

## **MINUTES**

### **MONTANA HOUSE OF REPRESENTATIVES 53rd LEGISLATURE - REGULAR SESSION**

#### **JOINT SUBCOMMITTEE ON HUMAN SERVICES & AGING**

**Call to Order:** By CHAIRMAN JOHN COBB, on January 6, 1993, at 8:50 A.M.

#### **ROLL CALL**

**Members Present:**

Rep. John Cobb, Chairman (R)  
Sen. Mignon Waterman, Vice Chairman (D)  
Sen. Chris Christiaens (D)  
Rep. Betty Lou Kasten (R)  
Sen. Tom Keating (R)  
Rep. David Wanzenried (D)

**Members Excused:** None

**Members Absent:** None

**Staff Present:** Lisa Smith, Legislative Fiscal Analyst  
Lois Steinbeck, Legislative Fiscal Analyst  
Connie Huckins, Office of Budget & Program Planning  
John Huth, Office of Budget & Program Planning  
Billie Jean Hill, Committee Secretary

**Please Note:** These are summary minutes. Testimony and discussion are paraphrased and condensed.

**Committee Business Summary:**

Hearing: Social and Rehabilitation Services:  
Family Assistance Division;  
Administrative Support Services; and  
Child Support Enforcement Division  
Executive Action: NONE

**CHAIRMAN COBB** explained that the committee would proceed as far as Child Support Enforcement today.

#### **HEARING ON Social and Rehabilitation Services**

Tape No. 1

#### **Overview of SRS**

Dr. Peter Blouke, Director of Department of Social and Rehabilitation Services, introduced the SRS management staff and began the overview. EXHIBIT 1

HEARING ON Family Assistance

Tape No. 1

Dr. Blouke and Mr. Roger LaVoie, Administrator, Family Assistance Division, presented an overview of the following programs.

EXHIBIT 1

Program Administration

Food Stamp Program

Community Services Block Grant

Weatherization

Low-Income Energy Assistance Program

Homeless Assistance Grants

Food Distribution Programs

General Assistance

Non-Resident General Assistance

Aid to Families with Dependent Children (AFDC)

AFDC Emergency Assistance

Legal Services Contract

Day Care

Job Opportunity and Basic Skills Program (JOBS)

Job Search Program

Project Work

Transition to Work Program

IV-A Training Contract

Eligibility Determination

HEARING ON Administrative and Support Services

Tape No. 2

Dr. Blouke discussed the SRS Director's Office and the Support Services Division. EXHIBIT 1

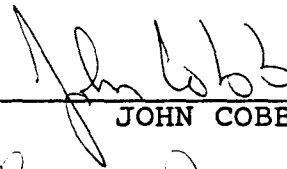
HEARING ON Child Support Enforcement

Tape No. 2

Ms. Mary Ann Wellbank, Administrator, Child Support Enforcement Division, presented statistics from the Child Support Enforcement Program and responded to questions of committee members.

ADJOURNMENT

Adjournment: 12:00 P:M



JOHN COBB, Chairman



BILLIE JEAN HILL, Secretary

JC/bjh

HOUSE OF REPRESENTATIVES

HUMAN SERVICES

SUB-COMMITTEE

ROLL CALL

DATE

January 6, 1993

NAME	PRESENT	ABSENT	EXCUSED
REP. JOHN COBB, CHAIRMAN	✓		
SEN. MIGNON WATERMAN, VICE CHAIR	✓		
SEN. CHRIS CHRISTIAENS	✓		
SEN. TOM KEATING	✓		
REP. BETTY LOU KASTEN	✓		
REP. DAVID WANZENRIED	✓		

BY

DATE 1-6-93

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
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## AGENCY SUMMARY

### Mission and General Description:

As the state agency responsible for administering the majority of Montana's human service programs, the mission of the Department of Social and Rehabilitation Services (SRS) is summarized in the department's mission statement: "Working Together To Empower Montanans". To accomplish its stated mission, the department administers approximately 75 different programs providing a wide range of services to Montana citizens including Aid to Families with Dependent Children (AFDC), Medicaid, General Assistance, Vocational Rehabilitation, community based services to persons with developmental disabilities, and the Child Enforcement Program. Although many of the programs administered by the department provide various forms of assistance (medical, rehabilitative, financial), the focus and primary objective of all SRS programs is to maximize each individual's capacity for independence from government services.

Figure 1 presents the current organizational structure of the department by division. As may be seen from Figure 1, the department is organized around four program divisions - 1) Family Assistance; 2) Medicaid Services; 3) Vocational Rehabilitation/Visual Services; and 4) Developmental Disabilities; and two service support divisions - 1) Support Services, and 2) Child Support Enforcement. The Directors Office provides the overall leadership and the organizational management direction to assure coordination among the diverse units and programs within the department.

In addition to units directly supervised by the department, there are two major statewide programs administratively attached to the department: the Developmental Disabilities Planning and Advisory Council (DDPAC) and Telecommunications Services. Although the department provides administrative and support services to these programs, both the DDPAC and Telecommunications Services programs function independently of the department under the auspices of their own boards appointed by the Governor. The Board of Social and Rehabilitation Appeals is also attached to the department. This board is a quasi-judicial board providing hearing and appeals to applicants or recipients of public assistance.

