

PRESENTATION TO THE 2025 HEALTH AND HUMAN SERVICES JOINT APPROPRIATIONS SUBCOMMITTEE

SENIOR AND LONG-TERM CARE DIVISION

Medicaid and Health Services
Practice

Table of Contents

OVERVIEW.....	4
ADULT PROTECTIVE SERVICES BUREAU	4
AGING SERVICES BUREAU.....	5
COMMUNITY SERVICES BUREAU.....	5
FISCAL SERVICES BUREAU.....	6
SUMMARY OF MAJOR FUNCTIONS	7
ADULT PROTECTIVE SERVICES BUREAU	7
GUARDIANSHIP UNIT.....	8
FEDERAL REGULATIONS FOR APS PROGRAMS	8
PUBLIC EDUCATION.....	9
AGING SERVICES BUREAU.....	9
LEGAL SERVICES DEVELOPER PROGRAM	11
LONG-TERM CARE OMBUDSMAN PROGRAM.....	12
STATE HEALTH INSURANCE ASSISTANCE PROGRAM.....	12
FOOD AND NUTRITION PROGRAMS	13
BIGSKY RX	13
LIFESPAN RESPITE DISCRETIONARY GRANTS	13
UPDATED FEDERAL REGULATIONS UNDER THE OLDER AMERICANS ACT	14
STATE PLAN ON AGING	14
COMMUNITY SERVICES BUREAU.....	15
BIG SKY WAIVER	15
COMMUNITY FIRST CHOICE SERVICES AND PERSONAL ASSISTANCE SERVICES.....	16
HEALTH CARE FOR HEALTH CARE WORKERS	18
MONEY FOLLOWS THE PERSON DEMONSTRATION PROJECT	18
HOME HEALTH.....	20
HOSPICE	20
NURSING FACILITY SERVICES	21
ENHANCED COMPLIANCE AND DATA SYSTEMS.....	22
HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2025 BIENNIUM.....	23
TACKLING OPIOID MISUSE IN MONTANA ADULT PROTECTIVE SERVICES CASES	23
OPIOID MISUSE INITIATIVE AND FOLLOW-UP PROTOCOL.....	23
EXPANSION OF SUPPORT FOR MONTANA’S CAREGIVERS.....	24
LIFESPAN RESPITE GRANT PROGRAMS.....	24
TCARE PROGRAM IMPLEMENTATION AND EXPANSION.....	25
GOGOGRANDPARENT TRANSPORTATION PILOT PROJECT.....	25
INCREASING CAPACITY TO SERVE COMPLEX POPULATIONS	26
BSW ASSISTED LIVING FACILITY LEVEL-2 RATES	26
SKILLED NURSING FACILITY COMPLEX-CARE ADD-ON RATE STRUCTURE	26
DIVISION COLLABORATION WITH STAKEHOLDERS	27

EXPANDED FUNDING FOR FEDERAL FINANCIAL PARTICIPATION	27
OLDER AMERICANS ACT INTRASTATE FUNDING FORMULA REVIEW	27
CAPACITY BUILDING IN MONTANA'S LONG-TERM SERVICE SYSTEM	28
OLMSTEAD PLAN IMPLEMENTATION AND ENGAGEMENT	28
DECENNIAL VETERANS LONG-TERM CARE NEEDS ASSESSMENT	28
FUNDING AND POSITIONS BUDGETED (PB) INFORMATION.....	30
CHANGE PACKAGES	31
PRESENT LAW ADJUSTMENTS	31
SWPL 1 – PERSONAL SERVICES.....	31
SWPL 3 – INFLATION DEFLATION.....	31
PL 22100 – MEDICAID CORE SERVICES CFC - SLTC.....	32
PL 22101 – FMAP ADJUSTMENT MEDICAID CORE CFC - SLTC	32
PL 22204 – CONTRACTUAL ADJUSTMENTS - SLTC	33
PL 22891 – EXPANSION CORE SERVICES - SLTC	33
PL 22892 – EXPANSION CORE SERVICES CFC - SLTC.....	34
PL 22991 – MEDICAID CORE SERVICES - SLTC.....	34
PL 22992 – FMAP ADJUSTMENT MEDICAID CORE - SLTC	35
PL 22993 – MEDICAID FEDERAL SERVICES - SLTC.....	35
PL 22994 – MEDICAID OTHER SERVICES IGT - SLTC	36
PL 22995 – FMAP ADJUSTMENT IGT - SLTC	36
PL 22996 – MEDICAID WAIVER SERVICES - SLTC.....	37
PL 22997 – FMAP ADJUSTMENT WAIVER - SLTC	37
PL 22998 – FMAP ADJUSTMENT DCW-HCHCW - SLTC	38
PL 22999 – FMAP ADJUSTMENT CFC DCW-HCHCW - SLTC	38
NEW PROPOSALS.....	39
NP 22001 - AGING SERVICES ASSESSMENT AND REVIEW PROGRAM OFFICER - SLTC	39
NP 22002 - REALIGN APPROPRIATION WITH REVENUE I-149 BIGSKY RX - SLTC.....	39
NP 22003 - ADULT PROTECTIVE SERVICES GUARDIANSHIP PB - SLTC	40
NP 22004 - CONTRACTUAL ADJUSTMENTS - SLTC	40

OVERVIEW

Senior and Long-Term Care Division (SLTC) plays a central role in meeting the needs of the state's older adults (60+) and individuals with physical disabilities. Through a continuum of services – including in-home assistance, nutrition programs, Alzheimer's and other dementia support, legal aid, and comprehensive nursing facility care – SLTC supports Montanans' long-term independence while also protecting vulnerable adults from abuse, neglect, and exploitation.

With 19.6% of the state's residents now aged 65 or older – and projections showing one in four Montanans will be 65 or older by 2030 – SLTC is dedicated to its mission of advancing dignity and independence through quality, community-focused supports that allow older adults to thrive in their homes and communities, even across Montana's rural landscape.

ADULT PROTECTIVE SERVICES BUREAU

Trevor Tangen has served as the Adult Protective Services (APS) Bureau chief for SLTC for three years. During his tenure with the bureau, he has focused on innovating APS investigative processes, implementing public and stakeholder education, and strengthening partnerships with agencies that combat adult maltreatment. Tangen has served in the United States Navy and Navy Reserves for over 18 years, holding the senior chief petty officer rank. Before joining DPHHS in 2017, he worked as a police officer for the City of Helena.

The APS Bureau comprises Intake, Investigations, and Social Services Units. The Intake Unit receives and processes all referrals to APS, assigns a priority level to each case, and forwards it to the appropriate regional supervisor for assignment. Investigation staff handle all allegations of abuse, neglect, and exploitation of vulnerable adults. Investigators meet in person with the alleged victims and conduct interviews with the alleged perpetrators and any relevant contacts who may have information about a case. At the conclusion of each case, an investigator makes a finding based on the facts and evidence gathered. Investigators also refer clients to needed services.

The social services staff serve as state agents in court-appointed adult guardianships, managing day-to-day duties such as reporting to the court, conducting visitations, and assisting with medical, placement, and support service decisions. Additionally, they

follow up on closed investigations that included service plans to ensure services were implemented effectively and addressed the needs of the vulnerable adult.

AGING SERVICES BUREAU

Kerrie Reidelbach is the Aging Services Bureau chief for SLTC and has served in this role for six years. She previously served as the Aging and Disability Resource Center (ADRC) program manager with the bureau for seven years. Before joining SLTC in 2011, she spent 22 years in the private nonprofit sector as a job placement specialist for adults with disabilities. Reidelbach focuses on working with stakeholders to improve clarity with the guidance around Older Americans Act (OAA) programs, strengthening partnerships with a variety of providers and organizations, and improving service delivery and reporting.

The Aging Services Bureau staff manages essential programs supporting older Montanans. They provide oversight, technical assistance, and reporting for various initiatives, including nutrition, the State Health Insurance Assistance Program (SHIP), legal services, and resources for caregivers. Staff also collaborate with Area Agencies on Aging (AAA) and administer grant programs, such as the Senior Farmer's Market Program and Alzheimer's and dementia support programs. The team includes a state ombudsman for advocacy, a compliance and outreach specialist, and a fiscal/contract manager ensuring adherence to funding guidelines. Through these efforts, the bureau strengthens community support and resources for Montana's aging population.

COMMUNITY SERVICES BUREAU

Denise Brunett has served as the Community Services Bureau (CSB) chief for SLTC for two and a half years. She has more than 10 years of experience in Montana Medicaid programs. During her tenure with CSB, she has focused on increasing program visibility, provider relations, access to long-term care, and outreach and education to stakeholders. Brunett has worked for DPHHS for nearly 20 years.

CSB oversees Big Sky Waiver (BSW), Community First Choice (CFC), Personal Assistance Services (PAS), Nursing Facilities, and the administration of Montana's Money Follows the Person demonstration grant and home health and hospice services. Each program is supported by staff specializing in policy, quality assurance, data analysis, and performance improvement to maintain program integrity, regulatory

compliance, and member safety. The bureau's claims examiners and provider enrollment specialists handle claims processing, enrollment, and budget analysis.

