

Presentation to the 2021 Health and Human Services Joint Appropriation Subcommittee

DEVELOPMENTAL SERVICES DIVISION

Medicaid and Health Services Branch Department of Public Health and Human Services

The following topics are covered in this report:

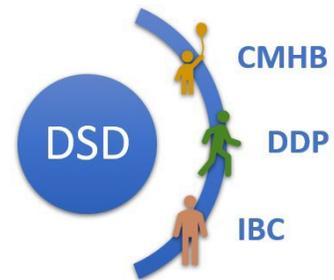
- Division Overview
- Summary of Major Functions
 - Services
 - Highlights and Innovations
 - Member Success Stories
- Funding and FTE
- Change Packages

Division Overview

The Developmental Services Division (DSD) offers a wide range of services to fulfill its mission of facilitating efficient delivery of effective services to adults and children with developmental disabilities and children with serious emotional disturbances. DSD’s work is guided by a goal of assisting Montanans with disabilities and children with serious emotional disturbances in living full lives within their communities.

DSD is comprised of:

- The Children’s Mental Health Bureau (CMHB)
- The Developmental Disabilities Program (DDP)
- The Intensive Behavior Center (IBC)



With a budget just over \$300 million, DSD provides services to more than 25,000 Montanans. 95.2% of the annual DSD budget funds benefits and claims. DSD works with hundreds of large and small providers across the state to assist individuals with disabilities and children with serious emotional disturbances and provides services in every county in Montana.

Division Functional Chart



Division Leadership

The Division's leadership team is made up of five positions. Rebecca de Camara has been the DSD Division Administrator for eight years. Prior to moving to Montana, she received her law degree from The University of Texas at Austin and went on to work on mental health and juvenile justice policy and programming in Houston, Texas. Having started her career as a Direct Care Provider for the severely mentally ill, Rebecca has over twenty-five years' experience in social services.

Our CMHB Chief, Meghan Peel, who, prior to joining the Bureau, managed the CHIP program and was part of the implementation and operations team for Medicaid Expansion. During her tenure with the Bureau, she has focused on working closely with providers and stakeholders to evaluate and improve services within our continuum of care. Additionally, Meghan has a degree in Business Accounting, and worked in public and private accounting for seven years prior to joining the department.

Lindsey Carter is the new DDP Bureau Chief. Prior to her work as Bureau Chief, Lindsey worked as a DDP Waiver Specialist, Regional Manager and Community Services Supervisor. Lindsey began her career as a Direct Service Professional, primarily working with youth with a diagnosis of autism.

Our acting Fiscal Bureau Chief is Ryan Jose who has over 20 years of experience in state government, and as an economist working in DPHHS, is something of a rarity. Ryan specializes in modeling programmatic changes and working in the department's data systems, but also is a key person in monitoring and developing the Division's budget.

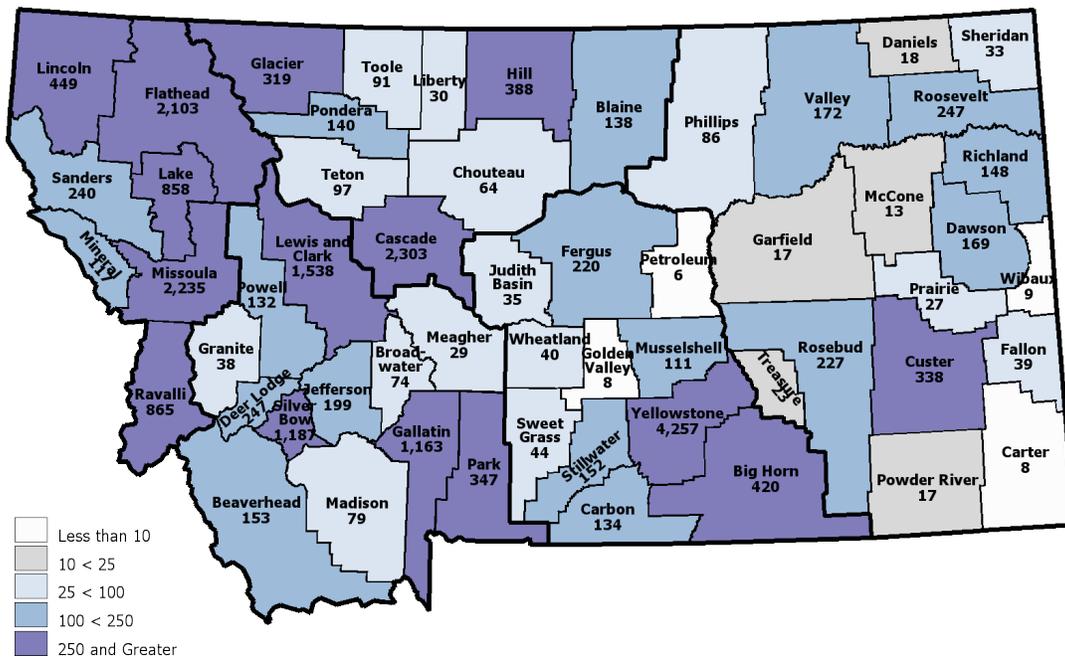
Rebecca Corbett is the Division's Medicaid Reform Initiative Specialist. She has over 15 years with the department. Prior to DSD, Rebecca was the team lead and contract manager for the development and implementation of Medicaid Expansion. Additional program implementations include the WASP Waiver, the 72-Hour Crisis Stabilization program, and Big Sky Rx. Rebecca's years with the department also include systems experience, performing as a business analyst for the MPATH Care Management Module.