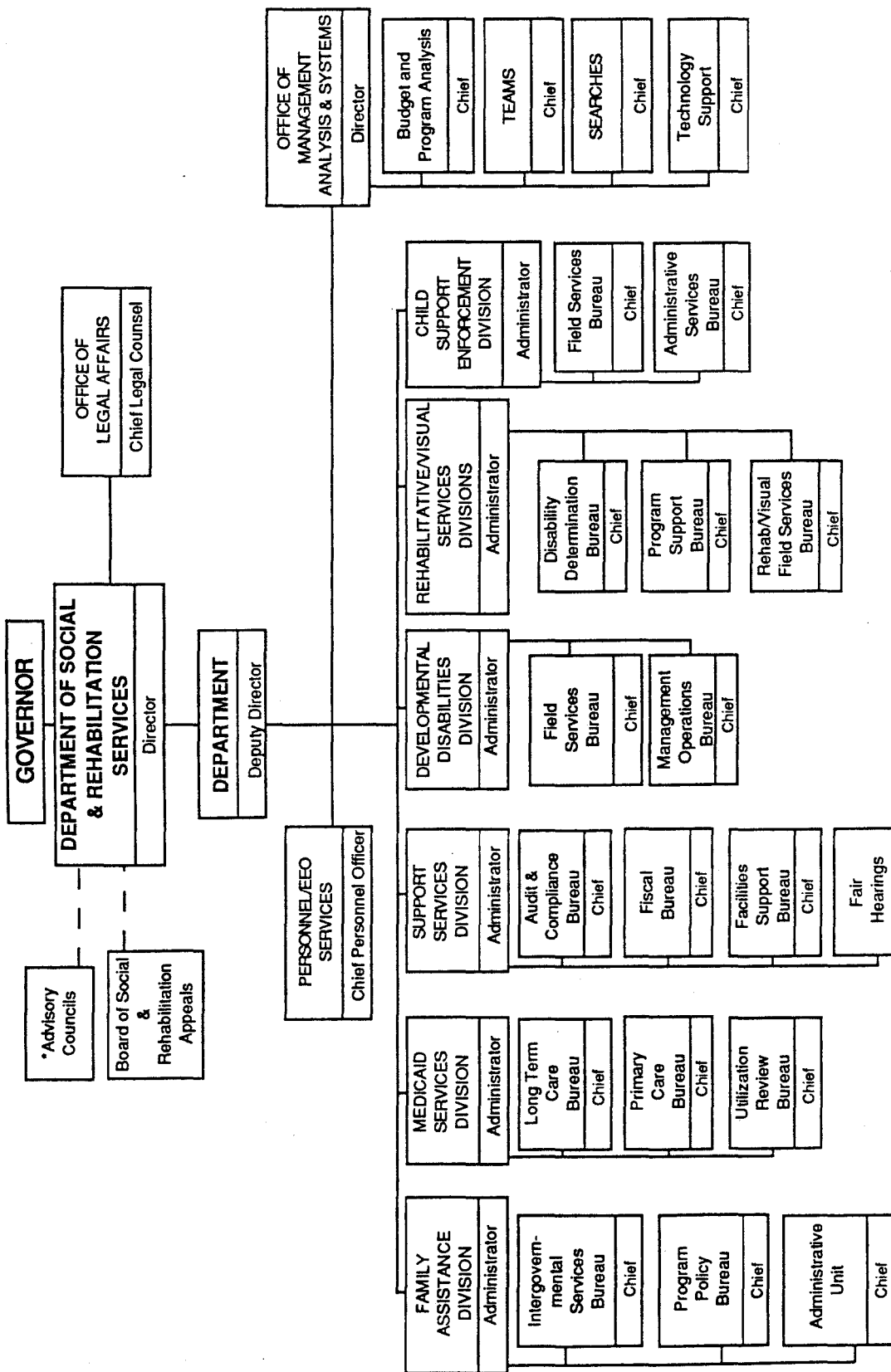
The department of Social and Rehabilitation Services is one of the largest agencies in state government. During fiscal 1993, the Department is authorized 914.15 FTE and has an appropriation of \$... million. The department priorities for the 1995 biennium include:

- To meet Governor Racicot's goals of controlling rising welfare costs, encourage self-sufficiency and long term independence from government programs, and identification of cost containment strategies;

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- To provide for efficient administration of programs by locating budget authority with program responsibility;
- To improve the effectiveness of overall state government human service delivery systems through interagency program planning;
- To improve selected prevention programs to reduce long term costs to the state;
- To ensure compliance with federal requirements to avoid federal fiscal sanctions or lawsuits;
- To evaluate the effectiveness of current programs and provide maintenance of effort for those programs meeting performance criteria and conversely to recommend changes and/or elimination of programs not meeting established performance criteria.

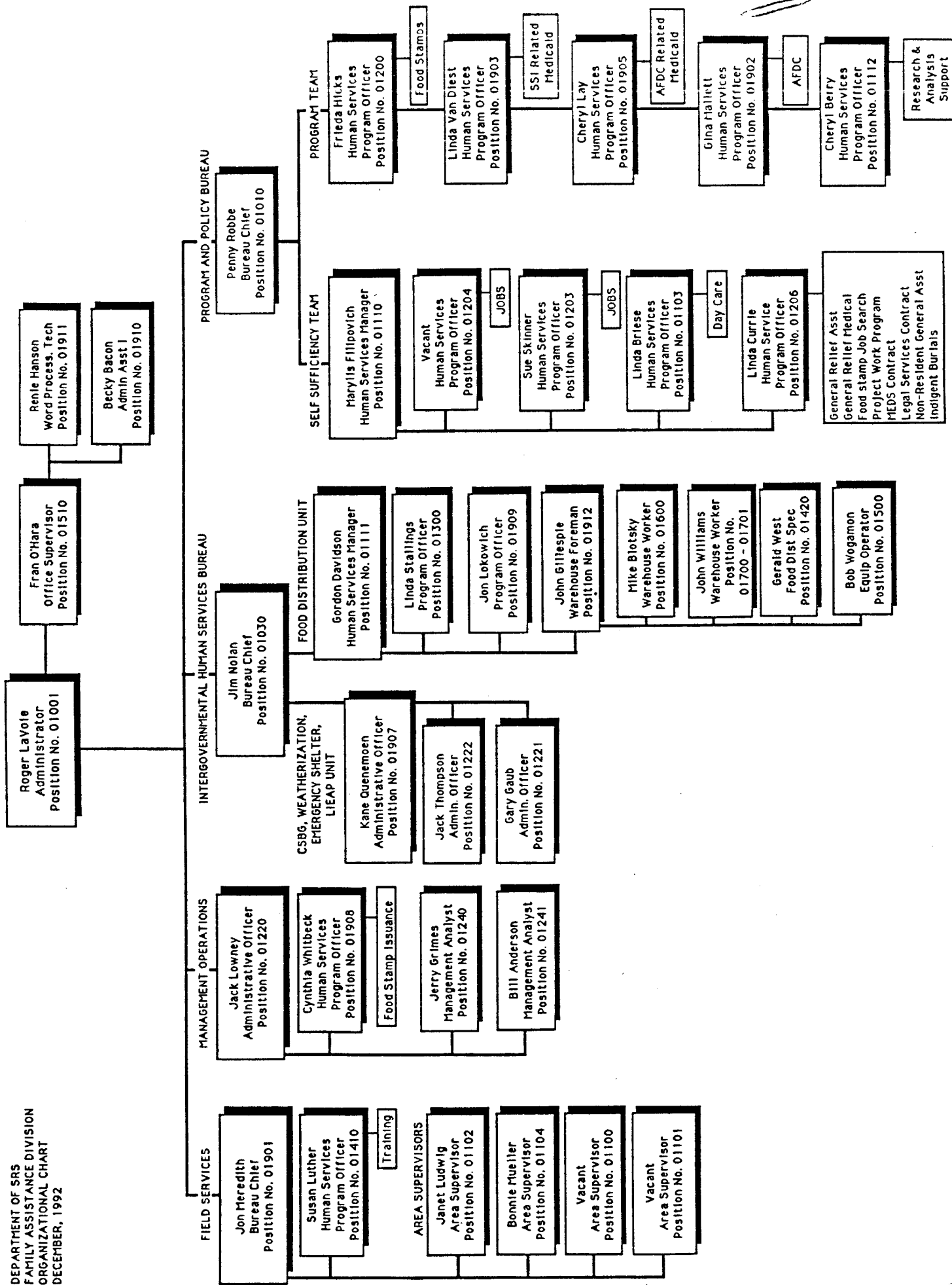
The majority of enabling legislation for the department is contained under 53-2-201 et seq., MCA.