The CFC and MFP programs support home and community-based services (HCBS) for older adults and individuals with physical disabilities. The BSW program staff and home health and hospice oversee Medicaid-funded services to integrate aging and disabled residents into their communities through long-term care. Nursing facilities section staff focus on claims processing, data maintenance, and provider inquiries to facilitate care provision.

FISCAL SERVICES BUREAU

Karen Antonick is the Fiscal Bureau chief for SLTC. She has a bachelor's degree in business administration and finance and a master's in business administration. Antonick has worked for the DPHHS for 27 years and the State of Montana for 32 years.

The Fiscal Bureau operates out of the central office in Helena. It has three PBs who provide fiscal support for the division, including budgetary support, monthly budget and Medicaid projections, procurement support, grant management, financial reporting, and legislative budget planning and implementation.

SUMMARY OF MAJOR FUNCTIONS

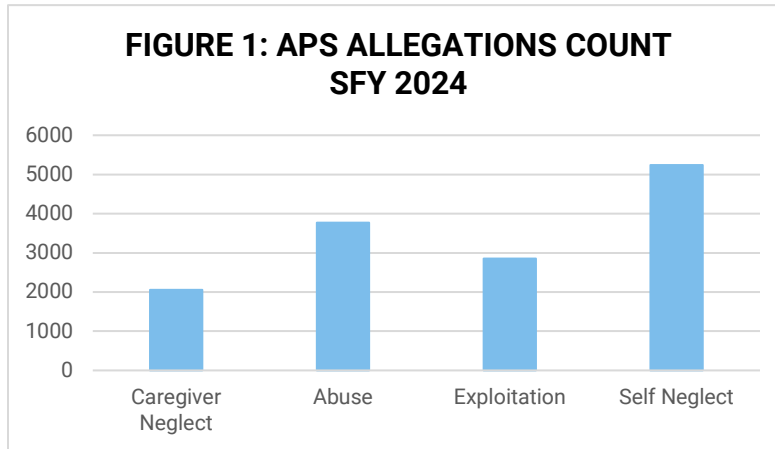
The division comprises three public-facing bureaus: APS, Aging Services, and Community Services. The fourth bureau, Fiscal Services, provides administrative support across the division.

ADULT PROTECTIVE SERVICES BUREAU

APS promotes safety, independence, and quality of life for older adults as well as for individuals aged 18-59 with disabilities through investigations of suspected abuse, neglect, and exploitation.

The bureau is equipped to receive allegations 24 hours a day, seven days a week. Upon receipt of a report, APS intake will create a case and assign a priority level. The priority level dictates the response time for the APS investigator to meet in person with the alleged victim. The response times will vary depending on the seriousness of the report. During an investigation, an investigator may also contact the alleged perpetrator and any individuals who may have information pertinent to the case. They coordinate with local law enforcement, county attorneys, and the elder justice prosecutor at the Department of Justice when they suspect criminal activity, which may lead to prosecution. Investigators work with provider entities to address systemic issues and collaborate with tribal agencies to combat maltreatment within tribal communities.

As Montana's aging population increases, reports of adult maltreatment are rising, increasing demand for APS investigative services to address maltreatment, hold perpetrators accountable, and connect vulnerable adults to support services. In total, APS received approximately 14,000 allegations of abuse, neglect, and exploitation in Montana during SFY 2024, up from 12,779 allegations in 2023 (Fig. 1).



GUARDIANSHIP UNIT

In addition to investigating reports of abuse, neglect, and exploitation, APS also manages adult guardianship cases that have been legally appointed to DPHHS. In cases where no family members or qualified individuals are available, a judge may appoint a state or federal agency to serve as guardian, ensuring an individual’s safety and well-being. APS serves as guardian to 75 wards and ensures an individual’s health and safety needs are met and support services maintained. Many state guardianship cases have been active for over 20 years, some approaching 40 years.

APS GUARDIANSHIP CASE STUDY

APS serves as the guardian for a young man with profound developmental delays who aged out of Child Protective Services and is unable to manage his own care. With no appropriate family available, the state was appointed as his guardian when he turned 18.

Since then, APS has worked closely with his care team to establish and maintain services that address his extensive care and medical needs. Without a guardian, he would lack housing, support services, and the means to meet his basic needs.

FEDERAL REGULATIONS FOR APS PROGRAMS

On May 7, 2024, the Department of Health and Human Services (HHS), Administration for Community Living (ACL) published a final rule to establish the first-ever federal regulations for APS. The final regulations took effect on June 7, 2024, but regulated entities have until May 8, 2028, to fully comply. Montana APS has already begun working with ACL partners to become compliant before the due date. Some of the new regulations include, but are not limited to:

- Nationally standardized definitions of abuse, neglect, and exploitation.
- Requirements to resolve conflicts of interest as it relates to APS staff serving as investigators and guardians.
- Creation of a two-tiered response system, with standardized response times, for initial contact with the alleged victim based on immediate risk of death, irreparable harm, or significant loss of income, assets, or resources.

PUBLIC EDUCATION

APS staff educate the public and professionals on how to recognize and report abuse, neglect, and exploitation. They have trained personnel at nursing facilities, private businesses, the Montana Law Enforcement Academy, and other bureaus within the SLTC. With grant funding, APS digitized its [APS 101](#) training, making it more accessible to the public and relevant stakeholders. Because contractors are considered mandatory reporters – legally required to report suspected abuse or neglect – SLTC mandates APS training for all contracted care providers. In SFY 2024, APS facilitated 30 training sessions, including approximately 650 individuals across Montana. These training efforts enhance awareness, detection, and reporting of adult maltreatment.

AGING SERVICES BUREAU

The Aging Services Bureau serves as Montana’s designated State Unit on Aging (SUA), administering and overseeing programs under the OAA. These programs are managed through contracts with nine AAAs, and address needs for older adults, helping them maintain independence and thrive in communities of their choice. To ensure these services remain accessible means testing is not permitted for program eligibility, though participants are able to make confidential contributions. The OAA also requires AAAs and the SUA to coordinate work with OAA Title VI tribal grantees, fostering collaboration across all Montana communities.

The OAA is Montana’s primary resource for delivering supportive and nutritional services to older adults. Eight of the nine AAAs also serve as ADRCs, employing a “no wrong door” approach. This model allows older adults to access help from a single entry point, with AAA staff guiding them to the services they need, eliminating the burden of navigating complex systems alone. Montana implemented ADRCs in 2003 with small start-up grants from the ACL, helping AAAs expand partnerships to include assisting adults with disabilities.

Since the COVID-19 pandemic, the demand for OAA services has grown significantly, bringing more older adults into contact with these support programs. In FFY 2023, Montana AAAs handled 64,818 information and assistance calls, underscoring their expanded role in meeting community needs.

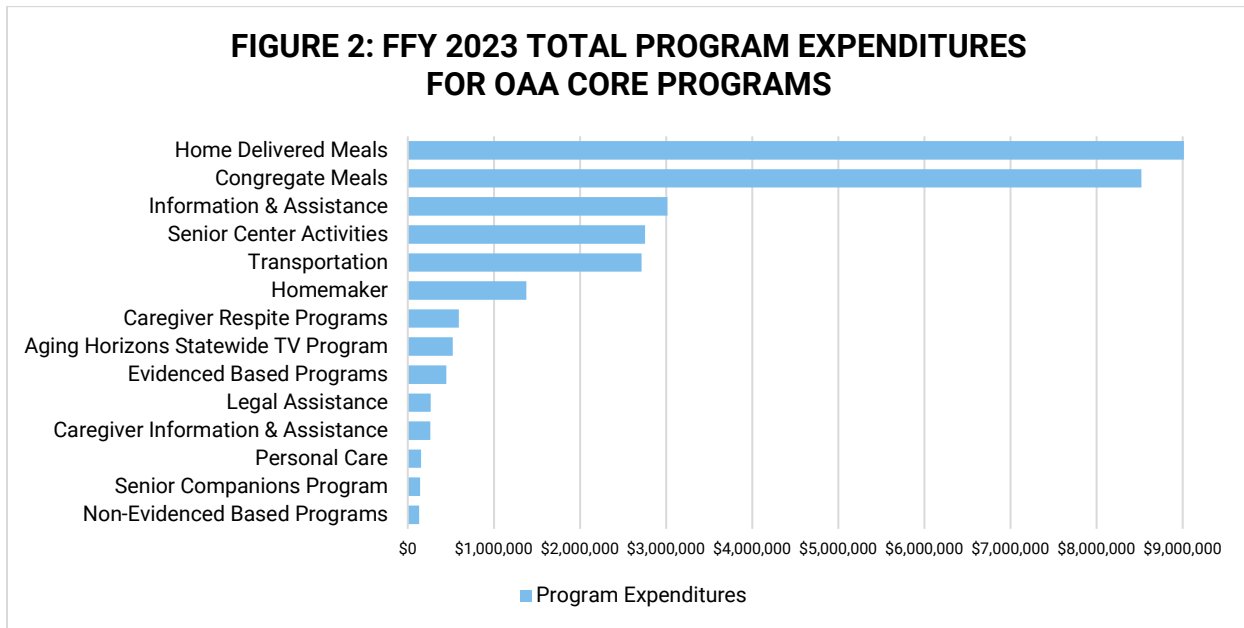
AAAs deliver the following services under the OAA:

- Elder Justice: services that promote safety, provide legal support, and protect older adults' right to be free of abuse, neglect, and exploitation.
- Legal Services Developer Program: legal advocacy and assistance, as mandated by the OAA, for Montana's older adults, their caregivers, and adults with disabilities.
- Long-Term Care Ombudsman Program: mandated under the OAA and state law, provides resident-centered advocacy to protect the rights, health, safety, and welfare of individuals living in skilled nursing facilities, assisted living facilities (ALFs), and critical access hospitals.
- Nutrition Services: congregate dining, home-delivered meals, and nutrition education.
- Disease Prevention and Health Promotion: evidence-based programs to prevent or delay chronic conditions and promote health and independence. Examples include Walk with Ease, Arthritis Foundation Exercise, Chronic Disease Self-Management, Stepping On, and Stay Active and Independent for Living (SAIL) programs.
- Family Caregiver Support: information for caregivers about available services, assistance with accessing services, support groups, training, and respite care.
- Supportive Services and Senior Centers: transportation, socialization activities, information and assistance, personal care, and some in-home services.

