

Big Sky Waiver serves individuals at all stages of life who are determined to be aged, blind, or have physical disabilities. The waiver supports eligible participants, who would otherwise be institutionalized, to maintain the ability to live at home and in their communities, advancing the participant's autonomy, control, dignity, and independence. The services delivered within the scope of BSW are made available through the Senior and Long Term Care Division of DPHHS, in partnership with agencies committed to delivering quality long term services and supports to all Montanans.

The waiver currently serves approximately 2800 members statewide. The projected average annual cost of services is approximately \$15,500 per member. The proposed total cost of the waiver is approximately \$43,000,000.

Members served:

- There is a proposed Reserved Waiver Capacity for individuals determined to be At-Risk and those receiving a CC3 slot.

Services Offered:

The following changes are proposed to improve service definitions to better serve the needs of members who are elderly and/or with physical disabilities and to alleviate duplicative services:

- The Personal Assistance Services has been updated to reflect processes to ensure third-party payors are pursued and exhausted prior to coverage under BSW, define service scope more clearly and ensure service utilization is authorized within the current service plan.
- Specially Trained Attendant has been removed from the Personal Assistance Services and established as a separate service.
- Money Management previously provided under the Specially Trained Attendant has been established as a separate service.
- Service Animals has been removed from Specialized Medical Equipment and Supplies and established as a separate service.
- A transition plan has been proposed to eliminate the Supported Living service and transition members to existing BSW services and/or community resources and State Plan services.

Program Design:

The following changes are proposed to improve the overall program design and operations:

- Update program title from Montana Big Sky to Big Sky Waiver (BSW) for consistency of existing documents and program references;
- Amend eligibility groups and Montana's post-eligibility treatment of income to reflect accurate information;
- Update language to clarify, remove outdated information, and correct grammar;
- Update Performance Measures and Quality Assurance standards;
- Update the minimum number of services an individual must require to be determined to need waiver services from one to two;
- Remove Targeted Group "Disabled (Other)"; this is a correction as the state had not previously defined this target group; and

- Add a definition of a “Physically Disabled individual” to further define the waiver’s target group.

Other Changes:

The amendment also makes the following changes:

- Add a definition of "Extraordinary Care";
- Update policy for selecting entrants to the waiver to reflect an admit visit deadline from 60 to 30 days and update wait list criteria to clearly define when an applicant may remain on the waitlist;
- Limit Personal Assistance Services and Non-Medical Transportation service utilization as authorized within the current Service plan;
- Revise the Prevocational service to remove the compensation requirement that members be paid at less than 50 percent of the minimum wage;
- Revise Homemaker to include laundry and shopping tasks;
- Update Consumer Goods and Services service title to Big Sky Bonanza Goods and Services, revise definition, and update prior authorization limit;
- Update Dietetic service title to Dietetic-Nutrition Services and revise provider qualifications;
- Revise Environmental Accessibility Adaptions service to add a competitive bid requirement and prior authorization limit;
- Revise the Homemaker Chore service definition to remove costs associated with moving from one residence to another and expand the definition to include extermination services;
- Revise Pain and Symptom Management service to require written documentation from the member’s health care professional indicating the treatment will not harm the member;
- Revise the Senior Companion service definition to ensure it is not duplicative of State Plan services and to limit the service to non-medical companionship services provided in the home;
- Revise the Specialized Medical Equipment service definition to update the prior authorization limit and provider requirements; and
- Expand Vehicle Modifications service definition, add a prior authorization limit, and competitive bid requirement.