ORGANIZATION CHART
DEPARTMENT OF SOCIAL & REHABILITATION SERVICES
JANUARY, 1993

\*Advisory Councils attached to the Department of Social and Rehabilitation Services are listed on page 13.

DEPARTMENT OF SRS  
FAMILY ASSISTANCE DIVISION  
ORGANIZATIONAL CHART  
DECEMBER, 1992



**FAMILY ASSISTANCE DIVISION  
Program Summary**

**OVERVIEW:**

The Family Assistance Division (FAD) is responsible for the overall coordination and management of public assistance programs in the State of Montana. The Central Office staff develop policy, coordinate with federal agencies and provide administrative supervision for the grant and benefit programs operated by the Division. The Division is responsible for administration of the following grants and programs:

Program Administration\Management Operations  
Fiscal and Data Analysis  
Food Stamp Issuance

Intergovernmental Human Services Bureau  
Community Services Block Grant  
Weatherization Program  
Low Income Energy Assistance Program  
Emergency Shelter  
Food distribution

Program and Policy Bureau  
Aid to Families With Dependent Children  
AFDC Emergency Assistance  
General Assistance  
Non Resident General assistance  
Indigent Burials  
Legal Services Contract  
Medical Eligibility Determination Services Contract  
Day Care  
Job Opportunity and Basic Skills  
Food Stamp Job Search  
Project Work

Field Services Bureau  
Training  
Supervision and Coordination of Field Services

**FAMILY ASSISTANCE  
Program Administration**

**BASE PROGRAM:**

The Family Assistance Division is organized into three bureaus: the Program and Self-Sufficiency Bureau, Field Services Bureau and the Intergovernmental Human Services Bureau. These Bureaus are responsible for development, implementation, coordination, and monitoring of policy

for programs in the respective Bureaus. The administrative section of the division has overall responsibility for staff supervision, policy development, and fiscal and data analysis.

#### BASE FUNDING

Funding for the administrative program is approximately 76 percent federal funds and 24 percent general fund. Federal funding sources include AFDC, Weatherization, LIEAP, and Community Services Block Grant.

#### FAMILY ASSISTANCE Food Stamp Program

##### Goal:

- To safeguard the health and well being of Montana's population by raising the level of nutrition available to low-income households.

##### BASE PROGRAM:

The Food Stamp program is a federal program for low income individuals and families. The program is designed to supplement basic nutritional dietary requirements and is considered one of the basic components of the United States Welfare System. The food stamp program in Montana served 24,675 low income households in fiscal 1992 and generated approximately \$50.5 million in federal funds for the state.

Eligibility for the Food Stamp program is determined by county eligibility specialists based primarily on financial criteria established by the federal government.

##### BASE FUNDING:

Food Stamp benefits are 100 percent federally funded and are not included as part of the SRS budget. The federal government reimburses the state at a 50/50 match rate for the administrative costs associated with the Food Stamp program.

##### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Average Monthly Caseload	24,675	24,675	25,415	25,923

**FAMILY ASSISTANCE**  
**Community Services Block Grant (CSBG)**

**GOAL:**

- To identify and help alleviate the causes of poverty in Montana communities.

**BASE PROGRAM:**

CSBG is a federally authorized and funded block grant program intended to reduce the causes and consequences of poverty. Although the grant is administered by the Department, the majority of funds (92.5% in fiscal 1993) are allocated to the 12 regional Human Resource Development Councils (HRDCs). The HRDCs are locally administered, non-profit, multi-county organizations whose boards of directors are comprised of one-third public officials, at least one-third low-income representatives and the remainder representative of business, labor, religious, welfare, education or other major interest groups within the community. HRDCs prepare and submit to SRS annual work plans and budgets which are reviewed for consistency with federal and state regulations and then forwarded to the federal government for funding.

Anti-poverty programs administered by the 10 HRDCs include Headstart, Food Commodities, JOBS, Energy Share, Montana Power Weatherization, Low Income Energy Assistance, Family Planning, and Emergency Shelter.

The CSBG functions as a major delivery system for a number of federal and state human services. The approximately \$1,500,000 CSBG funds are a core administrative, planning and direct delivery cost that would be difficult to replace. The HRDCs enjoy considerable acceptance as a non-bureaucratic, locally-controlled system making a direct impact on lives of low-income people.

**BASE FUNDING:**

This program is funded with 100 percent federal funding from the Department of Health and Human Services.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
HRDC Work Plans approved, disapproved or modified	10	10	10	10
HRDC Contracts Issued	10	10	10	10
HRDC Anti-Poverty Programs Begun	10	10	10	10
On-site Evaluations	10	10	10	10

**FAMILY ASSISTANCE  
Weatherization**

**GOAL:**

- To help low-income people reduce their home heating costs and to help conserve natural resources.

**BASE PROGRAM:**

This program provides funds to local Human Resource Development Councils (HRDCs) and tribal organizations to install energy savings measures in low-income people's homes.

Energy costs are one of the greatest demands on a low-income family's budget. In the wintertime in Montana those costs can exceed the mortgage or rent payment. Weatherization, by reducing a family's shelter costs, can enable that family to remain in their home. Also, a more energy-efficient home allows the family more discretionary income and furthers their self-sufficiency. Income not spent on utility bills stays in the local community as do the funds spent on weatherization crews and materials.

Specific weatherization measures are decided on after each home has had an energy audit completed to determine what would be most cost-effective. Measures include insulation, caulking, furnace repair and replacement. Homes are prioritized based on energy consumption and all materials and labor are purchased locally.

**BASE FUNDING:**

Funding for the Weatherization program is 100% federal funds from the Department of Energy and Department of Health and Human Services Low-Income Energy Assistance Program (LIEAP). The Department of Energy and Health and Human Services notify SRS of available funding annually.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
HRDC/Tribal Contracts Issued	15	15	15	15
Units Weatherized	2,211	2,051	2,200	1,800

**FAMILY ASSISTANCE**  
**Low Income Energy Assistance Program (LIEAP)**

**GOALS:**

- To assist low income families in meeting their home heating costs.