These programs support a continuum of care for all Montana's older adults, prioritizing those who face significant social and economic challenges. To complement these services, the Aging Services Bureau provides public education through initiatives such as the *Aging Horizons* TV show, the annual Governor's Conference on Aging, and the *Aging in the 406* quarterly newsletter.

With Montana's aging population increasing, adequate resources will be essential to maintain the service network the state's AAAs have developed; however, Montana receives minimal federal OAA funds based on its population size. Accepting these funds requires the state to deliver essential services, including the Long-Term Care

Ombudsman program, and provide additional state funds to help meet matching requirements. The following FFY 2023 expenditures graph includes contributions from counties, other funding sources, and program income reported by the AAAs (Fig. 2).



LEGAL SERVICES DEVELOPER PROGRAM

In 2023, the Legal Services Developer Program opened 610 cases in Montana for older adults, their caregivers, and adults with disabilities, addressing 1,653 legal issues. The program aided in the completion of 656 legal estate planning documents, at an estimated value of \$426,400, supported by program, contract, and volunteer staff, including pro-bono attorneys.

The top six legal issues for which assistance was requested and provided are as follows:

- Estate planning
- Housing and eviction
- Exploitation, abuse, and neglect
- Consumer issues
- Guardianships/conservatorships
- Probate

LONG-TERM CARE OMBUDSMAN PROGRAM

Ombudsmen address residents' concerns in Montana's long-term care facilities, which include skilled nursing facilities, ALFs, and critical access hospitals. The Office of the State Ombudsman, housed within the SLTC Aging Services Bureau, oversees 12 certified local ombudsmen, two regional ombudsmen, and one volunteer covering the state. Ombudsmen operate with a resident-focused, resident-directed approach, investigating situations of concern at a resident's request. Federal law prohibits ombudsmen from reporting suspected abuse, neglect, or exploitation to APS without the resident's consent.

In FFY 2023, the Montana Long-Term Care Ombudsman program accomplished the following:

- Completed 3,754 routine visits to long-term care facilities to observe conditions and be available to residents for assistance.
- Provided 2,122 individual consultations on resident care, residents' rights, and ombudsman services, roles, and responsibilities.
- Conducted 3,321 consultations with facility staff on resident rights, care issues, and ombudsman services.
- Conducted 22 training sessions for facility staff on elder abuse prevention, mandated abuse reporting, resident rights, and the role of ombudsmen in ALFs, critical access hospitals, and nursing facilities.
- Delivered 25 community education sessions at senior care events, health fairs, and other public settings.
- Supported resident self-advocacy by attending 334 resident council meetings at the request of council members.

STATE HEALTH INSURANCE ASSISTANCE PROGRAM

SHIP is a federally funded program that offers Medicare beneficiaries objective information, counseling, and enrollment assistance. Because some individuals qualify for both Medicare and Medicaid, SHIP also provides training on Medicaid to address the

AGING SERVICES TESTIMONIAL

"The meals are absolutely wonderful! The variety is amazing! I have never been served anything that wasn't good. Very balanced. I find myself eating things that I didn't even know I liked. On the occasion, that I have been under the weather, and the meals have been delivered to me, the drivers are so kind and friendly. I love coming into the Center for lunches, because I get to enjoy a great meal with other community members. If not for the Chinook Senior Center, I would be sitting at home, eating food that is not good for me. I have found this to be my happy place to go and enjoy wonderful food, friendship, and fellowship."

Vanda M., Chinook, MT

needs of dual-eligible beneficiaries. SLTC employs the SHIP director and contracts with Montana's nine AAAs, which, in turn, employ local SHIP counselors. The SHIP director provides initial training for counselor certification, with annual recertification required to maintain certification. Currently, approximately 150 SHIP counselors operate statewide. In FFY 2023, SHIP counselors assisted more than 10,475 Medicare recipients with consultations.

FOOD AND NUTRITION PROGRAMS

The Aging Services Bureau's food and nutrition programs help Montana's older adults maintain health, independence, and social connections. Funded by the OAA, state funds, county funds, and project income, these programs serve older adults, their spouses, and people who provide volunteer services during meal hours. The Congregate Meals Program operates roughly 170 meal sites across the state, serving 591,891 meals in 2024 and providing opportunities for social engagement. For individuals unable to attend in person, the Home-Delivered Meals program delivered 1,040,164 meals in 2024, ensuring access to nutritious food.

Additional initiatives include nutrition education at meal sites, the Commodity Supplemental Food Program, and the Senior Farmers Market Nutrition program, which offers produce vouchers. The bureau also provides dietitian consultations on menu planning and food safety. Together, these programs promote healthy aging, reduce social isolation, and link older adults to essential community services.

BIGSKY RX

BigSky Rx, administered by the Aging Services Bureau, is a state program that helps qualified residents cover monthly Medicare Part D premiums, providing up to \$42.20 per month. Any Medicare recipient in Montana may apply for the program. Eligibility is income-based, though specific income sources are excluded in determining eligibility. In 2023, 8,589 Medicare members participated in BigSky Rx, with potential annual savings for members adding up to \$342,701.

LIFESPAN RESPITE DISCRETIONARY GRANTS

Since 2011, the Aging Services Bureau has received multiple grants from the ACL to support Montana's diverse caregiver population. This funding enables the support of a Lifespan Respite Coalition and fosters partnerships with AAAs, the ADRC, the Montana State University Extension Office, and the Developmental Education Assistance Program (DEAP). Currently, three support programs are available to Montana

caregivers: respite vouchers, respite retreats, and the Caregiver Respite Food Box program.

UPDATED FEDERAL REGULATIONS UNDER THE OLDER AMERICANS ACT

The ACL recently issued updated regulations for the OAA, effective March 15, 2024. This marks the first significant overhaul of most OAA program regulations since 1988, over which Montana's population of older adults has dramatically increased, and expectations for aging have evolved.

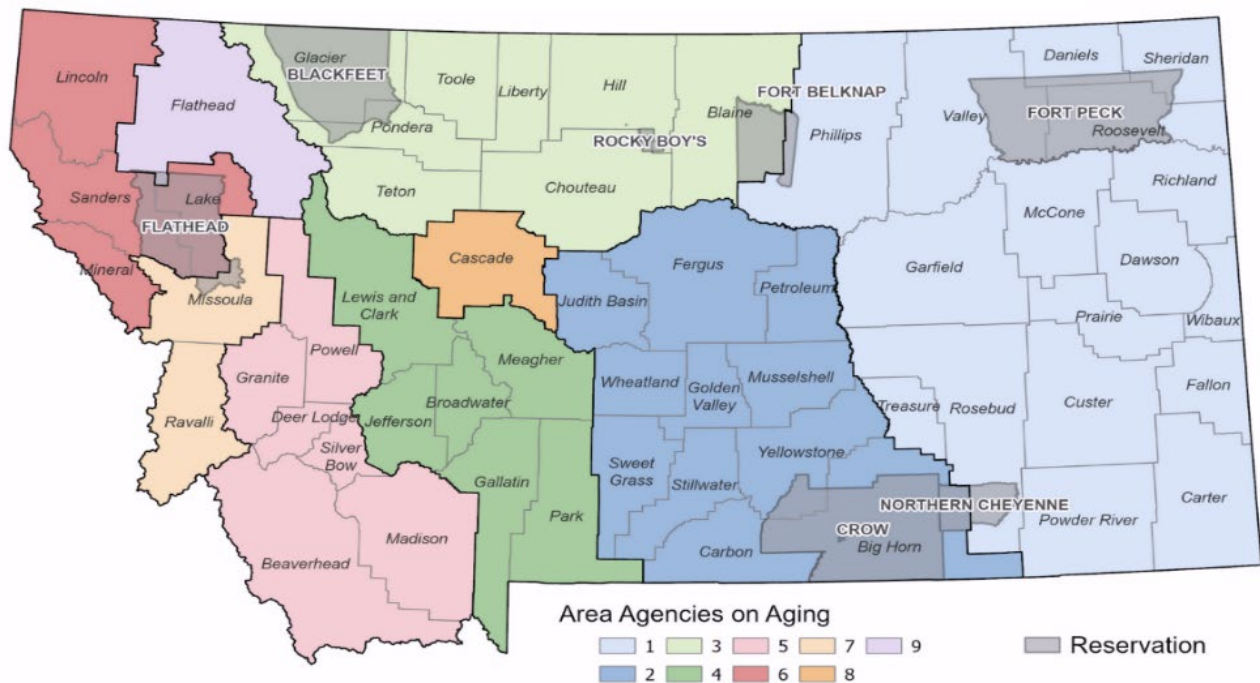
The new regulations include updates in definitions, modernizing requirements, and clarifying flexibilities within the OAA nutrition programs. Fundamental changes require state agencies to maintain flexible and streamlined processes for AAAs to receive approval to establish contracts and commercial relationships, clarify required state and local agency policies and procedures, and establish expectations regarding conflicts of interest. The final rule also includes several emergency preparedness and response provisions, reflecting lessons learned from the COVID-19 pandemic. Finally, the regulations encourage greater inclusivity, prioritizing support for diverse populations, such as individuals in rural areas or those with unique social needs.