Summary of Major Functions

Children’s Mental Health

The Children’s Mental Health Bureau (CMHB) supports and strengthens Montana youth and families by administering and funding mental health care coverage to over 22,000 Montana youth. The range of services provided include outpatient services, more intensive home and community-based services and facility-based services.

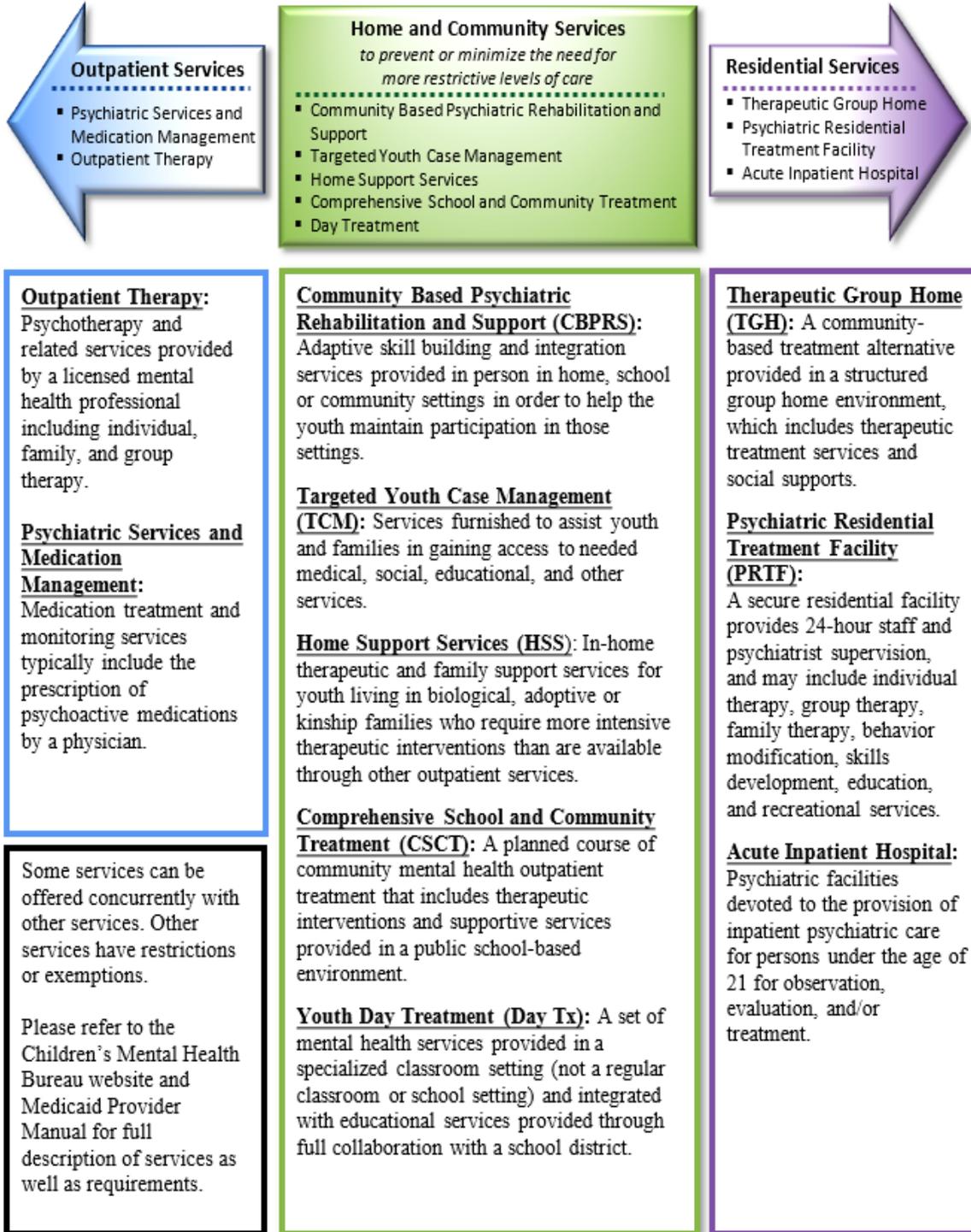
DPHHS Children's Mental Health Services
FY2020 Number of Youth Served



Community-based services such as outpatient therapy, targeted case management, comprehensive school and community treatment, and home support services help children within their homes, schools, and communities. These services focus on improving a youth’s functional level by facilitating the development of appropriate behavioral and life skills.

Children's Mental Health - Services

Children's Mental Health Bureau Medicaid Services Continuum of Care



Children’s Mental Health Bureau – Highlights and Innovation

Benefit Plan Modernization Through Provider/Stakeholder Collaboration

CMHB worked diligently over the last 18 months to increase collaboration with providers and other stakeholders. Through this increased partnership between the CMHB and stakeholders the team set and achieved lofty goals for modernization of targeted case management and home support services.

Modernization Goals

- Enhancing the quality of services provided to youth and families while designing a fiscally-sound program.
- Engaging stakeholders in program design by facilitating a workgroup to evaluate programs and make recommendations for changes.
- Increasing accountability for the services by strengthening and augmenting program measurements, including outcomes.