**BASE PROGRAM:**

Using a series of matrix tables which factor a household's income, fuel type, size and type of home, and local heating degree days, payments are made to the household's utility company. Supplemental payments are also available to very low-income households and emergency payments for unforeseen energy-related events are also allowed.

LIEAP has become one of the major public assistance programs available to low-income clients. Averaging approximately 22,000 households served with benefits of nearly \$6,500,000, the program makes more discretionary income available to families by paying a portion of their winter heating bills. An additional benefit is the permitted use of 15% of the block grant for weatherization activities, a long range answer to the problem of high heating costs.

**BASE FUNDING:**

This program is funded with 100% federal funding from the Department of Health and Human Services.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Households Served:	22,000	22,000	22,000	22,000

**FAMILY ASSISTANCE**  
**Homeless Assistance Grants**

**GOAL:**

- To provide funds for the renovation, rehabilitation, or operating costs of homeless shelters and for the provision of follow-up and long-term services to help homeless people escape poverty.

**BASE PROGRAM:**

The Departments of Health and Human Services (HHS) and Housing and Urban Development (HUD) provide funds for the renovation, rehabilitation, or operating costs of homeless shelters and for the provision of follow-up

and long-term services to help homeless people escape poverty. Although allocations from both HHS and HUD are administered by the Department, the majority of funds (95% by federal law) are allocated to the twelve regional Human Resource Development Councils (HRDCs). Shelters to be assisted and services to be delivered are determined by the HRDCs.

#### BASE FUNDING:

This program is funded with 100 percent federal funding from the Departments of HHS and HUD. The Department is notified of funding levels on an annual basis. In FY 21993 the Department will receive \$115,000 of HUD and \$73,361 of HHS homeless funding.

#### PERFORMANCE INDICATORS:

	<u>FY92</u>	<u>FY93</u>	<u>FY94</u>	<u>FY95</u>
HRDC Workplans Approved	20	20	20	20
HRDC Contracts Issued	20	20	20	20
On-site Evaluations	10	10	10	10

#### FAMILY ASSISTANCE Food Distribution Programs

#### GOAL:

The six programs operated by the Food Distribution section provide USDA commodity food assistance to low income individuals/families and nonprofit organizations who serve low income individuals/families.

#### BASE PROGRAM

The Food Distribution section orders, stores, and ships USDA commodities for the following food programs: Charitable Institutions (CI), Nutrition Program for the Elderly (NPE), Summer Camps Food Program (SCFP), Soup Kitchen/Food Banks (SKFB), The Emergency Food Assistance Program (TEFAP), and Food Distribution on Indian Reservations (FDIR). The food benefits are provided free of charge to the State of Montana by the Federal Government. *State Institutions*

#### PERFORMANCE INDICATORS:

CI - There are 159 institutions which served 8,930 persons in FY 1992.

NPE - There are 11 Area Agency on Aging Services with 93 subsites which served 49,516 persons in FY 1992.

SCFP - There are 55 summer camp sites which served 121,419 persons in FY 1992.

TEFAP - There are 10 Human Resource Development Councils and 5 Indian Reservations which provided food to 42,813 persons in FY 1992.

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FDIR - There are 7 Reservations which provided food to 6,000 persons in FY 1992.

## **FAMILY ASSISTANCE General Assistance**

### **GOALS:**

- To provide indigent Montanans financial assistance for basic necessities compatible with decency and health.

### **BASE PROGRAM:**

General Assistance (GA) is a program that provides cash assistance to persons in need of such assistance. Cash payments made under this program are intended to provide recipients with money to purchase food, shelter, utilities and personal needs. General Assistance is available in the twelve state assumed counties of: Cascade, Deer Lodge, Flathead, Lake, Lewis and Clark, Lincoln, Mineral, Missoula, Park, Powell, Ravalli and Silver Bow.

To be eligible for General Assistance, a person must be a Montana resident or intend to become one. Eligibility for General Assistance is based upon recipients' income and resources. The amount of time an individual can receive GA benefits is based upon their employability classification.

Unemployable recipients may receive General Assistance for as long as the condition rendering them unemployable continues. Employable recipients may receive General Assistance for four months out of twelve. Employable recipients who have serious barriers to employment or chemical dependency problems and temporarily unemployable recipients may receive General Assistance for six months out of twelve, as long as they are willing to participate in a program to help them overcome their serious barrier, chemical dependency or the condition which renders them temporarily unemployable. Serious barriers include, illiteracy, lack of high school diploma or GED and lack of skills, experience or training necessary to secure employment.

### **BASE FUNDING:**

The program is funded with 100 percent general fund. Funding for the 1995 Biennium is held at the projected fiscal 1993 expenditure with the anticipation that the GA case load will remain constant.

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**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
GA Caseload	945	1,229	1,171	1,171
Costs		\$3,103,127	2,774,891	2,774,891

**FAMILY ASSISTANCE  
Non-Resident General Assistance**

**GOALS:**

- To provide assistance to nonresidents (interstate transients) who need assistance in returning to their state of origin or who incur medical expenses arising from accidental injury.

**BASE PROGRAM:**

For the 12 assumed counties, Montana statutes provide for financial assistance and medical care for indigent persons who experience accidental injuries or need temporary assistance while traveling through the state.

**BASE FUNDING:**

This program is funded with 100% general fund. Expenditures for the program are difficult to project due to the fact that a single severe injury can significantly increase the overall cost of the program. Funding decreases during the 1995 biennium as a result of discontinued of funding for homeless shelters in Helena and Missoula.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Non-Res. GA Costs	\$95,086	\$50,000	\$50,000	\$50,000

**FAMILY ASSISTANCE  
Indigent Burials**

**GOALS:**

- To provide for the burial of eligible deceased indigent in state assumed counties.

**BASE PROGRAM:**

Montana Statutes provide for payment of indigent burials in the state

assumed counties. For fiscal year 1992, the average cost per burial was \$988.85.

**BASE FUNDING:**

This program is funded with 100% general fund. Funding for this program has been reduced to the lesser of the cost of cremation or burial.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Indigent Burial Costs	\$230,351	\$190,000	\$190,000	\$190,000

**FAMILY ASSISTANCE**  
**Aid To Families With Dependent Children (AFDC)**

**GOALS:**

- To meet the basic financial and medical needs of needy Montanans with dependent children.

**BASE PROGRAM:**

The AFDC program is a federal entitlement program administered by SRS to provide temporary financial assistance to needy children and their families. AFDC eligible families also receive Medicaid coverage. Eligibility for AFDC is determined by evaluating specific nonfinancial and financial criteria established by federal and state regulations.