STATE PLAN ON AGING

To qualify for OAA funds, the SLTC Aging Services Bureau submits a [State Plan on Aging](#) every four years. The current plan, covering FFY 2023 through FFY 2027, consolidates individual AAA plans into a cohesive, statewide approach. It outlines the coordination of all state activities related to the OAA's purpose, including developing comprehensive and coordinated systems for delivering supportive services. These include ADRCs, multi-purpose senior centers, nutrition programs, legal assistance, and long-term care ombudsman services.

An amendment to the plan took effect on July 1, 2024 (State Plan on Aging Amendment), adding Hill County to the North Central Area III AAA planning and service area. This change, along with updated census data, prompted collaboration with a stakeholder task force to review and adjust the OAA's Intrastate Funding Formula (IFF), which ensures resources are distributed equitably based on factors such as population size, economic need, and minority representation among older adults. The ACL approved the final plan on October 03, 2024 (Fig 3).

FIGURE 3: MONTANA AREA AGENCIES ON AGING



COMMUNITY SERVICES BUREAU

The CSB oversees a variety of Medicaid-funded programs that allow eligible Montanans to receive in-home services and supports. These programs support members in managing daily activities such as bathing, dressing, meal preparation, grocery shopping, and limited housekeeping, with services tailored to the specific needs of each member. Additionally, skilled nursing facilities are an important aspect of the SLTC continuum of care for members requiring skilled-nursing level of care.

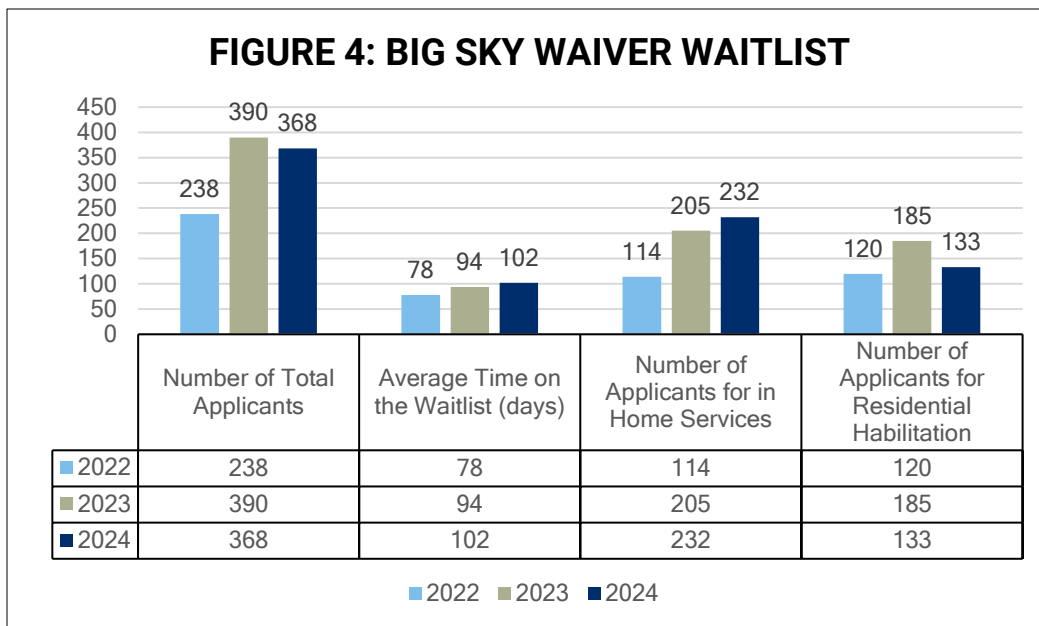
BIG SKY WAIVER

The BSW enables Montanans to receive long-term services and supports in their homes or communities rather than in nursing facilities or institutional settings. Designed to meet the needs of older adults and individuals with physical disabilities, BSW supports members in maintaining their independence. The waiver provides case management and a comprehensive array of services, including personal assistance, residential habilitation services, money management, homemaker services, home modifications, vehicle modifications, non-medical transportation, and specialized medical equipment

and supplies. These services are essential for fostering independence and community integration for older adults and individuals with physical disabilities.

ALFs are an important residential habilitation service and are licensed by the MT Office of Inspector General. They provide service options for older adults needing help with daily activities like bathing, dressing, and medication management, but not requiring the intensive medical care provided in a nursing facility. Three tiers of ALF service are available, which enable ALF providers to support members with a variety of care needs.

In SFY 2022, ALF services provided 305,188 days of care, costing \$31.7 million. By SFY 2023, demand for ALF services surged, with applications peaking at 185. Though demand tapered in SFY 2024 with 130 applicants, care requirements remained high at 326,725 days, costing \$45.3 million. This trend reflects Montana’s growing population of older adults, leading to longer average wait times for services (Fig. 4).



COMMUNITY FIRST CHOICE SERVICES AND PERSONAL ASSISTANCE SERVICES

CFC and Personal Assistance Services (PAS) consist of medically necessary in-home and community-based services provided to Medicaid members whose health conditions cause them to be functionally limited in performing regular activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Regular ADL services include routine, daily care activities related to a member’s physical health, such as personal hygiene, bathing, dressing, transferring, eating, toileting, medication assistance, and

meal preparation. IADL services include limited assistance for household tasks like laundry, shopping, house cleaning, and personal care support, so members can attend activities and Medicaid reimbursable health care appointments in their communities.

The CFC and PAS programs are state plan programs having no restrictions based on a member’s age or disability, and they have no waitlists. Authorized services are based on a member’s functional limitations that result from their medical conditions. CFC members must meet a skilled nursing facility level-of-care requirement while PAS requires only that the member has an unmet functional need.

Mountain Pacific Quality Health conducts functional assessments and authorizes service hours for CFC and PAS programs based on each member’s medical condition and identified service needs. The CFC program allows a maximum of 42 service hours per week, while PAS services are limited to 40 hours per week.

The demographic makeup of CFC/PAS members demonstrates the programs’ broad impact across Montana, serving members of all ages. Members aged 18 to 64 currently outnumber those 65 and older by nearly two to one. Montana’s population is aging, however, with 26.4 percent of residents aged 60 or older

BIG SKY WAIVER AND COMMUNITY FIRST CHOICE TESTIMONIAL



Jack Racicot says he would likely reside in institutionalized care facilities if it weren’t for BSW and CFC home caregiving support services.

“Thanks to the assistance provided by caregivers, I can maintain a healthy hygiene, day-to-day home care tasks, limited active lifestyle – engaging in daily activities, community events, and work,” he says. “This support allows me to continue living at home, even after my accident, preserving my connection to my family, friends, community, and a sense of normalcy in my life.”

According to Jack, BSW and CFC services are essential to his well-being, without which would lead to isolation and a lack of meaningful interactions with family, friends, animals, favorite activities, and community.

“This personal connection is invaluable, allowing me to remain socially engaged and preventing the feelings of isolation and depression,” he says. “These experiences help me stay connected with the world around me and avoid becoming a nihilistic recluse.”

Jack Racicot
Whitehall, MT

and a median age of 40.1 – higher than the national median of 38.9 – according to The Montana Aging Statistics & Resource Guide. As the population continues to age, demand for CFC/PAS programs is expected to grow, with older adults accounting for a larger share of SLTC services in the future. This underscores the ongoing need for these programs to support seniors in their home environments.

HEALTH CARE FOR HEALTH CARE WORKERS

A well-trained, stable direct-care workforce is essential to helping people live independently for as long as possible. As Montana’s aging population grows, the need for these workers continues to rise.

To improve support for Montana’s direct-care worker force, SLTC launched the Health Care for Health Care Workers (HCHCW) pilot program in 2008, later adopting it fully in 2014. The program provides agencies with add-on payments to help cover health insurance costs for employees focused on delivering Medicaid services. HCHCW has reduced financial strain on provider agencies, supporting worker retention by offsetting healthcare costs and improving care quality. The CFC program staff will study HCHCW in 2025 to evaluate its ongoing effectiveness.