A standardized assessment tool was implemented as part of the targeted case management and home support service modernizations. The Child and Adolescent Service Intensity Instrument (CASII) is a standardized assessment tool that provides a determination of the appropriate level of service intensity needed by a child or adolescent and his or her family. It is unique in its capacity to determine a service intensity need, guide treatment planning, and monitor treatment outcome in all clinical and community-based settings. It incorporates holistic information on the child within the context of his/her family and community by assessing service intensity needed across six Dimensions including Risk of Harm, Functional Status, Co-Occurring Conditions, Recovery Environment, Resilience/Response to Services, Involvement in Services. The assessment need not be completed by a clinician, and after an inexpensive training, has a high interrater reliability score. In addition to traditional Medicaid services, CMHB encourages innovation through participation in various grants and collaborations.

“As a new CEO (2018) in the children’s mental health services circle, I have found the delivery from the leaders of the Children’s Mental Health Bureau to be a trusted, collaborative, children focused, and as a partner in our mission. We are grateful to be part of a state-wide team of professionals delivering excellence to Montana’s most valuable resource, our children. We are looking forward to the challenges and successes ahead of us.”

Dennis Sulser, CEO Youth Dynamics, Inc. est. 1981

Native Youth Suicide Reduction Coalition

Since 2015, the Governor and DPHHS have partnered with tribal and urban communities to develop and implement a Montana Native Youth Suicide Reduction (MNYSR) Strategic Plan specific to Montana. In 2019, the Montana Legislature earmarked funding for the continued implementation of the MNYSR Strategic Plan action steps in House Bill (HB) 696.

In January 2020, Kauffman & Associates, Inc. facilitated a strategic planning workshop in Helena, MT. The workshop had over 50 participants, including Coalition members, at-large tribal community members, and MT DPHHS staff. The workshop focused on review of the previous MNYSR strategic plan and updated strategic pillars and action steps for the years 2020 through 2022. This strategic plan intends to reduce Native youth suicide across the state through coordinated efforts by tribal, state, and public agencies and programs. It further integrates Native youth voices to shape the strategies to their needs.



COALITION MEMBERS, KIM PAUL (BLACKFEET TRIBE), ERIN IRVINE (CONFEDERATED SALISH AND KOOTENAI TRIBES), AND LOREN BIRD RATTLER (BLACKFEET TRIBE) LISTEN AS NATIVE YOUTH SHARE THEIR IDEAS.
PC: JON EBELT

Due to community shut downs and employee capacity, work on the strategic plan pivoted to accommodate current limitations for affecting change in school environments due to COVID-19. In the fall of 2020, work began to evaluate the 2020 strategic pillars and make necessary adjustments.

Children’s Mental Health Bureau – Changes

Comprehensive School & Community Treatment

The Comprehensive School & Community Treatment (CSCT) program is a Medicaid school-based behavioral health service for children with Serious Emotional Disturbance (SED). The program was designed to be an additional level of community-based treatment for SED children.

CSCT is an outpatient service provided by Mental Health Centers under contract with public school districts: the school district is the provider of record. A CSCT team includes a licensed or supervised in-training practitioner and a behavioral aide, who are assigned to a specific public school. Once admitted into the program, a youth may receive services at the school, the home, or in the community. Services are focused on improving the youth’s functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.

CSCT is provided in 87 school districts across the state by 14 licensed mental health centers.

In FY 2020, 4,535 youth were served in CSCT programs stretching from Libby to Sidney.

CSCT Funding Change:

Historically, CSCT services have been funded using a combination of federal funds and an in-kind match from school districts across the state. The Centers for Medicare and Medicaid Services (CMS), provided direction to the department that the in-kind match process did not meet federal standards and was no longer an approved methodology. The department continues to include this important service in the children’s mental health services benefit plan. The source of the state match was changed to general fund appropriated to DPHHS in state fiscal year 2020.

Children’s Mental Health Services – Success Story

My name is Jake Mullins. I am a 23-year-old Mental Health Worker (MHW) at Yellowstone Boys and Girls Ranch (YBGR). My experience in the mental health field extends beyond my career at YBGR. During my childhood, I was subjected to physical and emotional abuse at the hands of my father who was in and out of prison. My mother suffered from multiple mental illnesses, including bipolar disorder and post-traumatic stress disorder. As an adolescent I struggled to pay attention for an extended period. I grew to resent the adults and struggled with interacting with my peers. Growing up in a house riddled with drugs and violence had forced me to have many negative interactions with people. This caused me to never fully invest in a team or trust my peers.

My transition from adolescent to early adult presented me with adversity that made me who I am today. As I approached my teenage years, I was sent to Yellowstone Academy (YA) due to my defiance and emotional dysregulation. I returned to my high school as a freshman, but my lack of commitment caused me to drop out before the second semester. During this time, I experienced the unexpected death of my mother. When I returned to school after a few semesters off, I committed to improve as a student. A key educator came into my life, helped guide me through school, and also introduced me to my life’s passion of teaching and guiding adolescents.

Many great people, especially my therapist, taught me the importance of self-evaluation and caring for others. I was lucky enough to meet my therapist while she was a school psychologist at YA. She worked with me on accountability and taught me many of the values that I use today in my career. When I discharged into my community, she was the first to offer my family her services as a therapist. I still count on her to help guide me through hardships, but I also get to share my successes with her. I also credit a lot of my success to my grandfather because he was the one person who consistently supported me through my struggles. I moved in with my grandfather shortly before starting at YA. He taught me the value of hard work. He was the first positive role model that I had and spent years building my trust with love and consistency. I learned to compete and challenge myself to grow. I started to focus on having positive and friendly interactions with my peers.