*Medicaid coverage - larger cost.*

**BASE FUNDING:**

In fiscal 1994, funding for the AFDC program will be 71.05 percent federal funds, 27.14 percent general fund, and 1.84 percent county funds. SRS is not requesting a benefit standard increase for fiscal 1994 or 1995.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Avg Monthly Caseload	10,696	11,465	11,564	11,800
Avg Monthly Payment	\$351.04	\$355	\$355	\$355
General Fund Cost	\$13,206,579	\$12,737,924	\$13,331,832	

**FAMILY ASSISTANCE**  
**AFDC Emergency Assistance**

**GOALS:**

- To provide emergency assistance to needy families who otherwise qualify for AFDC and who are experiencing a temporary financial emergency.

**BASE PROGRAM:**

Emergency Assistance is an optional program under the federal guidelines for AFDC that provides aid to needy families with children. The purpose of the program is to provide such temporary assistance as necessary to ensure the safety and well being of the child (children) who might otherwise be in jeopardy or to provide living arrangements in a home for such child (children) in the event of an emergency. For the 1995 biennium, the department is initiating significant change in the way the program is administered which will result in substantial savings.

**BASE FUNDING:**

In the 12 state assumed counties, AFDC Emergency Assistance is funded with 50 percent federal funds and 50 percent state funds. For non-assumed counties funding is 50 percent federal funds and 50 percent county funds.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Families served	964	964	772	772
Average Cost per Family	\$260	\$260	\$260	\$260
Total Cost	\$250,753	\$250,753	\$200,753	\$200,753
General Fund Cost	\$116,079	\$116,079	\$ 91,079	\$ 91,079

**FAMILY ASSISTANCE**  
**Legal Services Contract**

**GOAL:**

- To provide legal assistance to General Assistance (GA) clients who claim disability in applying for and carrying through appeals for SSI assistance. Service is provided by Montana Legal Services Association (MLSA) in the 12 State Assumed counties.

**BASE PROGRAM:**

Montana Legal Services Association provides legal services under contract to GA recipients who claim disability. The contract provides a continuum of services, from assistance with original applications for SSI through the Appeals Board, and with additional approval from SRS, for District Court appeals. The intent of the contract is to assist clients in obtaining SSI, thus providing them with a higher monthly income and at the same time reducing the GA caseload. Most of these persons are also eligible for the State Medical program. If they are found SSI eligible, Medicaid eligibility replaces the State Medical program. Since the GA and State Medical programs are 100% State funds, a transfer to SSI and Medicaid, which are primarily federal dollars, helps the State budget as well as providing a higher per month payment for the client.

**BASE FUNDING:**

The Montana Legal Services Association contract is funded with 100% General Fund through a legislative appropriation of \$50,000 for each year of the biennium.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
GA clients referred:	371	186	186	186
Number receiving SSI:	208	104	104	104
Number denied SSI:	61	31	31	31
Number closed prior to determination:	124	62	62	62

**FAMILY ASSISTANCE**

**Medicaid Eligibility Determination Services (MEDS) Contract**

**GOAL:**

- The purpose of this contract is to promptly place eligible individuals on Medicaid generating savings to the State Medical and General Assistance programs.

**BASE PROGRAM:**

This contract provides independent disability determination reviews for persons applying for Medicaid. Also provided are independent reviews for State Medical recipients to determine their eligibility for Medicaid. For State Medical clients, this reduces general fund expenses

by removing State Medical clients from the 100 percent general funded program and placing them on Medicaid.

**BASE FUNDING:**

This program is funded with 50% general funds and 50% federal Title XIX funds.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. GA clients allowed	210	210	210	210
No. GA clients denied	189	189	189	189
Total determinations	399	399	399	399

**FAMILY ASSISTANCE  
Day Care**

**GOAL:**

- To provide day care assistance for low income families who are either on AFDC or at risk of coming on AFDC.

**BASE PROGRAM:**

Currently the Department administers the following Day Care programs:

1. JOBS Day Care - which serves AFDC clients who are enrolled in the JOBS program and who need day care in order to attend training or educational activities;
2. Transitional Day Care - which serves former AFDC clients who are transitioning off of welfare programs and who need day care in order to continue to work;
3. Self-Initiated Day Care - which also serves AFDC clients who are not in the JOBS program, but need day care in order to attend educational institutions;

An additional category of day care recently started in Missoula and Yellowstone Counties is:

At-Risk Day Care - which serves low income working families who are at risk of coming onto AFDC.

For all categories of day care except At-Risk Day Care, payments for necessary day care assistance is a requirement of the federal government

as a condition of participation in the AFDC program. The At-Risk Day Care is an optional service.

The Executive is recommending transfer of the federal Block Grant day care program currently at the Department of Family Services to the Department of Social and Rehabilitation Services. Additionally, state general funds for the Child Protective Services Day Care would pass through SRS to allow maximization of matching these state funds with federal IV-A funds. Day-to-day administration of the Child Protective Day Care program would remain with DFS.

#### **BASE FUNDING:**

In Fiscal 1994, Day Care funds are provided through a match of approximately 71.04 federal funds and 28.05 general funds.

### **FAMILY ASSISTANCE Job Opportunity and Basic Skills Program (JOBS)**

#### **GOALS:**

- To provide AFDC recipients with the opportunity to obtain the education, training and employment needed to avoid long term dependency on welfare.

#### **BASE PROGRAM:**

Title II of the Family Support Act of 1988, Public Law 100-485, created the Job Opportunities and Basic Skills (JOBS) training program and mandated other program changes for recipients of Aid to Families with Dependent Children (AFDC). The JOBS program is designed to assist recipients in becoming self-sufficient by providing needed employment related activities and support services. The federal guidelines provide for two levels of JOBS programs: 1) a complete program; and 2) a minimal program.

A complete JOBS program consists of: high school education, basic and remedial education, English proficiency, job skills training, job readiness activities, job development and job placement activities, group and individual job search, on-the-job training, work supplementation and community work experience.

A minimal program consists of high school education or equivalency, one optional component, and referral to a non-JOBS employment services.

Seventy-five percent of the state's AFDC recipients reside in 10 Montana counties. Complete JOBS programs were implemented in Flathead,

Missoula, Gallatin, Lewis and Clark and Yellowstone Counties on July 1, 1990. On January 1, 1991 the following 5 counties began complete programs: Cascade, Silver Bow, Ravalli, Lincoln, and Lake. Minimal programs were begun July 1, 1991 in an additional 17 counties, where 20% of the AFDC population resides.