MONEY FOLLOWS THE PERSON DEMONSTRATION PROJECT

Montana’s MFP demonstration project began as a five-year Centers for Medicare & Medicaid Services (CMS) grant in 2005 and has been reauthorized through 2027. The initiative supports the state’s efforts to rebalance its

Since 2014, MFP has successfully facilitated 287 transitions.

long-term services and supports system, giving members the choice of where they live and receive services. This comprehensive strategy reduces reliance on institutional care, expanding community-based, long-term care opportunities that enable older adults and physically disabled Medicaid members to participate more fully in their communities while reducing health care costs. MFP provides an Enhanced Federal Medical Assistance Percentage (E-FMAP) for 12 months of qualified HCBS for members transitioning into the community. The E-FMAP offers a higher federal matching rate than the standard FMAP, incentivizing states to invest in community-based services for individuals transitioning from institutional care. In 2024, the E-FMAP rate for MFP-qualified HCBS was 81.96%, compared to the standard FMAP rate of 63.91% for non-MFP services. This additional federal funding encourages states to expand programs that help Medicaid members live independently in their communities.

After 12 months, the state must continue providing HCBS for as long as a person needs community services and remains Medicaid-eligible.

The number of individuals transitioning from a skilled nursing facility or hospital to a home or ALF in their community more than doubled in the last year – transitions increased from 19 in 2023 to 45 in 2024. This upward trend is expected to continue in the coming years. Approximately 25 percent of members transitioning under MFP move into a family home or apartment, while the remaining 75 percent transition to ALFs. The financial impact of these transitions is significant, with savings varying by year, depending on the differences in daily rates between nursing facilities and ALFs (Fig. 5).

FIGURE 5: FIRST-YEAR, POST-TRANSITION FOR INDIVIDUALS MOVING TO ASSISTED LIVING FACILITIES

YEAR	MFP TRANSITIONS	TRANSITION TO ALF	NF \$/YEAR	ALF \$/YEAR	ALF AVG SAVINGS / YEAR	ALF SAVINGS * TRANSITIONS
2020	11	8	\$74,570	\$28,762	\$45,808	\$377,912
2021	12	9	\$77,168	\$37,960	\$39,208	\$352,875
2022	34	26	\$77,322	\$37,960	\$39,362	\$1,003,721
2023	19	14	\$77,511	\$37,960	\$39,551	\$563,607
2024	45*	34	\$95,360	\$43,253	\$52,107	\$1,758,625
					TOTAL	\$4,056,740

* Includes current transitions of 41 and projecting 4 more for 2024

HOME HEALTH

Certified agencies deliver home health services to Medicaid members recovering from acute illnesses or injuries. These services, which include skilled nursing and therapy, are provided in a member’s home and are typically initiated following a hospital stay. Treatment plans are reviewed every 60 days, to ensure they align with the member's ongoing needs and recovery progress.

Home health care is vital for members who prefer to remain in their homes while receiving skilled care. The program's services help reduce hospital readmissions by supporting members through their recovery and ensuring they receive the appropriate level of care in a familiar environment (Fig. 6).

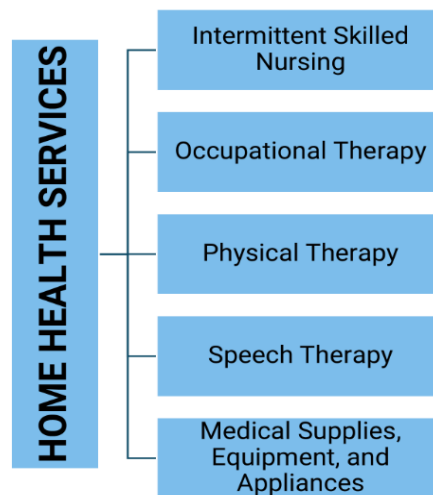


Figure 1

HOSPICE

Hospice provides palliative care to terminally ill members, wherever they reside, focusing on comfort rather than curative treatments. The hospice program also provides care in all of Montana’s skilled nursing facilities, including three veteran and two tribal facilities.

In addition to covering room and board costs for residents in nursing facilities receiving Medicaid hospice services, hospice services include daily care, nursing services, and ancillary support items. For children under 18, curative treatments may continue alongside hospice services (Fig. 7).

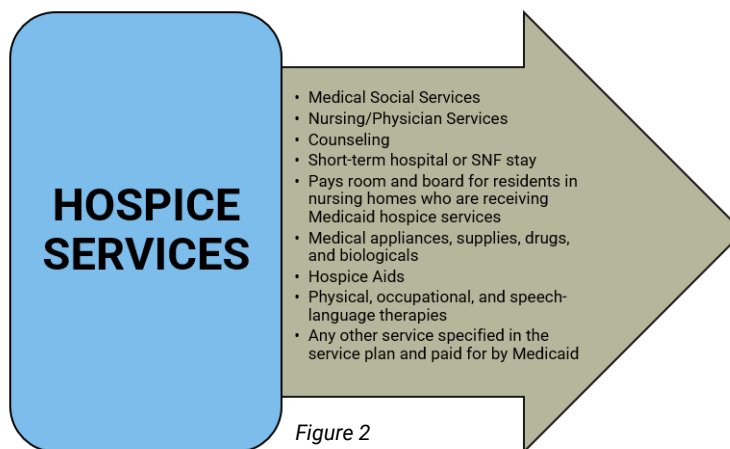
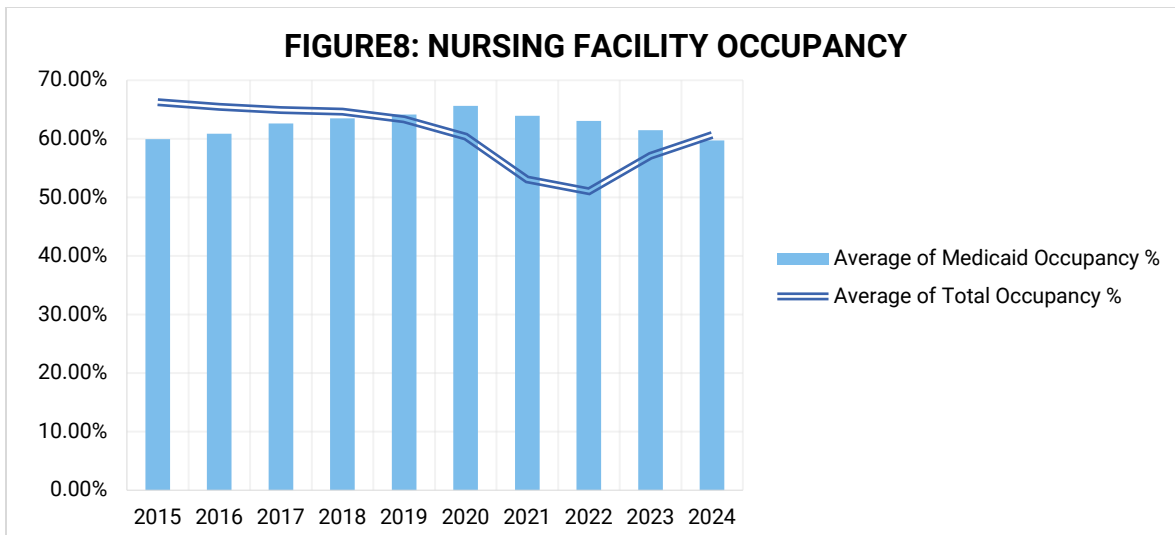


Figure 2

NURSING FACILITY SERVICES

Montana's nursing facility services provide comprehensive support across the state's 58 licensed nursing facilities, which include three veterans' homes and two tribal nursing facilities. Montana also reimburses out-of-state nursing facility services for Medicaid members requiring a higher level of care than can be provided within the state. As of November 2024, eight out-of-state facilities are enrolled in the program. Facilities must meet certification and licensing requirements to receive payment. Medicaid enrolled facilities receive a per-diem rate, an annual payment through the Intergovernmental Transfer program, and biannual payments for direct-care worker wages. Facilities are also eligible to receive enhanced-rate payments to assist with safe, effective, and appropriate service delivery to at-risk populations residing in long-term facilities.

The trend for the total nursing facility occupancy over the last 10 years has shown a decline from 66.25% in FY 2015 to 51.05% in FY 2022 and an increase to 60.67% in FY 2024. During that same timeframe, occupancy for Medicaid beds was at 59.94% in FY 2015, then peaking at 65.63% in FY 2020 and declining to 59.73% in FY 2024 (Fig. 8). Medicaid occupancy has continued to decrease despite a historic 33% increase to the average nursing facility per-diem rate over the last three years. The industry has reported workforce and financial challenges as the primary barriers to providing services. A federal push to use single-person rooms to prevent illnesses may also impact bed availability.



Since January 2023, Montana has seen the closure of four facilities, removing 552 licensed beds from the system. One new facility has enrolled during this time, adding 82 beds. Swing beds in critical-access hospitals are used when nursing facility beds may be unavailable, for example, in more rural areas. A swing bed can be used when a nursing facility bed is unavailable to a Medicaid member within a 25-mile radius. If a nursing facility bed becomes available, the member must be discharged from the swing bed within 72 hours. The number of enrolled swing-bed providers in Montana has remained stable, with 47 providers over the past two years.