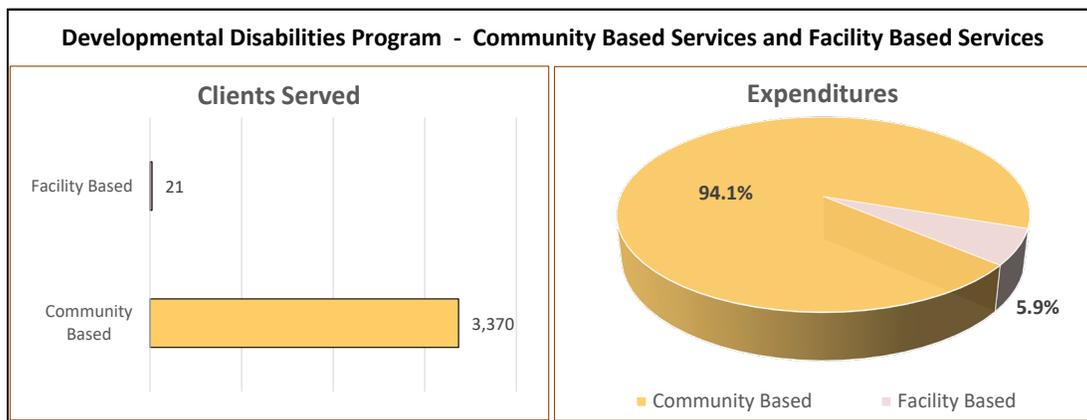
JAKE, SHARING HIS STORY WITH A FRIEND.

When I became old enough to enter the mental health field, I knew YBGR would be the perfect starting point for me to help youth whose situations don’t differ much from mine. My mentors and co-workers have taught me about love, trust, and teamwork. I have been blessed to be put in a situation professionally that allows me to grow from my mistakes. These mentors and co-workers motivate me to give my best every time I step on campus. I have a support system within the organization that makes me the best version of myself. From my co-workers to my supervisors I have a group of people that I can trust to love me and help me grow as a father and a mental health worker. The best advice I can give to our youth is: no matter what situation you’re in, you have the power to persevere. Many times, you will be tested, but how you grow from adversity will determine your success. This resonates with me because I have been through many adversities but have never let these adversities overcome me and prevent me from being successful.

Developmental Disabilities Program

The mission of the Developmental Disabilities Program (DDP) is to create a system that coordinates resources, supports, and provides services for individuals to have meaningful lives in their communities. As we all do, individuals with developmental disabilities desire to live and work within a community of their own choice. For some, the assistance and support of friends and families may be enough for independence, while others need their natural supports supplemented with services provided through DDP. DDP offers developmental disability services for individuals throughout their lifetime. Our youngest service recipient is age two, while our oldest service recipient is 97.

DDP managed and funded services for 3,391 Montanans with developmental disabilities in FY 2020. Services are primarily delivered through Medicaid waiver and State Plan services. Of the 3,391 individuals served by DDP in FY 2020, 99.4% received a community-based service. DDP serves the entire continuum of developmental disability needs from individuals who require minimal support to thrive in the community to individuals with very intensive needs who require 24-hour care.



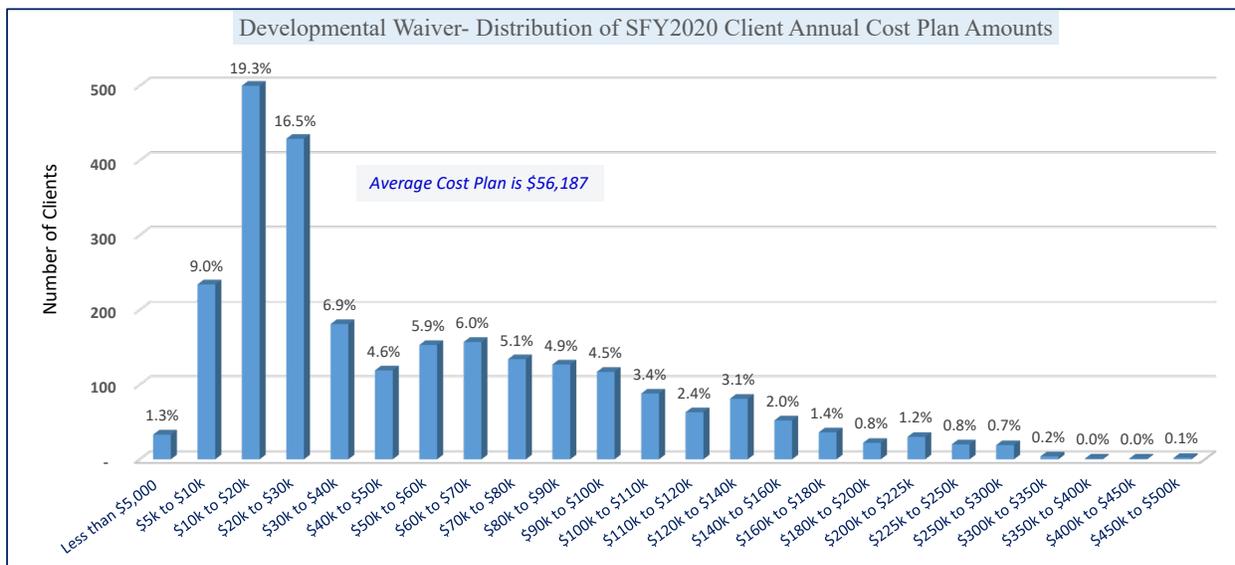
The DDP program operates out of five regions across the state with offices located in Helena, Missoula, Great Falls, Billings, Glasgow, Miles City, Butte, Bozeman, and Kalispell. The regional offices provide important assistance and support to DDP provider agencies, and case managers, as well as members and their families. Each region has a Regional Manager who provides oversight to the region which includes, quality assurance activities, incident management activities, and serves as the local liaison. In addition, the regions have Quality Improvement Specialists who work directly with provider agencies and members and complete many quality assurance activities. Some regions also provide state targeted case management services.

