provide an overview of the individual's needs for minor home repairs.

COST: \$3,000 maximum/individual. Montana anticipates 25% of its transitions will access this supplemental service per previous requests. 12 transitions (25%) each at \$3,000 = \$36,000

TIME PERIOD WHEN PAYMENT IS RENDERED: All expenditures can occur up to six months prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: All services can be rendered up to six months prior to discharge date.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Home Modification

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible HCBS.

DESCRIPTION: Modification of the home environment to maximize participant independence and decrease barriers.

LIST AND DESCRIPTION OF GOODS AND SERVICES: The person-centered planning approach will provide a comprehensive overview of MFP participants' needs as they relate to home modification. This may include wheelchair ramps, door widening, installation of grab bars, lifts, grab bars, and other modifications as identified and recommended by an occupational therapist (OT) or physical therapist (PT).

COST: \$25,000 maximum/individual. Based on previous requests for assistance, Montana anticipates five of its total transitions will utilize this service. 5 transitions, each at \$25,000 = \$125,000

TIME PERIOD WHEN PAYMENT IS RENDERED: All expenditures can occur up to six months prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: All modifications can be completed up to six months prior to discharge date.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Assistive Technology

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: Assistive technology can be used to decrease the need for hands-on assistance.

LIST AND DESCRIPTION OF GOODS AND SERVICES: The person-centered planning approach will provide a comprehensive overview of MFP participants' needs as they relate to assistive technology. When possible, assistive technology will be used to increase independence and decrease the need for care attendant. This may include items ranging from medication dispensers to temperature control and door lock/unlock for those participants whose disabilities require such intervention.

COST: \$5,000/individual. Cost could increase based on individual's needs – extra costs would require prior-authorization and supporting documentation. Based on previous requests, Montana is anticipating five transitions/year that will access this service. 5 transitions, each at \$5,000 = \$25,000

TIME PERIOD WHEN PAYMENT IS RENDERED: The assistive technology assessment and purchase of equipment can be completed up to six months prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: All services can be rendered up to six months prior to discharge date.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Occupational Therapist Assessment

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: A home visit will be scheduled and executed with the MFP participant and the transition team while the MFP participant is living in the institutional setting prior to transition, to assess safety needs and identify needed modifications and/or equipment (including assistive technology) to increase the participant's independence and safety.

LIST AND DESCRIPTION OF GOODS AND SERVICES: The person-centered planning approach will provide a comprehensive overview of MFP participants' needs as they relate to the need for an occupational therapy assessment. Prior to an individual transitioning, home visits will occur. The process for this will be for the OT to coordinate with the MFP participant, the RTC and the transition team, to schedule and execute a home visit prior to transition.

COST: \$264/individual (one 1-hour session). Montana aims to have 100% of its transitions utilize an OT to ensure the individual's safe and secure transition to community living. The current Medicaid bill rate for this service is approximately \$66 per 15-minute unit, with four units anticipated per transition. 47 transitions, each at \$264 = \$12,408

TIME PERIOD WHEN PAYMENT IS RENDERED: All assessments can be completed up to six months prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: All services can be rendered up to six months prior to discharge date.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Vehicle Modification

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: Allows for the modification of an individual's previously purchased vehicle. Supports the availability of a modified vehicle prior to and upon participant discharge.

LIST AND DESCRIPTION OF GOODS AND SERVICES: The person-centered planning approach will provide a comprehensive overview of MFP participants' needs as they transition to community housing and increased independence as it relates to vehicle modifications. Modifications will be made specific to the vehicle and the individual's needs. Modifications will be completed by a professional and estimates and receipts are required.

COST: Up to \$30,000/individual (vehicle modifications). The National Highway Traffic Safety Administration estimates costs can range from \$20,000 to \$80,000 for mobility-related vehicle modifications.

- A recent Montana MFP referral included a driver's-side power transfer seat (\$11,000), hand control bracket (\$200), right-angle hand control (\$700), and labor costs (\$3,000), totaling \$14,900.
- Research from Forbes Health lists wheelchair lift prices between \$1,999 and \$6,999, with examples including:
 - Harmar AL301XLHD Heavy Duty Fusion Lift (\$3,370)
 - Harmar AL500 Universal Powerchair Lift (\$2,275)
 - BraunAbility Millennium Series Wheelchair Lift (\$6,999)
 - Bruno Out-Sider Scooter Lift (\$3,737.50)
 - FreeRider USA FR Scooter Lift (\$1,999)