ENHANCED COMPLIANCE AND DATA SYSTEMS

The CSB has implemented new tools and platforms to improve compliance, data access, and collaboration. These systems streamline case management, enhance incident reporting, and provide real-time insights, enabling coordinated responses that ensure timely and person-centered support and compliance with federal regulations such as the Access Rule.

Settings Evaluation and Tracking System

In response to the HCBS Settings Rule, which mandates that members receiving HCBS have full access to integrated community settings, Montana launched the Settings Evaluation and Tracking System (SETS). This tool helps providers conduct setting-specific self-assessments to comply with CMS requirements while improving SLTC’s ability to monitor and report on settings compliance activities. In 2024, the department

hosted two training sessions to guide providers in using the HCBS SETS Portal effectively.

MedCompass

The BSW program implemented MedCompass, a new case management system that integrates with Montana's Medicaid system to streamline data access for state staff and case management to enhance service coordination.

Pulselight Aura

To comply with the federal Access Rule, which strengthens transparency, accountability, and data-sharing requirements, the BSW program partnered with Pulselight Aura. This critical incident management system provides robust analytics for provider performance, individual risk assessment, and financial analysis. It also includes tools for incident detection and intervention. Pulselight Aura's integration with the Severe and Disabling Mental Illness (SDMI) Waiver and CFC/PAS programs enables seamless critical-incident reporting and proactive monitoring, to enhance person-centered care and ensure compliance with federal regulations.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2025 BIENNIUM

TACKLING OPIOID MISUSE IN MONTANA ADULT PROTECTIVE SERVICES CASES

APS has worked to address the significant issue of opioid misuse within its cases, partnering with Purdue University and the University of Illinois Chicago on a multi-year, grant-funded initiative. APS discovered the opioid disorder rate among alleged victims was 4.1%, a figure significantly higher than the national average of 2.2%. Opioid misuse by alleged victims results in more severe cases of self-neglect, as well emotional abuse by alleged perpetrators, compared to non-opioid users.

OPIOID MISUSE INITIATIVE AND FOLLOW-UP PROTOCOL

In response to this alarming statistic, APS introduced a structured follow-up protocol to ensure individuals received the needed services. APS staff reached out to victims 30,

60, and 90 days after case closure to confirm that referred services were accessible. This approach substantially reduced recidivism rates – from 25% to 16% – helping APS identify service gaps and understand challenges preventing victims from accessing needed resources. This proactive engagement improves the overall effectiveness of the services provided to those impacted by opioid misuse.

EXPANSION OF SUPPORT FOR MONTANA’S CAREGIVERS

Recognizing caregivers' critical role in the community, SLTC has expanded its support for family caregivers through several key initiatives designed to reduce stress, improve well-being, and make caregiving more manageable. The following programs have shown positive outcomes, including reduced stress levels and time savings for caregivers.

LIFESPAN RESPITE GRANT PROGRAMS

The Lifespan Respite grant funds the Lifespan Respite Voucher Program and has issued \$202,000 in respite vouchers to eligible caregivers across 48 counties over the last three years. In addition to this vital caregiver support, the Lifespan Respite Program has continued to innovate by bolstering additional programs for caregivers.

One-day Respite Retreats

Through a contract with the Montana State University Extension Office, a one-day, six-hour respite retreat model was developed, combining social engagement with learning new activities, to enhance and sustain well-being. Caregivers participated in practical experiences designed to teach self-help techniques. Over three years, 635 caregivers participated in and received a total of 3,423 hours of respite throughout 36 communities. Pre- and post-assessments demonstrated overall caregiver well-being is improved by participation in the one-day retreat, and self-reports indicate caregivers continue to use the self-care practices they learned at the retreat.

RESPITE CARE TESTIMONIAL

“Every project had a meaning behind it. The projects reminded the Caregivers to relax and take care of themselves so they could take better care of their Elder. We made soap, candles and charcuterie boards and lots of other fun projects to learn what works best for us.”

Roberta Bigback

Caregiver and the Director of the Northern Cheyenne Elderly Program

Caregiver Respite Food Box Program

The Caregiver Respite Food Box program is available through a contract with the Montana State University Extension Office. This program offers family caregivers a break from grocery shopping, meal preparation, and cleanup by providing meals delivered by Orders Up or meal kits from services like Hello Fresh or Blue Apron. The program launched in the spring of 2024 and has provided meals to more than 421 adults and 74 children, spanning 28 counties and providing more than 995 hours of respite. Although data is being collected on the impact of food on caregiver well-being, follow-ups with more than 200 caregivers four to six weeks after food delivery demonstrated most caregivers felt it provided respite from meal preparation and time. The success of this program has led to an additional \$300,000 in funding from the ACL.

TCARE PROGRAM IMPLEMENTATION AND EXPANSION

TCARE, an evidence-based program that provides caregivers with tailored, data-driven care plans, has been instrumental in addressing caregiver burnout. These individualized care plans focus on identity discrepancy, a fundamental cause of burnout when caregivers' identities conflict with their new responsibilities. By offering timely interventions, TCARE reduces the risk of burnout and helps caregivers manage their roles more effectively.

To expand the reach of TCARE in Montana, SLTC is working with AAAs and other partners to provide 20 licenses for TCARE specialists over the next two years. The first group of TCARE specialists began training in December 2024. Plans to roll out a soft launch will happen once the participants complete all required training modules. Once fully implemented, this initiative will enhance the support available to caregivers throughout the state.

GOGOGRANDPARENT TRANSPORTATION PILOT PROJECT

GoGoGrandparent, a service that provides rides and facilitates grocery, prescription, and meal deliveries, helps older adults live independently in their homes and communities for as long as possible. The service operates through a simple phone call, with drivers and deliveries monitored 24/7 using technology that tracks the journey from request to drop-off. GoGoGrandparent can also save caregivers time by handling grocery, prescription, and meal pickups, allowing caregivers to spend their time on other duties.

Through the Expanding the Public Health Workforce Within the Aging Network for States grant, SLTC has partnered with GoGoGrandparent to connect the service with three AAAs. This collaboration ensures GoGo's services are available where they are most needed. The grant is available through September 2025, and if the pilot proves successful, AAAs may choose to use their funding to sustain the program long-term.

INCREASING CAPACITY TO SERVE COMPLEX POPULATIONS

Medicaid provider rates received significant increases over the last two years based on the Guidehouse provider rate study mandated by HB 632. The studied services SLTC administers received the following average weighted increases across the biennium: BSW services increased by 23.1%, CFC services by 59.9%, and nursing facility services by 33.2%.

Beyond implementing the benchmark rates recommended by the rates study, the CSB has also focused on improving access to services for individuals with complex care needs by providing higher reimbursement rates for specialized services. This strategy supports the delivery of care in the least restrictive setting possible.

BSW ASSISTED LIVING FACILITY LEVEL-2 RATES

To better support individuals with complex-care needs, including behavior management, the BSW introduced a new level of payment for ALF providers, effective in October 2024. This change, approved by CMS as part of the 1915(c) BSW renewal, establishes Level-2 services for ALFs. To qualify for this enhanced payment, ALFs must work with case management teams to submit documentation for the service to be prior-authorized.

To access Level-2 services, providers must meet new minimum requirements for staff training. These training standards ensure staff can appropriately interact with and support individuals with medical diagnoses associated with disruptive behaviors. Proper staff responses to these behaviors can help de-escalate situations and maintain safety for the individual and others in the facility.

SKILLED NURSING FACILITY COMPLEX-CARE ADD-ON RATE STRUCTURE

On Jan. 1, 2024, the skilled nursing facility's complex care add-on structure was modified to a level-based structure to improve and streamline the add-on process. Each level outlines patient care criteria that need to be met for a facility to receive an add-on rate. These enhanced rates are intended for residents who require care beyond the

normal scope of nursing facility services. These rates enable the skilled nursing facilities to provide additional medically necessary services directly related to the resident's diagnosis and documented care plan. The increased rates are applied in three levels, with daily payments incrementing by \$75 to support more intensive care needs, including bariatrics, wound care, and behavioral health conditions. In SFY 2024, more than \$2 million in add-on payments were authorized.

SLTC is committed to working with providers and stakeholders to ensure these enhanced services enable Montanans with complex support needs to receive care in the most appropriate setting to meet their individualized needs.

DIVISION COLLABORATION WITH STAKEHOLDERS

SLTC recognizes that in order to enhance Montana's long-term care system, collaboration with key partners and focused stakeholder engagement is critical. These cooperative efforts seek to improve services, build capacity, and address the evolving needs of Montanans as they navigate the long-term care continuum.

EXPANDED FUNDING FOR FEDERAL FINANCIAL PARTICIPATION

SLTC has partnered with the Human and Community Services Division to cross-train AAA staff to effectively provide Medicaid outreach, information and assistance, intake screening, and Medicaid application assistance. This has substantially increased Federal Financial Participation (FFP) funding for AAAs from \$9,978 in 2021 to \$79,788 in 2024. The goal of this collaborative effort is to help expedite Medicaid application processing.