**BASE FUNDING:**

The JOBS Program has several different federal match rates. The funding for JOBS is as follows: general fund 27 percent, federal funds 73 percent averages approximately.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Regular AFDC Enrollment	2,090	1,934	2,413	2,413
UP AFDC Enrollment	662	711	711	711
Resolved*	1,230	1,170	1,447	1,447

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Resolved - Employment	775	754	940	940
% Resolved	58%	60%	60%	60%
% Resolved to Employment	37%	39%	39%	39%

\* A resolution consists of:

1. Employment of at least 20 hours per week, expected to last 30 days;
2. mandatory individual becomes exempt;
3. enrolled individual is sanctioned;
4. termination from AFDC for any reason.

\* During fiscal 1992, JOBS contractors served more clients than contracts required.

**FAMILY ASSISTANCE  
Job Search Program**

**GOAL:**

- To provide an Employment and Training Job Search program for recipients of Food Stamps in order to place them into employment.

**BASE PROGRAM:**

Federal regulations require any state which has a Food Stamp program must operate an Employment and training program. Food Stamp Job Search

(FSJS) is mandatory for all non-exempt Food Stamp applicants and recipients who reside in counties where the program is offered. Job Search operates in the following counties: Cascade, Custer, Deer Lodge, Flathead, Lake, Lewis and Clark, Lincoln, Mineral, Missoula, Park, Powell, Ravalli, Silver Bow, and Yellowstone. The 12 state-assumed county FSJS programs are maximum programs and are combined with the Project Work Program. Custer and Yellowstone counties have a minimum FSJS program. For both types of programs, participation for two months out of a twelve month period is required. In a minimum Job Search program, participants must make at least 24 job contacts during their 8 week participation period. In a maximum FSJS program, participants are required to participate for 30 hours per week in the Project Work Program.

SRS contracts with the Department of Labor and Industry to operate Job Search in Yellowstone and Custer Counties. Project Work Program (PWP) contractors operate the program in the 12 state assumed counties. PWP contractors are Human Resource Development Councils, Job Service Offices, Women's Opportunity and Resources, Inc., and AFL-CIO.

#### BASE FUNDING:

The Food Stamp Job Search program is 100 percent federal funding. Administrative funding is 50 percent federal funds and 50 percent state general funds.

#### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Job search Participants				
Referred	3,499	3,499	3,499	3,499
Entered Job Search	1,707	1,707	1,707	1,707
Long Term Job Found	*497	497	497	497
Short Term Job Found	**490	490	490	490

\* Long Term = greater than 30 days

\*\* Short term = less than 30 days

#### FAMILY ASSISTANCE Project Work

#### GOAL:

- To initiate, promote and develop Job Search Training and Workfare programs that will provide employment training and work experience for persons receiving Food Stamps and General

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## Assistance

### BASE PROGRAM:

Project Work, Employment and Training Program, is mandatory for all non-exempt General Assistance (GA) recipients in the 12 state-assumed counties. Participants in the Project Work Program are required to participate 40 hours per week for up to 6 months, depending on their employability classification.

Project Work consists of 3 components: the Intake, Assessment and Work Experience component; the Initial Month Training Component; and the Successive Months' Training Component. The Initial Month Training Component consists of 20 days of intense Job Search and Work Experience, where at least 50% of participants' time is spent on Job Search. The Successive Months' Training Component consists of Job Search, Work Experience, Job Readiness Training, Job Skills Training, Remedial Education, Overcoming Chemical Dependency and Peer Counseling.

It is not recommended that the Project Work Program be eliminated as long as there is a General Assistance (GA) Program. If GA for employable adults was eliminated the Project Work Program could be revised to be a food stamp employment and work program. Under any scenario, Montana would still have to maintain a Food Stamp Employment and Training program.

### BASE FUNDING:

For fiscal 1992 the legislature appropriated \$937,921 of which \$649,533 or 69 percent is federal funds and \$288,388 is state general funds.

### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Clients Served:	7,259	6,729*	6,729	6,729

\*Decrease in clients served reflects changes made in Project Work that require payment after performance and a new sanction waiting period.

## FAMILY ASSISTANCE Transition to Work

### GOALS:

- To provide General Assistance recipients a Transition-To-Work allowance to assist in relocation expenses when employment has been obtained in another county or state.

**BASE PROGRAM:**

Montana Statutes provide for an allowance for moving expenses to GA clients who have located employment away from their county of residence.

**BASE FUNDING:**

This program is funded with 100% general fund.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Number Served	110	110	110	110
Costs:	\$38,148	\$38,148	\$38,148	\$38,148

**FAMILY ASSISTANCE  
IV-A TRAINING Contract**

**GOAL:**

- To provide appropriate training opportunities to Family Assistance staff to allow them to more effectively meet their responsibilities in assisting clients.

**BASE PROGRAM:**

In addition to policy and computer training, the Family Assistance Division provides various other types of training for Division staff through a contact with the University of Montana. During fiscal 1993 the following workshops were offered: Becoming a More Effective Change Agent, Street and Business Law, Writing for Specific Purposes, Self Esteem and Self Potential, Building Your Interview Skills and Coping with Difficult Clients.

**BASE FUNDING:**

Funding for this program is 50 percent federal IV-A funds and 50 percent state funds. The Department only provides the federal portion of the funding while the University provides the state fund match.

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**ELIGIBILITY DETERMINATION  
Program Summary**

**OVERVIEW:**

The Eligibility Determination program includes funding for county welfare eligibility staff. The primary function of the program is to determine initial and ongoing eligibility for Food Stamps, Aid to Families with Dependent Children, Medicaid and General Assistance, and State medical for those persons who have applied for or have been receiving benefits.

Administratively, welfare programs operated at the county level are divided between the 12 state assumed counties and the remaining 44 counties that are non-assumed. The state assumed counties are those counties which have opted to turn over to the state (SRS) full responsibility for administration and financial support of the local welfare programs. In exchange for administering the local welfare programs, the state receives 12 mills from each of the assumed counties. The 44 non-assumed counties administer and fund their local programs under the general direction and supervision of SRS, particularly as relates to federally funded welfare programs.

State-Assumed and Non-Assumed Counties operate the same programs in the local counties and are supervised by the Department of SRS. The expense of the State-Assumed Counties is a responsibility of the state general fund. Non-Assumed Counties' expenses are the responsibility of the individual county. All counties are charged with the responsibility to operate state and federal programs properly and have staffing patterns of a similar nature. Each county or combination of counties, has a Director, Eligibility Supervisor, if caseload size warrants, Eligibility Specialists and clerical staff.