Developmental Disabilities Program – Waiver Services

The DDP’s Home and Community Based Service (HCBS) Waiver is the 0208 Comprehensive Waiver (HCBS DD). This waiver is designed to support successful community living for persons with developmental disabilities. It offers an individualized menu 32 separate services such as day supports, employment support, assisted living, and behavioral support services.

Each month 2,550 Montanans with a developmental disability receive HCBS DD services in addition to the standard Medicaid benefit package.

In SFY 2020, individual cost plans ranged from \$1,266 to \$477,381 per year, with the majority of cost plans falling between \$10,000 and \$30,000 a year as illustrated in the graph below. An individual might need very limited supports such as supported living, companion, and homemaker services. Another individual might need supported living along with supported employment to maintain a job as well as transportation supports to get to and from work or out into the community. Individuals with more intensive needs live in group homes and attend day or retirement services, generally sharing some of the staff with other individuals. As individuals needs increase, so do the amount of supports a person needs, as depicted on the following page. The DDP waiver is comprehensive enough to meet the wide range of needs individuals have.



Developmental Disabilities Program – Client Cost Plan Summaries



Base Supported
Living:
\$8,967

Betty has lived by herself in her own apartment for 25 years. She has worked at the college cafeteria for almost as long and is getting excited about retirement. Betty receives 1-30 hours a month of **Supported Living Services**. **Direct Service Professionals** come once a week to refill and confirm she is taking her medicine correctly. They also take her to the community pool for her favorite swimming class once a week. Betty can go into the community and do her grocery shopping independently, but sometimes she enjoys the company and assistance of staff.



Supported
Living/Supported
Employment:
\$41,067

Carl lives at home with his parents. He receives 31-45 hours a month of **Supported Living Services** to assist him in the community and build skills to live more independently. Carl has a **Direct Service Professional** that helps him with grocery shopping, takes him to appointments, and accompanies him to recreational activities. Carl has a job working in a pet store. He receives 40 hours a month of **Job Coaching Support**. His job coach works with Carl and his employer to help Carl increase his skill set. Carl receives **Transportation Services** to and from his job as well as to help him do things in the community, like attend church.



Group
Home/Day
Program:
\$84,967

Jane lives in a **Community Group Home** with five other roommates. The group home has direct care staff 24/7. Jane receives 6-7 hours of **Staff Support** per day. **Direct Service Professionals** assist Jane with bathing, meal preparation, medication administration, and general supervision. Jane also attends a **Day Program** five days a week where she gets paid to help with some janitorial duties, but also has time to do crafts and have fun with her friends. In addition, Jane receives **Transportation Services** so she can attend community events, visit her family on the weekends, and go from her home to the day program.



Intensive
Supported Living:
\$379,162

Sam lived for many years at Montana Developmental Center (MDC). Upon closure of MDC, Sam moved into a community home with one roommate. Sam has two highly trained **Direct Service Professionals** that work with him during the day, assisting him with a newspaper route, helping him complete meal preparation, and other household chores. They also help him socialize with his roommate and when his family comes to visit. Overnight staff stay at their apartment to ensure safety during the night. Sam also has a **Board Certified Behavior Analyst** (BCBA) that works closely with his team.

Developmental Disabilities Program – State Plan Services

Medicaid state plan services are important in creating an effective life-long continuum of care for individuals with developmental disabilities. These state plan services are critical in the continuum of care that is available to support individuals with developmental disabilities to live and work within their home communities.

Targeted Case Management

Targeted Case Management (TCM) is available to individuals of any age that are enrolled in DDP Waiver services, as well as individuals ages 16 and older who have been determined eligible for the Developmental Disabilities Program. TCM services are comprehensive and include assessment of an eligible individual, development of a specific care plan, referral to services, and monitoring. These services are delivered across the state by either a DDP Case Manager or a Contracted Case Manager. Over 3,200 individuals statewide are currently enrolled in TCM.

Outpatient Applied Behavioral Analysis (ABA) / Autism Treatment Services

The last several years have seen an ongoing evolution in the way services are provided to individuals with an Autism Spectrum Diagnosis or related Disorder. From a highly intensive and participant limited Children's Autism Waiver (CAW) to the implementation of Board Certified Behavior Analyst (BCBA) services through the Montana Medicaid State Plan, DDP's provision of these services continues to evolve to meet the needs of service recipients and providers.

Applied Behavior Analysis (ABA) is a type of therapy that applies human behavior principles in order to improve a member's adaptive functioning and reduce problem behaviors due to a psychiatric and/or behavioral condition.