OLDER AMERICANS ACT INTRASTATE FUNDING FORMULA REVIEW

SLTC formed a task force to review and update the OAA intrastate funding formula (IFF) based on the 2020 census and to shift from 10 to nine planning areas. The task force included three multi-county AAA directors, the SLTC administrator, a Department of Commerce Census Bureau representative, a Snowy Mountain Economic Development Council representative, the Aging Services budget analyst, and the Aging Services bureau chief. The group received education on ACL guidance for the IFF, while the Commerce representative explained census data options, answered questions, and provided advice. The AAA representatives gathered feedback from other AAA directors and brought it back for consideration. The task force reviewed several scenarios,

considering different factors and weights. Ultimately, they retained the original factors (age, low income, and minority populations) but adjusted the weighting from 70/20/10 to 60/30/10. The group also collaborated with tribal organizations to obtain more accurate data on the number of elders living on reservations, which was incorporated into the plan.

CAPACITY BUILDING IN MONTANA'S LONG-TERM SERVICE SYSTEM

Montana faces a growing crisis in meeting the long-term care needs of its citizens. As a large, predominantly rural state with the sixth highest per-capita population of individuals aged 60 and over, Montana's aging population requires more services. With rapid population growth and the impacts of COVID-19 on the long-term care system, the state is working to ensure timely access to services for individuals who wish to age in place.

To address these challenges, the state has initiated a project to host up to 26 long-term care provider/partner summits over the next two years. These summits will create a long-term strategy for future service needs in Montana. Pre-summit surveys will identify needs and concerns across long-term care providers, OAA providers, and ADRCs. The summits will occur across the state, and various stakeholders will be invited. The result will be a comprehensive report outlining a long-term strategic plan based on information gathered and feedback.

OLMSTEAD PLAN IMPLEMENTATION AND ENGAGEMENT

House Bill 922 was signed into law following the 68th legislative session in Montana. It requires DPHHS to develop an Olmstead plan to provide integrated services and promote community living for individuals with physical, mental, and developmental disabilities. In consultation with the statewide Independent Living Council and other partners, SLTC has contracted with The Rural Institute to develop this plan based on extensive stakeholder input. Roundtable sessions have been held across Montana, with additional sessions planned for 2025. SLTC also regularly engages with centers for independent living on the Olmstead plan development process through semi-weekly and monthly meetings.

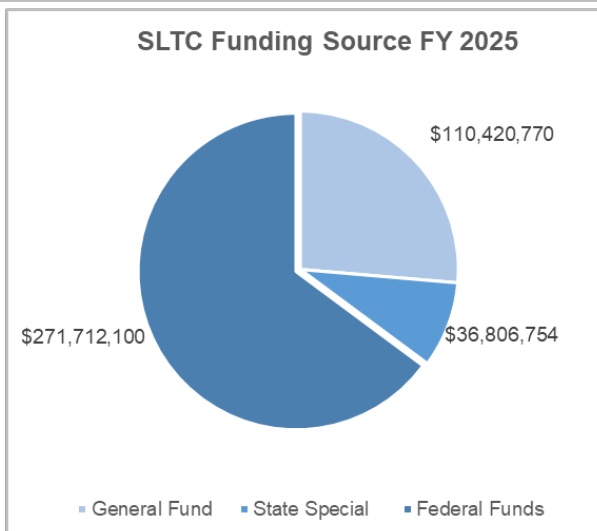
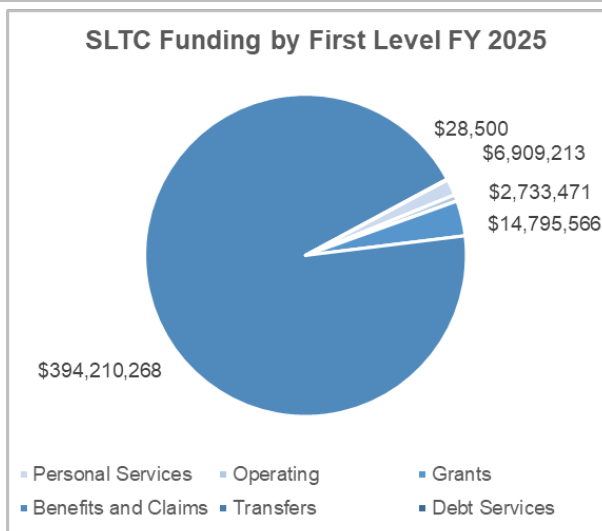
DECENNIAL VETERANS LONG-TERM CARE NEEDS ASSESSMENT

In collaboration with state veteran organizations, community groups, and AAAs, SLTC conducted Montana's decennial Veterans' Long-Term Care Needs Assessment to address the evolving needs of Montana's veterans, especially in rural areas. Through a

comprehensive survey, targeted outreach, focus groups, and interviews, the assessment gathered input from more than 3,500 Montana veterans to evaluate long-term care services and identify service gaps. Findings highlighted the need for greater access to in-home support, dementia care, transportation services, and improved awareness of available resources. Additionally, the assessment included an analysis of the needs of state veteran cemeteries to ensure equitable access to burial facilities across Montana. The insights will inform future initiatives to enhance long-term care support and infrastructure for Montana’s aging veteran population.

FUNDING AND POSITIONS BUDGETED (PB) INFORMATION

SENIOR & LONG-TERM CARE	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
PB	75.75	79.75	79.75
Personal Services	\$6,909,213	\$6,865,954	\$6,880,228
Operating	\$2,733,471	\$3,084,643	\$3,109,252
Equipment	\$0	\$0	\$0
Local Assistance	\$0	\$0	\$0
Grants	\$14,795,566	\$14,795,566	\$14,795,566
Benefits and Claims	\$394,210,268	\$364,913,542	\$374,662,941
Transfers	\$28,500	\$28,500	\$28,500
Debt Services	\$262,606	\$262,606	\$262,606
TOTAL COSTS	\$418,939,624	\$389,950,811	\$399,739,093
	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
General Fund	\$110,420,770	\$115,118,591	\$118,809,127
State Special Fund	\$36,806,754	\$30,275,484	\$30,289,986
Federal Fund	\$271,712,100	\$244,556,736	\$250,639,980
TOTAL FUNDS	\$418,939,624	\$389,950,811	\$399,739,093



CHANGE PACKAGES

PRESENT LAW ADJUSTMENTS

SWPL 1 – PERSONAL SERVICES

The budget includes a reduction of \$366,953 in FY 2026 and \$352,679 in FY 2027 to annualize various personal services costs including FY 2025 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 2026	\$505,420	(\$6,712)	(\$865,661)	(\$366,953)
FY 2027	\$516,089	(\$6,712)	(\$862,056)	(\$352,679)
Biennium Total	\$1,021,509	(\$13,424)	(\$1,727,717)	(\$719,632)

SWPL 3 – INFLATION DEFLATION

This change package includes a reduction of \$7,514 in FY 2026 and \$5,078 in FY 2027 to reflect budgetary changes generated from the application of deflation to state motor pool accounts.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$7,057)	\$0	(\$457)	(\$7,514)
FY 2027	(\$4,769)	\$0	(\$309)	(\$5,078)
Biennium Total	(\$11,826)	\$0	(\$766)	(\$12,592)

PL 22100 – MEDICAID CORE SERVICES CFC - SLTC

This present law adjustment for caseload growth in the Community First Choice Program in the SLTC Division covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care for Core Medicaid. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests \$13,258,092 in total funds for the biennial funding, including \$4,118,813 in general fund and \$9,139,279 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$1,356,416	\$0	\$3,102,236	\$4,458,652
FY 2027	\$2,762,397	\$0	\$6,037,043	\$8,799,440
Biennium Total	\$4,118,813	\$0	\$9,139,279	\$13,258,092

PL 22101 – FMAP ADJUSTMENT MEDICAID CORE CFC - SLTC

This present law adjustment is necessary to maintain existing services for the Community First Choice Program in the SLTC. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 29.48% state funds and 70.12% federal funds to the FY 2026 rate of 32.39% state funds and 67.61% federal funds, and the FY 2027 rate of 32.53% state funds and 67.47% federal funds. The biennial funding increases general fund by \$3,475,798 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$1,737,899	\$0	(\$1,737,899)	\$0
FY 2027	\$1,737,899	\$0	(\$1,737,899)	\$0
Biennium Total	\$3,475,798	\$0	(\$3,475,798)	\$0

PL 22204 – CONTRACTUAL ADJUSTMENTS - SLTC

This present law adjustment requests an increase to cover the anticipated budget shortfall in the contracted services budget in the SLTC. An increase in contracted services budget has not been requested since the 2017 legislative session. This has resulted in a budget deficit due to increased services and costs. The package requests \$716,795 of total funds for the biennium, including \$502,940 in general fund and \$213,855 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$243,902	\$0	\$99,359	\$343,261
FY 2027	\$259,038	\$0	\$114,496	\$373,534
Biennium Total	\$502,940	\$0	\$213,855	\$716,795

PL 22891 – EXPANSION CORE SERVICES - SLTC

This present law adjustment for caseload growth in the SLTC covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care for Core Expansion. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests \$2,008,209 in total funds for the biennium, including \$200,821 in general fund and \$1,807,388 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$80,000	\$0	\$720,001	\$800,001
FY 2027	\$120,821	\$0	\$1,087,387	\$1,208,208
Biennium Total	\$200,821	\$0	\$1,807,388	\$2,008,209