**ELIGIBILITY DETERMINATION  
Assumed Counties**

**GOAL:**

- To take applications for programs of public assistance and determine which, if any, programs the applicant is qualified to receive; To disseminate information concerning programs of assistance to the local communities.

**BASE PROGRAM:**

The Eligibility Determination program includes the county level eligibility specialist staff and clerical support staff. In the 12 assumed counties, the staff are directly supervised by SRS and are

funded with a mix of general fund and federal funds. The staff are responsible for determining the eligibility of applicants for the General Assistance, State Medical, Medicaid, AFDC, and Food Stamp programs.

**BASE FUNDING:**

Funding for this program is a mix of 51 percent general fund and 49 percent federal funds.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Eligibility Workers	203.1	203.1	203.1	203.1

**ELIGIBILITY DETERMINATION  
Non-Assumed Counties**

**GOAL:**

- To assist applicants for public assistance programs and determine which programs the applicant is qualified to receive; to disseminate information concerning programs of assistance to the local communities.

**BASE PROGRAM:**

The Eligibility Determination program includes the county level eligibility specialist staff and clerical support staff. In the 44 assumed counties, the county welfare directors are supervised by the local county commissioners and are funded with a mix of county funds and federal funds. Although the staff is not directly supervised by SRS, the department does provide administrative support to the counties in terms of personnel, and general support operations. The department is also responsible for assuring the federally funded programs are in compliance with federal law and regulations. Non-assumed county staff perform basically the same functions as state assumed staff and are responsible for determining the eligibility of applicants for the local general assistance program, AFDC, and Food Stamp programs.

**BASE FUNDING:**

Funding for this program is a mix of 51 percent county funds and 49 percent federal funds.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Eligibility Workers	198.8	200.80	200.80	200.80

## SUPPORT SERVICES DIVISION

11/12/92

### ADMINISTRATOR

Phone 444-2631

John Donwen

### FISCAL BUREAU

Phone 444-3130

Lois Cearley, Chief

Assistance Payments

Margie Gilbert, Supervisor

General Ledger Receipts  
and Reports

Dorothy Nordahl, Supervisor

Operations & Contract  
Payments

Joyce Zahn, Supervisor

### AUDIT AND COMPLIANCE BUREAU

Phone 444-4550

Erich Merdinger, Chief

Audit Section

Walt Berry &

Amanda Falk White, Supervisors

Fraud and

Recoveries Section

Ann Dunn, Supervisor

Quality Control Section

Sue Bailey, Supervisor

Surveillance/Utilization  
Review Unit

Joan Ashley, Supervisor

Third Party Liability/  
Estate Recoveries

Terry Frisch, Supervisor

### FACILITIES SUPPORT BUREAU

Phone 444-1275

Bill Harrington, Chief

Administrative Unit/  
Word Processing

Debbie Smithson, Supervisor

Mailroom

Mickey Street, Supervisor

Office of Fair Hearings

Henry Flatow, Supervisor

Purchasing/Shipping

Mary Rude, Supervisor

Records/Property Management

Neil Sanders, Supervisor

**ADMINISTRATIVE AND SUPPORT SERVICES**  
**Program Summary**

**OVERVIEW:**

The Administrative and Support Services Program consists of two units: the Director's Office and the Support Services Division. The program's mission is to provide the agency's overall direction for policy development, budgeting and coordination of the various human services programs.

**GOAL:**

- To provide overall policy direction and support to the department's service divisions in providing human services in an effective and efficient manner to all eligible Montana residents.

**BASE PROGRAM:**

The total program consists of 54.5 FTE. Staff of the Director's Office include legal, personnel and clerical support. The Support Services Division includes fiscal, facilities management and the Audit and Compliance Bureaus. The Audit and Compliance Bureau is discussed under a separate section of the narrative.

**BASE FUNDING:**

Funding for this unit is 32 percent state General Fund; 9 percent county funds from the non-assumed counties; 3 percent from child support enforcement & TDD; and 56 percent from various Federal grants including: Medicaid, Vocational Rehabilitation, AFDC, LIEAP, and Food Stamps.

Funding percentages are determined by use of an Indirect Cost Allocation Plan developed by the Department and approved by the Federal government.

**ADMINISTRATIVE AND SUPPORT**  
**Directors Office**

**OVERVIEW:**

The Director's Office includes the Director, Deputy Director, Personnel Services and the Office of Legal Affairs. This office provides the agency's overall direction for policy development, budgeting and coordination of the delivery of human services to eligible Montana citizens.

**GOAL:**

- To provide overall policy direction to the department consistent with the directives of the Governor, Montana state legislature and federal congressional actions.

**BASE PROGRAM:**

Functions of this unit include:

1. The Director, who provides leadership, policy direction and guidance to the entire department.
2. Personnel Services section that is responsible for the administration of the employee classification and pay plans; conduct of labor negotiations; development of an affirmative action plan for equal employment opportunity an employment of the handicapped; and staff development guidance.
3. The Office of Legal Affairs that supervises the overall legal efforts of the department; supervises staff attorneys and maintains liaison with retained attorneys.

The Director's Office also oversees the budget services function that includes policy analysis for budget impact, planning for the allocation of resources, preparation of the budget and management of the budget.

**BASE FUNDING:**

Funding for this unit is 32 percent state General Fund; 9 percent county funds from the non-assumed counties; 3 percent from Child Support Enforcement & TDD; and 56 percent from various Federal grants including: Medicaid, Vocational Rehabilitation, AFDC, LIEAP, and Food Stamps.

**ADMINISTRATIVE AND SUPPORT  
Support Services Division**

**OVERVIEW:**

The Support Services Division's mission is to provide administrative services to the Department's program divisions. The services include all receiving and disbursing of monies; reporting required by federal agencies and various state agencies; processing the payroll for 906 employees; payment of all operating cost bills and subsequent processing of all documents into the statewide budgeting and accounting system; conduct fair hearings for clients contesting eligibility; all mailing, forms distribution and provision of space and communications equipment for district and assumed county offices.

**GOAL:**

- To provide the support services necessary to allow the department state office, district offices and county offices to function effectively in the delivery of human services to department clients.