Developmental Disabilities Program – Other Services

Behavior Consultation Team

The Behavior Consultation Team (BCT) provides case consultation to families and providers throughout the State of Montana who are working with individuals who exhibit challenging behaviors. The BCT consists of two members certified in the model developed by the Institute of Applied Behavior Analysis (IABA), one of whom is also certified as a Dual Diagnosis Specialist, one member who is an Internal Medicine physician, and one member who is a Psychiatric Physician. Consultation may be provided by telephone or in person. The BCT may also provide assessments and behavioral programming to address behaviors that may interfere with community living. The BCT offers staff and family behavioral skills training, individual skills training for the referred person (e.g., coping skills, emotion regulation skills), and on-site coaching to reduce the frequency, intensity, and/or duration of challenging behaviors.

Developmental Disabilities Program – Highlights and Innovation

Benefit Plan Modernization Through Provider/Stakeholder Collaboration

DDP has convened workgroups over the past biennium to improve service definitions, processes and administrative rules. Two significant focus areas were congregate invoicing and Senate Bill 5 (2019) implementation.

Congregate Workgroup

The Congregate Invoicing workgroup began in April of 2018 and met 15 times over the next 18 months. The group was tasked with exploration of a daily billing rate for congregate services and identifying required Administrative Rule, Policy, and/or Waiver changes.

“Members of MACDS and the larger provider network have worked closely on improving many aspects of your systems. One of our major accomplishments has been changing the methodology in which congregate group home and day services are billed. With DDP and the providers working together we have built strong trusting relationships and made substantial systems change to assist providers with delivering a higher quality of service to our clients and raising wages for direct support staff.”

The group concluded their work in October 2019. The result of this important partnership included:

- Added a new congregate residential and day service rate structure that simplified and streamlined congregate invoicing, allowing providers to more effectively manage staffing requirements to meet individuals’ needs by allowing for daily vs. hourly invoicing for services delivered.
- Revised Plan of Care document for congregate residential and work services that allows for providers to focus more on the individual’s needs and less on administrative paperwork by defining intrinsic services to be expected by each service recipient in a congregate setting.
- Trained Case Manager and Contracted Provider staff on assessing, addressing and training staff to meet individual’s health, safety, behavior, training, and medical needs through Protocols (instructions) for staff.

Senate Bill 5

Senate Bill 5 (SB5), introduced by Senator Diane Sands, was passed during the 2019 legislative session and requires the Department to review rules, polices, and procedures to identify areas that are inconsistent, duplicative, not cost effective or efficient, or create the

potential for waste of resources, while incorporating stakeholder input to eliminate or revise rules, policies, and procedures that fit the above criteria.

The Developmental Services Division (DSD) established a workgroup to achieve the following SB5 related goals:

- Goal 1: Complete an initial review of all Developmental Disabilities Program (DDP) rules, policies, and procedures, and
- Goal 2: Complete a comprehensive review and eliminate identified areas of concern.

The SB5 workgroup, consisting of 12 providers, three advocates, and six Department staff, began meeting in September 2019 and identified and prioritized a list of twenty topics to be reviewed as part of the SB5 project. The SB5 workgroup meets at a minimum of once per month. Work underway includes revising the incident management procedures and rules as well as personal support plans.

“We have been involved in the SB5 process from the beginning. We have found it to be well-moderated by the Department. It has been an open and honest process and has included many stakeholders. The Department has been quite responsive to issues raised by participants.”

**Beth Brenneman, Staff
Attorney**

MedCompass Care Management

DDP elected to be the first DPHHS program to transition into the MedCompass Care Management System. MedCompass is a new technology system that will replace several existing DPHHS systems. It is part of the Montana Program for Automating and Transforming Healthcare (MPATH). MedCompass will show all program data and benefits for individual members in one place creating a more efficient and member-centered experience for DDP staff, case managers, providers, and members, providing a holistic view of member information and their care coordination. Members and their guardians will have access to their information using the member self- service portal. This should improve the members’ knowledge of what is happening with their care across programs. Being the first to transition into MedCompass presented DDP with the unique opportunity to provide input in designing and configuring the system to meet DDP’s business needs.

Developmental Disabilities Program – Member Success Story

“To live an engaged life full of joy and purpose that is rich in personal relationships,” is the vision that Alana Scrano is living. Her mother, Kim, says they made this statement into a mantra. This vision statement has become the driving force behind everyday life for Alana, who lives with her mother Kim, her father Sal, and her three younger siblings, in a rural area outside of Forsyth, Montana.

Alana is the very successful business owner of a Hobby Business, *Alana – A Jill of All Trades*. As Alana approached high school graduation, Kim began focusing on Alana’s preferences and strengths in order to create meaningful employment opportunities for Alana. Through this strength-based approach, Alana has become quite a success story.

Alana’s current products and services include:

- Pet Treats (Dog, Cat & Horse)
- Farm Fresh Eggs
- Paw Wax
- Fire Starters
- Critter Bedding (for Hamsters, Guinea Pigs & Chicken Egg Laying Boxes)
- All Natural Fertilizers
- Aluminum Can Pick-Up & Recycling



Alana, caring for her lamb.

Alana initially received early intervention services out of state, her family returned to Montana when she was four. Alana and her family received Family Education and Support Services provided by Support and Techniques for Empowering People (STEP) in Billings. In 2015 the family relocated to Forsyth and Alana moved her services to Developmental Educational Assistance Program (DEAP) In late 2015 Alana was selected into the DDP 0208 Comprehensive Waiver.