Montana anticipates five of the projected 47 transitions may require vehicle modifications. 5 transitions, each at \$30,000 = \$150,000

TIME PERIOD WHEN PAYMENT IS RENDERED: All modifications can be paid for up to 6 months prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: All modifications can be completed up to six months prior to discharge.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Pantry Stock

SUPPLEMENTAL SERVICE TYPE: Food security

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: This will allow participants to obtain a baseline of nutritional needs. Applications for SNAP benefits cannot be filed until the participant has discharged from the institutional setting and may take 30 days from date of application (minimum) to process. The pantry stock will permit participants to ensure their nutritional needs are met upon transition. Food banks, while an important resource, are not available in all areas of the state. All MFP participants will be encouraged to apply for SNAP benefits. MFP is currently working on a partnership with the independent living centers in Montana. These centers can assist MFP participants with applying for public assistance benefits.

LIST AND DESCRIPTION OF GOODS AND SERVICES: Generally, institutionalized individuals who are receiving Medicaid only have approximately \$50 per month to purchase personal items. This amount is not sufficient and can act as a barrier to purchasing sufficient food items pre-transition. This pantry stocking availability removes barriers and provides individuals with adequate groceries as they transition into the community. The person-centered planning approach will provide a comprehensive overview of MFP participant's needs as they transition to community housing and increased independence as it relates to essential pantry items. See [FNS list of food items](#).

COST: \$400 maximum/individual. Montana anticipates each transition will utilize this service. 47 transitions, each at \$400 = \$18,800

TIME PERIOD WHEN PAYMENT IS RENDERED: All pantry items will be purchased and received up to one day prior to transition date.

TIME PERIOD WHEN SERVICES RENDERED: All pantry items will be ordered prior to transition and received by MFP participant up to one day prior to transition. RTCs and MFP participants will meet one week prior to transition to compile a list of pantry items. Once list has been compiled and approved, RTCs will complete the procurement of the items either by in-person shopping or online orders. All perishable items will be purchased/picked up the day before transition, to prevent spoiling. RTCs will work with MFP participants and transition settings to coordinate refrigeration of necessary items.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Specialized Medical Equipment

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: This service provides the purchase of specialized equipment not covered by Medicaid pre-transition.

LIST AND DESCRIPTION OF GOODS AND SERVICES: The person-centered planning approach will provide a comprehensive overview of MFP participants' needs as they transition to community housing and increased independence as it relates to the need for specialized equipment such as bariatric beds, hospital beds, lift beds, lift recliners, Hoyer lifts, stair lifts, inflatable pads and pillows to prevent bed sores, egg crate mattresses for wound care and prevention, shower chairs, shower heads with detachable heads, lift seats for toilets, grab bars, large walk-on scales with handles, commodes, orthotics, canes, walkers, or grabber tools.

COST: Up to \$15,000/individual. Some essential medical equipment includes bariatric beds, bedside lifts, and air mattresses for wound care. Prices vary depending on specific health and safety needs:

- Bariatric beds: \$1,602 – \$8,108.54 (Vitality Medical Supply)
- Air mattresses: \$350 – \$5,455 (Vitality Medical Supply)
- Bedside lifts/Hoyer lifts: \$484 – \$2,943 (excluding sling)
 - Slings: \$147 – \$904 (Vitality Medical Supply)
- Other items: \$45 – \$100 (Home Depot, Bed Bath & Beyond, Amazon).

According to Montana's Complete Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies Manual, some items that contribute to successful community-based living are not covered:

- Adaptive items for daily living
- Environmental control items
- Disposable wipes
- Exercise/therapeutic items
- Educational items
- Furniture associated with seat-lift mechanisms
- Scales and backup equipment

If costs exceed coverage limits, or an item is not listed, it may be reviewed by Centers for Medicare & Medicaid Services (CMS) on a case-by-case basis.

Montana anticipates five of the projected 47 transitions may need specialized equipment. 5 transitions, each at \$15,000 = \$75,000

TIME PERIOD WHEN PAYMENT IS RENDERED: Purchase of specialized equipment can be made up to six months prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: Service can be rendered up to six months prior to transition.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Medical Supplies

SUPPLEMENTAL SERVICE TYPE: Payment for activities prior to transition

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: For individuals who need 30 days of medically needed supplies that are not covered by Medicaid pre-transition

LIST AND DESCRIPTION OF GOODS AND SERVICES: The person-centered planning approach will provide a comprehensive overview of MFP participants' needs as they transition to community housing and increased independence as it relates to the need for medical supplies. Items include:

- Diabetic supplies: insulin, insulin syringes, insulin pens, insulin pumps (if necessary), blood sugar meters, diabetic test strips, blood lancets, ketone test strips, glucose tablets, glucagon, diabetic snacks in the case of emergency, skin care supplies, diabetic medical alert bracelets, blood sugar monitors
- Incontinence supplies: incontinence guards, liners, pads, adult underwear, wet wipes
- First aid items: adhesive bandages of various sizes, gauze rolls, gauze pads, antibiotic ointment, compress dressings, antiseptic wipe packets, nonlatex gloves, oral thermometers, tweezers, and basic first-aid instructions
- Wound care: antiseptic foams, specialized wound care pads such as collagen dressings, alginates, hydro fibers, super-absorbers, gauze, gauze rolls and elastic bandages, medical shears/scissors, tweezers, cotton balls, hydrocolloids, compression stockings and wraps, transparent films, composite dressings, tubular bandages, wound cleaners, drain tubes and accessories
- Miscellaneous: nutritional supplements and specialized protein powders ordered by physician, nail clippers for foot care, medication dispensers, humidifiers, blood pressure cuffs, oxygen saturation monitors, personal EKG monitors, heating pads, and brace/elastic supports for joints

COST: \$300 maximum/individual. Montana anticipates all transitions utilizing this service. 47 transitions, each at \$300 = \$14,100

TIME PERIOD WHEN PAYMENT IS RENDERED: Purchase of medical supplies can be made up to 60 days prior to discharge from an MFP-qualified inpatient facility.

TIME PERIOD WHEN SERVICES RENDERED: Service can be rendered up to 60 days prior to discharge.

COVERED BY MEDICAID: No.

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Payment for securing a community-based home: Rental Application Fee(s)

SUPPLEMENTAL SERVICE TYPE: Payment for securing a community-based home.

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: An individual residing in an institutional setting is allowed to keep \$50/month for personal needs and is not allowed more than \$2,000 in resources. Rental application fees are cost prohibitive for MFP participants and often cause barriers to community living.

LIST AND DESCRIPTION OF GOODS AND SERVICES: One-time, often non-refundable, rental application processing fee.

SUSTAINABILITY: One-time fee.

COST: \$200 annual maximum/individual. Montana anticipates 30% of its annual transitions will utilize this supplemental service. 14 transitions (30%), each at \$200 = \$2,800 annually

TIME PERIOD WHEN PAYMENT IS RENDERED: Payment will be paid while individual is in an institutional setting (pre-transition).

TIME PERIOD WHEN SERVICES RENDERED: All application fees will be paid upon submitting rental applications, up to six months prior to transition.

COVERED BY MEDICAID: No

MONTANA SUPPLEMENTAL SERVICES

Stand-Alone Services Descriptions – All calculations based on projected 47 transitions in 2025

SERVICE: Payment for Securing a Community-Based Home: Security Deposit

SUPPLEMENTAL SERVICE TYPE: Pre-Transition payment for securing a community-based home.

TARGET POPULATION: Institutionalized individuals who are physically disabled, elderly, who have severe disabling mental illnesses, or who are developmentally disabled, and who are eligible for HCBS.

DESCRIPTION: Individuals who become institutionalized could inadvertently become delinquent paying rent and/or utilities.

LIST AND DESCRIPTION OF GOODS AND SERVICES: Security deposit, which can include the first and last months' rent.

SUSTAINABILITY: One-time payment.

COST: Up to \$2,400/individual. \$1,200 for first month's deposit. If the lease requires, last month's rent up to \$1,200 will also be covered, bringing the total to \$2,400/individual. Montana anticipates 30% of its 47 transitions will utilize this service. 14 transitions (30%) each at \$2,400 = \$33,600

TIME PERIOD WHEN PAYMENT IS RENDERED: Payment will be paid while individual is in an institutional setting (pre-transition).

TIME PERIOD WHEN SERVICES RENDERED: Throughout the duration of the time the individual lives in the rental.

COVERED BY MEDICAID: No

Attachment B.1

Montana MFP Food Security Plan

- a. *Document the maximum amount of food assistance available per recipient through MFP-funded supplemental services.*

The maximum amount of food assistance available will be \$400 per MFP participant. Montana anticipates that this service will be utilized by 47 transitions for a total of \$18,800. This amount will allow for a baseline of nutritional needs to be obtained. Montana has extremely limited resources for individuals who need pantry stocking. Montana anticipates 100% of its transitions will utilize this service.