PL 22892 – EXPANSION CORE SERVICES CFC - SLTC

This present law adjustment is for the decrease of caseload in the Community First Choice Program in the SLTC, which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests a reduction of \$1,425,603 in total funds for the biennium, including a decrease of \$584,867 in general fund and a decrease of \$840,736 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$296,739)	\$0	(\$523,695)	(\$820,434)
FY 2027	(\$288,128)	\$0	(\$317,041)	(\$605,169)
Biennium Total	(\$584,867)	\$0	(\$840,736)	(\$1,425,603)

PL 22991 – MEDICAID CORE SERVICES - SLTC

This present law adjustment is for the decrease of caseload changes in the SLTC Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care for Core Medicaid. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests a reduction of \$62,849,925 in total funds for the biennium, including a decrease of \$18,096,698 in general fund and a decrease of \$38,679,225 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$9,416,388)	(\$3,037,001)	(\$19,985,659)	(\$32,439,048)
FY 2027	(\$8,680,310)	(\$3,037,001)	(\$18,693,566)	(\$30,410,877)
Biennium Total	(\$18,096,698)	(\$6,074,002)	(\$38,679,225)	(\$62,849,925)

PL 22992 – FMAP ADJUSTMENT MEDICAID CORE - SLTC

This present law adjustment is necessary to maintain existing services for the Medicaid Core Program in the SLTC Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 35.88% state funds 64.12% federal funds to the FY 2026 rate of 38.39% state funds and 61.61% federal funds, and the FY 2027 rate of 38.53% state funds and 61.47% federal funds. The biennial funding increases general fund by \$11,360,038 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$5,531,645	\$0	(\$5,531,645)	\$0
FY 2027	\$5,828,393	\$0	(\$5,828,393)	\$0
Biennium Total	\$11,360,038	\$0	(\$11,360,038)	\$0

PL 22993 – MEDICAID FEDERAL SERVICES - SLTC

This present law adjustment is for the decrease of caseload in the SLTC Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care for Federal Medicaid. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests a reduction of \$91,694 in federal funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	(\$45,847)	(\$45,847)
FY 2027	\$0	\$0	(\$45,847)	(\$45,847)
Biennium Total	\$0	\$0	(\$91,694)	(\$91,694)

PL 22994 – MEDICAID OTHER SERVICES IGT - SLTC

This present law adjustment is necessary to align county fiscal participation for the Intergovernmental Transfer (IGT) Program in the SLTC Division. This change does not impact services. This package requests \$3,405,798 in total funds for the biennium, including \$1,309,870 in state special revenue and \$2,095,928 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$653,743	\$1,049,156	\$1,702,899
FY 2027	\$0	\$656,127	\$1,046,772	\$1,702,899
Biennium Total	\$0	\$1,309,870	\$2,095,928	\$3,405,798

PL 22995 – FMAP ADJUSTMENT IGT - SLTC

This present law adjustment is necessary to maintain existing services for the Medicaid Intergovernmental Transfer (IGT) Program in the SLTC Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 35.88% state funds 64.12% federal funds to the FY 2026 rate of 38.39% state funds and 61.61% federal funds, and the FY 2027 rate of 38.53% state funds and 61.47% federal funds. The biennial funding increases state special revenue by \$243,663 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$118,546	(\$118,546)	\$0
FY 2027	\$0	\$125,117	(\$125,117)	\$0
Biennium Total	\$0	\$243,663	(\$243,663)	\$0

PL 22996 – MEDICAID WAIVER SERVICES - SLTC

This present law adjustment is for the decrease of caseload in the SLTC Division which covers the projected change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care for Medicaid Waiver Services. This adjustment does not include any changes in eligibility criteria or allowable plan services. This package requests a reduction of \$348,930 in total funds for the biennium, including a decrease of \$132,268 in general fund and a decrease of \$216,662 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$596,177)	\$0	(\$956,772)	(\$1,552,949)
FY 2027	\$463,909	\$0	\$740,110	\$1,204,019
Biennium Total	(\$132,268)	\$0	(\$216,662)	(\$348,930)

PL 22997 – FMAP ADJUSTMENT WAIVER - SLTC

This present law adjustment is necessary to maintain existing services in the SLTC Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 34.12% state funds and 65.88% federal funds to the FY 2026 rate of 38.39% state funds 61.61% federal funds, and the FY 2027 rate of 38.53% state funds and 61.47% federal funds. The biennial funding increases general fund by \$3,518,741 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$1,711,130	\$0	(\$1,711,130)	\$0
FY 2027	\$1,807,611	\$0	(\$1,807,611)	\$0
Biennium Total	\$3,518,741	\$0	(\$3,518,741)	\$0

PL 22998 – FMAP ADJUSTMENT DCW-HCHCW - SLTC

This present law adjustment is necessary to maintain existing services for the Direct Care Wage and Healthcare for Healthcare Workers Program in the SLTC Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 35.88% state funds 64.12% federal funds to the FY 2026 rate of 38.39% state funds and 61.61% federal funds, and the FY 2027 rate of 38.53% state funds and 61.47% federal funds. The biennial funding increases general fund by \$459,003, increases state special revenue by \$313,793 and includes an offsetting decrease in federal funds by \$772,796. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$223,059	\$154,123	(\$377,182)	\$0
FY 2027	\$235,944	\$159,670	(\$395,614)	\$0
Biennium Total	\$459,003	\$313,793	(\$772,796)	\$0

PL 22999 – FMAP ADJUSTMENT CFC DCW-HCHCW - SLTC

This present law adjustment is necessary to maintain existing services for the CFC Direct Care Wage and Health Care for Health Care Workers program in the SLTC Division. The request adjusts the FY 2025 budgeted expenses from the FY 2025 FMAP (Federal Medical Assistance Percentage) rate of 29.88% state funds 70.12% federal funds to the FY 2026 rate of 32.39% state funds and 67.61% federal funds, and the FY 2027 rate of 32.53% state funds and 67.47% federal funds. The biennial funding increases the general fund by \$556,098 and includes an offsetting decrease in federal funds. The total cost for the program does not change.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$271,623	\$0	(\$271,623)	\$0
FY 2027	\$284,475	\$0	(\$284,475)	\$0
Biennium Total	\$556,098	\$0	(\$556,098)	\$0

NEW PROPOSALS

NP 22001 - AGING SERVICES ASSESSMENT AND REVIEW PROGRAM OFFICER - SLTC

This new proposal requests 1.00 PB for an aging services assessment and review program officer in the SLTC Division Aging Services Bureau. This position will be responsible for overseeing the federal OAA including program monitoring and providing technical assistance to AAAs. This service is funded with 100% general fund and includes \$161,847 of total funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$80,924	\$0	\$0	\$80,924
FY 2027	\$80,923	\$0	\$0	\$80,923
Biennium Total	\$161,847	\$0	\$0	\$161,847

NP 22002 - REALIGN APPROPRIATION WITH REVENUE I-149 BIGSKY RX - SLTC

This new proposal reduces the appropriation of I-149 state special revenue to the Big Sky Rx program to align appropriation with anticipated expenditures. This change package requests a reduction of \$1,400,000 in state special revenue in each year of the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	(\$1,400,000)	\$0	(\$1,400,000)
FY 2027	\$0	(\$1,400,000)	\$0	(\$1,400,000)
Biennium Total	\$0	(\$2,800,000)	\$0	(\$2,800,000)

NP 22003 - ADULT PROTECTIVE SERVICES GUARDIANSHIP PB - SLTC

This new proposal is requesting 3.0 PB Social Services Worker II (SSW) for the Adult Protective Services (APS) Guardianship Program. These positions will be responsible for monitoring APS guardianship cases. SSWs are required by law to render an annual report and accounting to the court of origin. At minimum, the SSW conducts in-person visit with wards under guardianship on a quarterly basis to assess the ward’s health and safety and ensure their needs are being met appropriately. The SSW also conducts monthly contacts with the ward’s support network (family, medical provider, support staff, case manager, etc.). APS currently monitors 75 guardianship cases with approximately 10-15 new requests for guardianship monthly. Due to the increase in reports received, the ever-increasing caseload per staff person, and complexity of caseloads, it is difficult for current staff to maintain these levels of guardianship cases. This request includes \$508,291 in general fund for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$258,195	\$0	\$0	\$258,195
FY 2027	\$250,096	\$0	\$0	\$250,096
Biennium Total	\$508,291	\$0	\$0	\$508,291

NP 22004 - CONTRACTUAL ADJUSTMENTS - SLTC

This present law adjustment requests an increase to cover the anticipated budget shortfall in the contracted services budget in the SLTC Division. An increase in contracted services budget has not been requested since the 2017 legislative session. This has resulted in a budget deficit due to increased services and costs. The package requests \$716,795 of total funds for the biennium, including \$502,940 in general fund and \$213,855 of federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$243,902	\$0	\$99,359	\$343,261
FY 2027	\$259,038	\$0	\$114,496	\$373,534
Biennium Total	\$502,940	\$0	\$213,855	\$716,795