The waiver provided Alana and her family with a cost plan or budget to purchase paid support services through a DDP provider agency. The purpose of these services is to support Alana and her family in achieving her goals as well as maximum independence. After graduation, Alana and her team made the decision to begin self-directing her services. Self-directing services gives individuals with disabilities and their families more freedom in managing their services and individual budgets. The ability to self-direct waiver services has allowed members who live in the rural parts of our state to access waiver services in new and different ways. This allows creating and innovative ideas to assist members like Alana in reaching their personal vision and living a fulfilled life. By self-directing their services, Alana’s mother, who knows her best, can be her paid staff while assisting Alana to live the life that she desires. Alana and her family have been overwhelmed with her success and the support from their community. Alana has a Facebook page titled, *Alana – A Jill of All Trades*, where you can follow along with Alana as she works and volunteers. Kim states, “I am teaching others how to interact with Alana through my interactions with her. People are watching me, and I am helping them to form opinions about individuals with intellectual differences.”

To learn more about Alana and her journey, please visit: <https://www.facebook.com/alanascrano>

Intensive Behavior Center

The Intensive Behavior Center (IBC) is an intensive, short-term treatment facility in Boulder, MT for individuals with developmental disabilities that have been determined by a court to pose an imminent risk of serious harm to themselves or others. Many of the individuals served by the IBC are exhibiting severe and persistent challenging behaviors such as physical aggression and self-injurious behaviors as well as increased rates of mental health issues, compared to the general population of individuals diagnosed with intellectual disability. This 12-bed facility provides an environment for stabilizing and building healthy, effective, and fulfilling lives and prepares clients for discharge to appropriate community services. The IBC is a critical component in the continuum of care for persons with developmental disabilities.

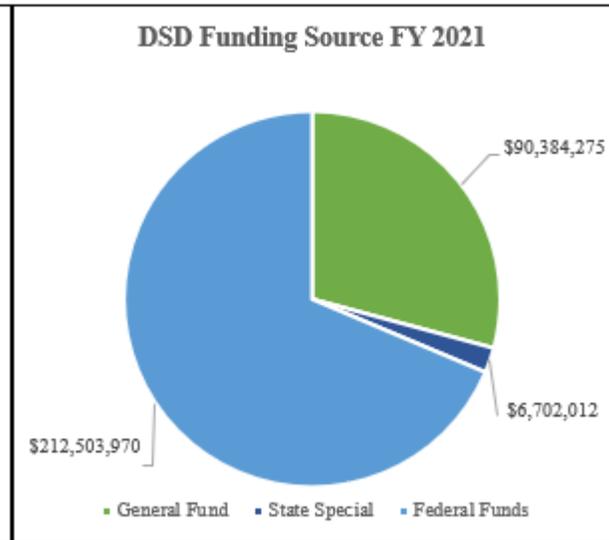
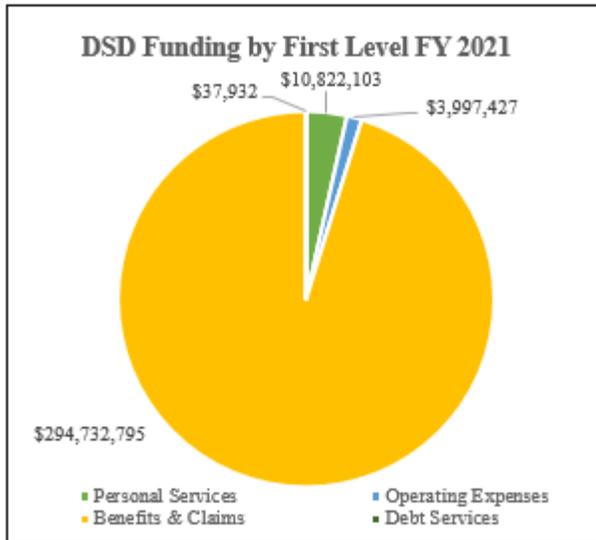
While it is still too early to develop a profile of individuals being committed to the IBC, patterns are emerging. All of the recent IBC admissions are diagnosed with Autism Spectrum Disorder with associated social, communicative, and sensory deficits; moderate to severe intellectual disabilities; co-occurring mental health conditions such as bipolar disorder, anxiety disorder, and intermittent explosive disorder; and medical conditions such as seizure disorders. All these factors may contribute to the display of challenging behaviors, requiring a multidisciplinary approach and therapeutic environment that is conducive to the unique needs of the individual. The structure and predictability of the IBC, as well as the relative stability of relationships with staff and peers, contributes to the development of individual emotional and behavioral regulation skills that are key components to success in the community.

“Our son was served by a team of people at the IBC, in a kind, caring and constructive manner towards our son – and also the two of us. We very much appreciated the open communication, goodwill, and candor we shared with the IBC and DDP staff. We felt that our whole family was being care for. Thank you for your support in making Patrick’s new community placement possible It is encouraging and exciting to see what is possible when the DPHHS team, a willing and capable provider, and a family put their heads together!”