- b. *Describe strategies for developing, strengthening, and maintaining partnerships with food assistance programs.*

Montana has created several strategies to develop, strengthen, and maintain partnerships with food assistance programs:

- 1) Invite and encourage food assistance programs within the state to attend and participate in MFP Stakeholder meetings
- 2) Outreach to local food pantries, contacts at the OPA who issue SNAP and Temporary Assistance for Needy Families (TANF) benefits
- 3) Collect information about eligibility requirements, frequency of food delivery from Meals on Wheels, and other details that would affect the ease of participants receiving food resources.

- c. *Describe the recipient's plan for building local outreach and referral networks.*

Montana will build local outreach and referral networks by developing and maintaining relationships with contacts that represent various food assistance organizations such as the SNAP or TANF and local resources that are specific to each community such as local food banks, local church food drives, meal delivery programs, and other food assistance programs within the state. Montana will provide referrals to all geographic specific resources available such as the independent living centers, The Area Agencies on Aging, etc. Montana is also providing transitioning individuals with resource guides in a "Welcome Home" package put together by MFP staff.

- d. Provide assurance and describe how the state will ensure access to food assistance for MFP participants once the food assistance under the demonstration funding is no longer available.*

All participants utilizing this supplemental service will have a sustainability plan outlined in their waiver service plan.

Several food and nutrition programs are offered through the aging network in Montana. The programs are funded by the Older Americans Act and USDA funds, state, and local dollars, as well as client contributions. The main goal of the programs is to give older adults the tools and resources they need to remain in good health, reduce malnutrition, improve nutritional status, reduce social isolation, and maintain independence within their communities. Montana has approximately 170 congregate meal program sites located around the state. Most of these sites are senior centers. However, churches, nursing homes, restaurants, and other organizations also have capacity to serve as meal sites for seniors. Annually, over 1,000,000 congregate meals are served to over 25,000 people. Two additional resources include the Commodity Supplemental Food Program (CSFP) and Senior Farmers Market Nutrition Program (SFMNP). CSFP offers supplemental food packages to eligible Montana residents, ages 60 and older. The monthly package supplements a senior's existing diet. SFMNP provides coupons to eligible Montana seniors to purchase items from their local farmer's markets. There are currently 13 distribution sites and 23 communities that have markets participating in the program. One additional resource Montana has for food distribution is the Salvation Army. The organization has food and nutrition programs in Montana's major cities such as Billings, Great Falls, Helena, Missoula, and Kalispell. Neighborhood food pantries, food boxes, mobile food pantries, and assistance applying for SNAP are some of the services offered through the Salvation Army. To conclude, Montana has several resources to help citizens navigate food insecurity and maintain nutrition levels.

- e. Describe how the state will oversee and monitor any participating managed care plans that are responsible for implementing any component of the food assistance supports.*

Montana does not have managed care plans; therefore, managed care plans will not be responsible for implementing any component of food assistance supports.

Attachment B.2

Montana MFP Supplemental Services Processes for Regional Transition Coordinators

Clothing Grant Process

1. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, there are no other available resources, and clothing has been identified as a necessity.
2. **Identify Clothing Needs:** Determine the specific articles of clothing required.
3. **Verify Supplemental Services:** Refer to “Montana MFP Supplemental Services” (Attachment B), to ensure the requested clothing items and quantities are listed under the eligible supplemental services.
4. **Determine Shopping Preferences:**
 - **In-Person Shopping:** Identify transportation needs for the MFP participant.
 - **Online Shopping:** Schedule a time to shop online with the MFP participant.
 - **Vendor Verification:** Verify that the chosen vendor is non-exempt through the OIG; OIG Exclusions.
5. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before shopping, including the following information:
 - **Vendor Details:** Specify the vendor from which clothing will be purchased.
 - **Item Description:** Describe each essential clothing item.
 - **Budget Compliance:** Ensure the total amount does not exceed \$635 per person.
 - **Justification:** Provide a simple justification for the need (e.g., Johnny has been in a nursing home for four years and requires clothing to transition to the community, including two pairs of pants, one raincoat, one winter coat, etc.).
 - **OIG Check:** Confirm the OIG check has been completed, and the vendor is not excluded.
6. **Complete Shopping:** Shop for clothing with input from the MFP participant before the transition.
7. **Collect Receipts:** Gather and upload all receipts into MedCompass.
8. **Distribute Clothing:** Provide the purchased clothing to the MFP participant.
9. **Timeline Compliance:** Ensure all steps are completed before the transition. All clothing items must be purchased and received up to one day prior to the transition date.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Pantry Stock Process