Father of former IBC Client

Funding & FTE Information

Developmental Services	FY 2021 Budget	FY 2022 Request	FY 2023 Request
FTE	155.91	155.91	155.91
Personal Services	\$ 10,822,103	\$ 10,618,597	\$ 10,858,020
Operating Expenses	\$ 3,997,427	\$ 3,926,313	\$ 3,928,431
Benefits & Claims	\$ 294,732,795	\$ 288,685,613	\$ 306,000,707
Debt Services	\$ 37,932	\$ 37,932	\$ 37,932
TOTAL COSTS	\$ 309,590,257	\$ 303,268,455	\$ 320,825,090
	FY 2021 Budget	FY 2022 Request	FY 2023 Request
General Fund	\$ 90,384,275	\$ 103,689,777	\$ 110,311,614
State Special	\$ 6,702,012	\$ 6,702,012	\$ 6,702,012
Federal Funds	\$ 212,503,970	\$ 192,876,666	\$ 203,811,464
TOTAL Funds	\$ 309,590,257	\$ 303,268,455	\$ 320,825,090



Change Packages

Present Law Adjustments:

SWPL – 1 – Personal Services

The budget includes an increase of \$7,772 total funds in FY 2022 and \$35,917 total funds in FY 2023 to annualize various personal services costs including FY 2021 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$16,741	\$0	(\$8,969)	\$7,772
FY 2023	\$34,564	\$0	\$1,353	\$35,917
Biennium Total	\$51,305	\$0	(\$7,616)	\$43,689

SWPL - 2 – Fixed Costs

The executive requests adjustments to provide the funding required in the proposed budget to pay increases in fixed costs assessed by other agencies within state government for the services they provide. Examples include the following: warrant writer, motor pool, etc. The rates charged for these services are approved in the section of the budget that provides the services.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$54,250)	\$0	\$0	(\$54,250)
FY 2023	(\$54,250)	\$0	\$0	(\$54,250)
Biennium Total	(\$108,500)	\$0	\$0	(\$108,500)

SWPL - 3 – Inflation Deflation

The executive requests adjustments to reflect budgetary changes generated from the application of inflation and deflation factors to specific expenditure accounts. Affected accounts include food, postage, gasoline, and others.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$2,904)	\$0	(\$2,779)	(\$5,683)
FY 2023	(\$1,822)	\$0	(\$1,743)	(\$3,565)
Biennium Total	(\$4,726)	\$0	(\$4,522)	(\$9,248)

PL – 10991 - Med Core DSD

This present law adjustment for caseload growth in the Developmental Services Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$81,125,986 in total funds. The biennial funding is \$28,438,314 in general fund and \$52,687,672 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$11,740,006	\$0	\$21,812,454	\$33,552,460
FY 2023	\$16,698,308	\$0	\$30,875,218	\$47,573,526
Biennium Total	\$28,438,314	\$0	\$52,687,672	\$81,125,986

PL – 10992 - Med Waiver DSD

This present law adjustment for Medicaid Waiver caseload growth in the Developmental Services Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests \$13,045,426 in total funds. The biennial funding is \$4,573,581 in general fund, and \$8,471,845 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$1,706,007	\$0	\$3,169,692	\$4,875,699
FY 2023	\$2,867,574	\$0	\$5,302,153	\$8,169,727
Biennium Total	\$4,573,581	\$0	\$8,471,845	\$13,045,426

PL – 10993 - Med Federal DSD

This present law adjustment requests reduction of the 100% federally funded Medicaid services budget within Developmental Services Division. These Medicaid services will now be funded at the FMAP State match rate. This change package reduces \$44,480,849 federal funds in FY 2022 and \$44,480,849 federal funds in FY 2023. The biennial funding reduction is \$88,961,698.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$0	\$0	(\$44,480,849)	(\$44,480,849)
FY 2023	\$0	\$0	(\$44,480,849)	(\$44,480,849)
Biennium Total	\$0	\$0	(\$88,961,698)	(\$88,961,698)

PL – 10996 - Med Core FMAP DSD

This present law adjustment is necessary to maintain existing services for the Medicaid Core Program in the Developmental Services Division. The change package requests a general fund increase of \$190,552 in FY 2022 and \$312,834 in FY 2023 offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$190,552	\$0	(\$190,552)	\$0
FY 2023	\$312,834	\$0	(\$312,834)	\$0
Biennium Total	\$503,386	\$0	(\$503,386)	\$0

PL – 10997 - Med Waiver FMAP DSD

This present law adjustment is necessary to maintain existing services for the Medicaid Waiver program in the Developmental Services Division. The change package requests a general fund reduction of \$79,923 In FY 2022 and an increase of \$69,580 in FY 2023 with offsetting federal fund adjustments for each year. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$79,923)	\$0	\$79,923	\$0
FY 2023	\$69,580	\$0	(\$69,580)	\$0
Biennium Total	(\$10,343)	\$0	\$10,343	\$0

PL – 10981 - Med Exp Core DSD

This present law adjustment for caseload growth in the Developmental Services Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a reduction of \$11,346 in total funds. The biennial funding is an increase of \$1,102 in general fund and a reduction of \$12,448 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	\$551	\$0	(\$6,224)	(\$5,673)
FY 2023	\$551	\$0	(\$6,224)	(\$5,673)
Biennium Total	\$1,102	\$0	(\$12,448)	(\$11,346)

New Proposals:

NP – 5555 - Reduce GF Budget for State Share Holiday

Governor Gianforte has proposed legislation to impose a two-month state share holiday for employer contributions into the state health insurance fund. This change package removes the general fund portion of the savings generate by the contribution holiday. Savings from other funding sources will remain in the agency to be able to address ongoing functions of the agency. This change package is contingent on passage and approval of the proposed legislation.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$211,278)	\$0	\$0	(\$211,278)
FY 2023	\$0	\$0	\$0	\$0
Biennium Total	(\$211,278)	\$0	\$0	(\$211,278)