1. **Confirm SNAP/Meals on Wheels Availability:** If the chosen setting is an ALF, SNAP and/or Meals on Wheels services are not available to the MFP participant.
2. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and pantry stocking has been identified as a necessity.
3. **Verify Allowable Items:** Refer to the [FNS list of food items](#).
4. **Identify Food Needs:** Determine the specific food items required for the MFP participant.
5. **Determine Shopping Preferences:**
 - **In-Person Shopping:** Identify transportation needs for the MFP participant.
 - **Online Shopping:** Schedule a time to shop online with the MFP participant.
 - **Vendor Verification:** Verify that the chosen vendor is non-exempt through the OIG; OIG Exclusions.
6. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before shopping, including the following information:
 - **Vendor Details:** Specify the vendor from which pantry items will be purchased.
 - **Item Description:** Describe each essential pantry item.
 - **Budget Compliance:** Ensure the total amount does not exceed \$400 per person.
 - **Justification:** Provide a simple justification for the need (e.g., Johnny has been in a nursing home for four years and requires food items to transition to the community, including [list pantry items]).
 - **OIG Check:** Confirm the OIG check has been completed, and the vendor is not excluded.
7. **Complete Shopping:** Shop for pantry items with input from the MFP participant before the transition.
8. **Identify Additional Needs:** Assess and address any previously unidentified pantry needs.
9. **Collect Receipts:** Gather and upload all receipts to MedCompass.
10. **Distribute Pantry Items:** Provide the purchased pantry items to the MFP participant.
11. **Timeline Compliance:** Ensure all pantry items are purchased and received up to one day prior to the transition date.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Transportation Process

1. Confirm Needs Assessment: Ensure the MFP Nursing Home Transition Needs Assessment is complete, and transportation for an onsite visit to the community setting has been identified as a need.

2. Verify Allowable Transportation Costs: Refer to the “Montana MFP Supplemental Services” (Attachment B), to ensure that identified transportation needs align with allowable transportation costs (to and from potential community housing opportunities).

3. Submit Prior Authorization: Complete and submit a Prior Authorization form before transportation, including the following information:

- **Vendor Details:** Specify the vendor from which gasoline will be purchased.
- **Mileage Compliance:** Ensure the total amount does not exceed 500 miles at \$0.55/mile per person.
- **Justification:** Provide a simple justification for the need (e.g., Johnny has been in a nursing home for four years and needs transportation to tour the community setting. Per person-centered planning requirements, Johnny has chosen to use his family member, Sue, for transportation. Johnny and Sue have completed the pre-trip estimate and plan to travel 150 miles in total and spend a total of \$85 on gasoline).
- **OIG Check:** Confirm the OIG check has been completed, and the vendor is not excluded.

4. Finalize Transportation Details: Determine who will provide transportation (RTC or participant’s acquaintance/family member)

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Medical Supply Process

1. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and medical supplies have been identified as a need.
2. **Identify Required Supplies:** Determine the specific medical supplies needed. Approved supplies include those for diabetes, incontinence, wound care, nutritional supplements, blood pressure, and oxygen.
3. **Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Attachment B) for a comprehensive list of approved medical supplies.
4. **Confirm Medical Need:** Obtain a medical order to confirm the individual's need for the supplies.
5. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before purchasing supplies, including the following information:
 - **Vendor Details:** Specify the vendor from which medical supplies will be purchased.
 - **Item Description:** Describe each essential medical supply.
 - **Budget Compliance:** Ensure the total amount does not exceed \$300 per person.
 - **Medical Order:** Provide a medical order for all supplies.
 - **OIG Check:** Confirm the OIG check has been completed, and the vendor is not excluded.
6. **Collect Receipts:** Gather and compile all receipts, and upload into MedCompass.
7. **Arrange Delivery:** Organize the delivery of medical supplies.
8. **Timeline Compliance:** Purchase all medical supplies up to 60 days before discharge from the nursing facility, and receive them up to one day prior to the transition date.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Occupational Therapist Assessment Process

1. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and a home safety assessment has been identified as a need.
2. **Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Attachment B) for a detailed list and description of goods and services related to the OT assessment.
3. **Identify Local OT:** Find an available local OT and ensure the assessment is completed with ample time to make home modifications prior to the transition.
4. **Schedule Home Visit:** Arrange a home visit with the OT, MFP participant (preferred), and RTC.
5. **Arrange Transportation:** Organize transportation for the MFP participant to the OT assessment.
6. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before the assessment, including the following information:
 - **Vendor Details:** Specify the vendor who will be assessing the MFP participant's home.
 - **Budget Compliance:** Ensure the total amount does not exceed \$264 for a one-hour assessment.
 - **Medicaid Provider Confirmation:** Confirm that the OT provider is a Medicaid provider.
7. **Complete Home Assessment:** Conduct the home assessment on the scheduled date.
8. **Submit OT Assessment:** The RTC obtains the OT assessment and uploads into MedCompass.
9. **Identify Needed Modifications:** Determine the necessary safety/home modifications based on the OT assessment.
10. **Follow Home Modification Process:** Adhere to the process for home modification and/or home repair for supplemental services prior to the transition.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Home Repair Process

1. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and a home safety assessment has been completed.
2. **Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Attachment B) for a detailed list and description of goods and services related to home repair.
3. **Identify Local Contractors:** Identify local contractors willing to complete repairs and the availability of the contractor to ensure timely home repairs occur prior to the MFP participant’s nursing home discharge.
4. **Bids for Repair:** Where possible, request and coordinate at least two bids to complete home repair and ensure the bids do not exceed \$3,000 per MFP participant.
5. **Arrange for MFP Participant Transportation:** When needed, arrange for the MFP participant’s transportation to meet the contractor at home to identify needs for home repair.
6. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before accepting a bid, including the following information:
 - **Vendor Details:** Specify the vendor who will be assessing the MFP participant's home.
 - **Budget Compliance:** Ensure the total amount does not exceed \$3,000 per MFP participant.
 - **Medicaid Provider Confirmation:** Confirm that the contractor is a Medicaid provider.
 - **Include Bids:** When bids are received and timelines for repair established, send to MFP staff via MedCompass or FTS.
7. **Approval:** When approved by MFP staff, the RTC will coordinate with contractor to complete repairs prior to MFP participant’s discharge from nursing facility/hospital.
8. **Home Repair Complete:** Once the home repair(s) is/are completed, the RTC and MFP participant (when possible) will coordinate a visit to the home to ensure repairs were completed to specifications of original request.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Home Modification Process

- 1. Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and a home safety assessment has been completed.
- 2. Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Appendix B) for a detailed list and description of goods and services related to home modification.
- 3. OT Assessment:** Follow process for OT Assessment. The OT assessment must be obtained and need for home modification identified by the OT before the home modification process can begin.
- 3. Identify Local Contractors:** Identify local contractors willing to complete repairs and the availability of the contractor, to ensure timely home modifications will occur prior to the MFP participant’s nursing home/hospital discharge.
- 4. Bids for Repair:** Where possible, request and coordinate at least two bids to complete home repair, and ensure the bids do not exceed \$25,000 per MFP participant. Home modification funding outside of MFP should be used first.
- 5. Arrange for MFP Participant Transportation:** When needed, arrange for the MFP participant’s transportation to meet the contractor at home to identify needs for home modifications.
- 6. Submit Prior Authorization:** Complete and submit a Prior Authorization form before the assessment, including the following information:
 - **Vendor Details:** Specify the vendor who will be assessing the MFP participant's home.
 - **Budget Compliance:** Ensure the total amount does not exceed \$25,000 per MFP participant.
 - **Medicaid Provider Confirmation:** Confirm that the contractor is a Medicaid provider.
 - **Include Bids:** When bids are received and timelines for repair established, send to MFP staff via MedCompass or FTS.
- 7. Approval:** When approved by MFP staff, the RTC will coordinate with the contractor to complete repairs prior to the MFP participant’s discharge from nursing facility/hospital.
- 8. Home Modification Complete:** Once the home modification is completed, the RTC, MFP participant (when possible), and OT will coordinate a visit to the home to ensure modifications were completed to specifications identified in the OT assessment.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Assistive Technology Process

- 1. Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and assistive technology has been identified as a need.
- 2. Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Attachment B) for a detailed list and description of goods and services related to assistive technology.
- 3. Assessment:** Identify whether an assessment is needed (if assistive technology is new to the individual). Depending on need, an OT, PT, MonTec, or other credentialed entity can provide the individual with assessment to identify most appropriate device specific to the individual’s need(s).
- 4. Submit Prior Authorization:** Complete and submit a Prior Authorization form, including the following information:
 - **Vendor Details:** Specify the vendor who will be providing the assistive technology.
 - **Budget Compliance:** Ensure the total amount does not exceed \$5,000 per MFP participant.
 - **Medicaid Provider Confirmation:** Confirm that the vendor is a Medicaid provider.
- 5. Approval and Delivery:** When approved by MFP staff, the RTC will coordinate with the vendor to have assistive technology installed or delivered prior to the MFP participant’s discharge from the nursing facility/hospital.
- 6. Confirm Installation/Delivery:** The RTC will confirm delivery and/or installation of the assistive technology and that it is in proper working order.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Vehicle Modification Process

1. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and vehicle modification has been identified as a need.
2. **Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Appendix B) for a detailed list and description of goods and services related to vehicle modification.
3. **OT or PT Assessment:** Follow the process for OT/PT assessments. An OT/PT assessment must be obtained and need for vehicle modification identified by the OT/PT before vehicle modification process can begin.
3. **Identify Local Vehicle Modification Specialist:** Identify local mechanics or authorized vehicle modification entities willing to complete modification and the availability of the entity, to ensure timely vehicle modifications will occur prior to the MFP participant’s nursing home/hospital discharge.
4. **Bids for Repair:** Where possible, request and coordinate at least two bids to complete vehicle modification, and ensure the bids do not exceed \$30,000 per MFP participant. Vehicle modification funding outside of MFP can be used to supplement cost.
6. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before modifications occur, including the following information:
 - **Vendor Details:** Specify the vendor who will be assessing the MFP participant's vehicle.
 - **Budget Compliance:** Ensure the total amount does not exceed \$30,000 per MFP participant.
 - **Medicaid Provider Confirmation:** Confirm that the modification entity is a Medicaid provider.
 - **Include Bids:** When bids are received and timelines for repair established, send to MFP staff via MedCompass or FTS.
7. **Approval:** When approved by MFP staff, the RTC will coordinate with the modification entity to complete modification prior to the MFP participant’s discharge from the nursing facility/hospital.
8. **Vehicle Modification Complete:** Once the vehicle modification is completed, the RTC, MFP participant (when possible), and OT/PT will coordinate a visit to ensure modifications were completed to specifications identified in the OT/PT assessment.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Specialized Equipment Process:

1. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and specialized equipment has been identified as a need.
2. **Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Appendix B) for a detailed list and description of goods and services related to specialized equipment.
3. **Identify Needed Specialized Equipment:** Identify needed equipment items, and verify that they are allowable items to be purchased.
4. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before shopping, including the following information:
 - **Vendor Details:** Specify the vendor from which specialized equipment items will be purchased.
 - **Item Description:** Describe each specialized equipment item.
 - **Budget Compliance:** Ensure the total amount does not exceed \$400 per person.
 - **Justification:** Provide a simple justification for the need (e.g., Johnny has been in a nursing home for four years and requires these specialized equipment items to transition to the community, including [list equipment]).
 - **OIG Check:** Confirm the OIG check has been completed, and the vendor is not excluded.
7. **Submit Prior Authorization to MFP Staff:** When the PA is completed, listing the specialized equipment items, send to MFP staff via MedCompass or FTS.
8. **Approval:** When approved by MFP staff, the RTC will coordinate the purchase of specialized equipment to complete purchase prior to the MFP participant’s discharge from nursing the facility/hospital.
9. **Collect Receipts:** Gather and compile all receipts, and upload into MedCompass or send to MFP staff via FTS.
10. **Arrange Delivery:** Organize the delivery of specialized equipment.
11. **Timeline Compliance:** Purchase all specialized equipment supplies up to 60 days before discharge from the nursing facility, and receive them up to one day prior to the transition date.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Payment for Securing a Community-Based Home Process: Rental Application

1. Confirm Needs Assessment: Ensure the MFP Nursing Home Transition Needs Assessment is complete, and a payment to secure a community-based home has been identified as a need.

2. Verify Allowable Items: Refer to the “Montana MFP Supplemental Services” (Attachment B) for a detailed list and description of what would be allowable as a one-time payment for securing a community-based home.

3. Identify Needed Specialized Equipment: Identify that a payment for a rental application fee is needed to transition into the community.

4. Submit Prior Authorization: Complete and submit a Prior Authorization form before submitting payment, including the following information:

- **Vendor Details:** Specify the vendor to which the one-time payment will be made.
- **Item Description:** Describe the one-time payment.
- **Budget Compliance:** Ensure the total amount does not exceed \$200 per person.
- **Justification:** Provide a simple justification for the need (e.g., Johnny has been in a nursing home for four years and requires a one-time payment of \$200 for a rental application to transition to the community).

7. Submit Prior Authorization to MFP Staff: When the PA listing the need for a one-time rental application fee is completed, send to MFP staff via MedCompass or FTS.

8. Approval: When approved by MFP staff, the RTC will coordinate the payment of the one-time rental application fee prior to the MFP participant’s discharge from the nursing facility/hospital.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Payment for Securing a Community-Based Home Process: Deposit

1. **Confirm Needs Assessment:** Ensure the MFP Nursing Home Transition Needs Assessment is complete, and a payment to secure a community-based home has been identified as a need.
2. **Verify Allowable Items:** Refer to the “Montana MFP Supplemental Services” (Attachment B) for a detailed list and description of what would be allowable as a one-time payment for securing a community-based home.
3. **Identify Needed Specialized Equipment:** Identify that a payment for a security deposit is needed to transition into the community.
4. **Submit Prior Authorization:** Complete and submit a Prior Authorization form before submitting payment, including the following information:
 - **Vendor Details:** Specify the vendor to which the one-time payment will be made.
 - **Item Description:** Describe the one-time payment.
 - **Budget Compliance:** Not to exceed \$2400.
 - **Justification:** Provide a simple justification for the need. If the lease requires first and last months’ rent, include that. If the lease requires only first month’s rent, include that information as part of the justification (e.g., Johnny has been in a nursing home for four years and requires a one-time payment of a security deposit to transition into the community. The security deposit consists of first and last months’ rent = \$2,400 to transition to the community).
7. **Submit Prior Authorization to MFP Staff:** When the PA lists the need for a one-time security deposit, send it to MFP staff via MedCompass or FTS.
8. **Approval:** When approved by MFP staff, the RTC will coordinate the payment of the one-time security deposit fee prior to the MFP participant’s discharge from the nursing facility/hospital.

Disclaimer: The MFP participant should only utilize the allotted amount necessary to meet their needs.

Attachment C

Retroactive Transition Process

This procedure is applicable when a prospective MFP participant has already transitioned to community living from a qualified institutional setting prior to the completion of MFP documentation and PAs. This situation may arise when the staff of the institutional setting are unaware that the individual may be interested in utilizing MFP assistance to facilitate their move into the community. It is imperative that the individual has not resided in the community for more than two weeks before MFP receives the referral.

1. **Referral:** MFP obtains a referral for a potential participant. An explanation as to why the referral was not sent pre-transition needs to be included with the referral.
2. **Eligibility Confirmation:** MFP verifies eligibility, including obtaining CMS permission to proceed with the retro transition and ensuring the setting meets MFP requirements.
3. **Initial Meeting:** The RTC meets with the participant, explains the MFP process, and, if the individual agrees to participate, the MFP Informed Consent form is signed and submitted to MFP or uploaded into MedCompass.
4. **Paperwork Completion:** MFP collaborates with the RTC to swiftly complete all MFP paperwork (RTC acceptance form, housing checklist, etc.), preferably within one week of receiving the referral.
5. **Transition Process:** The RTC has up to two weeks from receiving the referral to complete all steps of the RTC transition process. Refer to the RTC transition process for details (Appendix B.2).
6. **Grant-Funded Slot:** Submit a single PA for a grant-funded slot and the RTC fee. Justification for the retro enrollment must be documented in the PA.
7. **Prior Authorizations:**
 - Identify household needs, medical equipment, etc. with the MFP participant.
 - The RTC runs an OIG report, to ensure the retailer for household goods is not excluded by Medicaid.
 - Create and send PAs for household goods to MFP staff, or upload them to MedCompass with a notification to MFP staff.
8. **Service Approval:** After the initial household goods PA is approved by MFP staff, non-demonstration services requested post-transition will be approved by the regional program officers.
9. **Completion:** The RTC follows all steps of the RTC transition process.

Attachment D

Glossary of Acronyms

ALF: Assisted Living Facility

CFSP: Commodity Supplemental Food Program

CMS: Centers for Medicare & Medicaid Services

CMT: Case Management Team

FTS: File Transfer Service

HCBS: Home and Community-Based Services

MFP: Money Follows the Person

MMIS: Medicaid Management Information System

MP: Mountain Pacific

OIG: Office of Inspector General

OPA: Office of Public Assistance

OT: Occupational Therapist

PA: Prior Authorization

PT: Physical Therapist

RTC: Regional Transition Coordinator

SFMNP: Senior Farmers Market Nutrition Program

SLTCD: Senior and Long-Term Care Division

SNAP: Supplemental Nutrition Assistance Program