**BASE PROGRAM:**

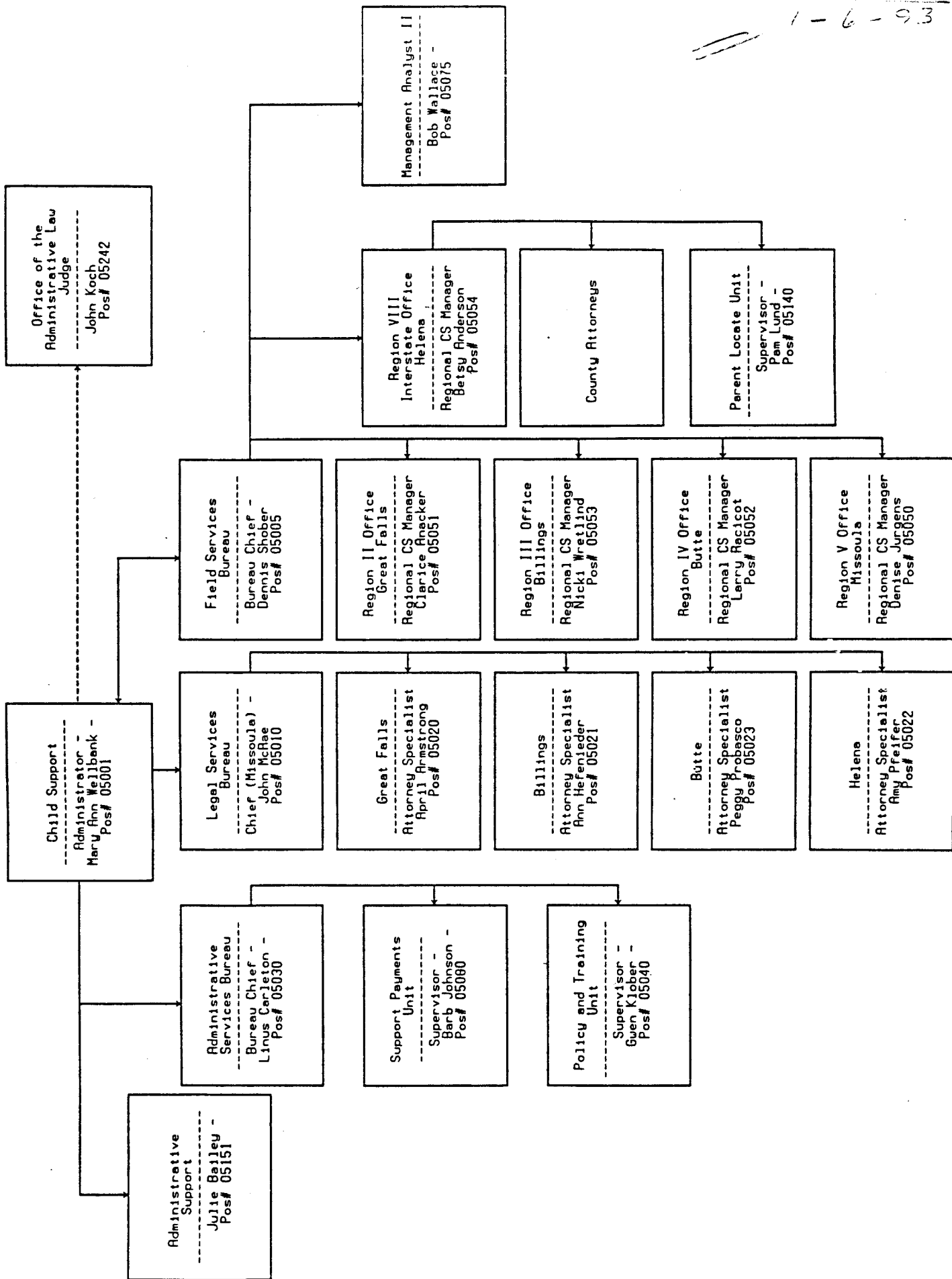
The Support Services Division provides general administrative support for the department. Its functions include purchasing, payroll, data processing, fiscal, support services and follow-up of department audits performed by various federal and state agencies through the following bureaus:

1. Fiscal Bureau receives, disburses and accounts for all department funds. The Bureau also prepares federal financial reports and cash forecasts, and is responsible for purchasing, and the processing of payroll for 906 employees.
2. Facilities Management Bureau is responsible for all mail operations, supply and forms distribution, records management, property accounting, word processing services, statewide SRS office space procurement and general housekeeping functions.

The Facilities Management Bureau also supervises the Office of Fair Hearings which conducts all fair hearings and contested cases for the department as requested by public assistance recipients.

**BASE FUNDING:**

This Division is funded 32 percent from the General Fund; 9 percent from the non-assumed counties state special revenue; 3 percent from Child Support Enforcement & TDD; and 56 percent from various Federal grants including Medicaid, Vocational Rehabilitation, AFDC, US Department of Agriculture, and US Department of Energy.



**CHILD SUPPORT ENFORCEMENT  
Program Summary**

**OVERVIEW:**

The Child Support Enforcement Program was created to assist Montana families in becoming self-sufficient through the receipt of regular support payments from absent parents. The program is authorized under Title IV-D of the Federal Social Security Act. Montana's Child Support Program was initiated in 1974 and attached to the Department of Revenue. In 1989, the legislature transferred the program to SRS.

Program services provided by the Child Support Program include: locating absent parents, identifying eligible child support assets, establishing paternity for children born out-of-wedlock, establishing and enforcing child support obligations, collecting and distributing support payments, and ensuring that absent parents maintain medical health insurance coverage for their dependent children. All of the above services are mandated by Title IV-D of the Social Security Act and continued federal funding is contingent upon provision of those services.

Through collections and federal matching funds, the division generates sufficient income to fully support its operations. Overall, division funding is approximately 66 percent federal funds and 34 percent state special revenue. Currently, there are 115.25 FTE in the Child Support Program. During fiscal 1993, the division will handle 41,441 support cases and the program growth is about 500 new cases each month. The child support caseload is expected to grow to 53,356 cases within the next two years.

During fiscal 1992, the Child Support Division collected approximately \$20 million from absent parents responsible for paying child support. This represents a \$12 million increase in collections since 1989. Of the \$20 million collected in fiscal 1993, \$7.3 million was returned to the state and federal government to help offset AFDC payments made to families, and \$12.1 million was forwarded to custodial parents who do not receive AFDC.

In addition to its collections, the CSED saves Montana taxpayers money in several other ways. National statistics show that for every \$5.00 of child support collected for families who are not on AFDC, \$1.00 in public welfare benefits are saved. For last fiscal year, this cost avoidance saved Montana taxpayers approximately \$2.42 million. Additionally, the division achieved savings of \$1 million in medicaid costs by identifying private insurers responsible for children's medical coverage.

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## COUNTY ADMINISTRATION

### OVERVIEW:

The operating cost of the twelve State-Assumed Counties is a state responsibility. Each of these counties levies twelve mills annually to be deposited in the state special revenue fund for the purpose of paying expenses of the Department of SRS.

### GOAL:

- To provide adequate space in field offices in the twelve State-Assumed Counties to enable staff to perform duties mandated by law.

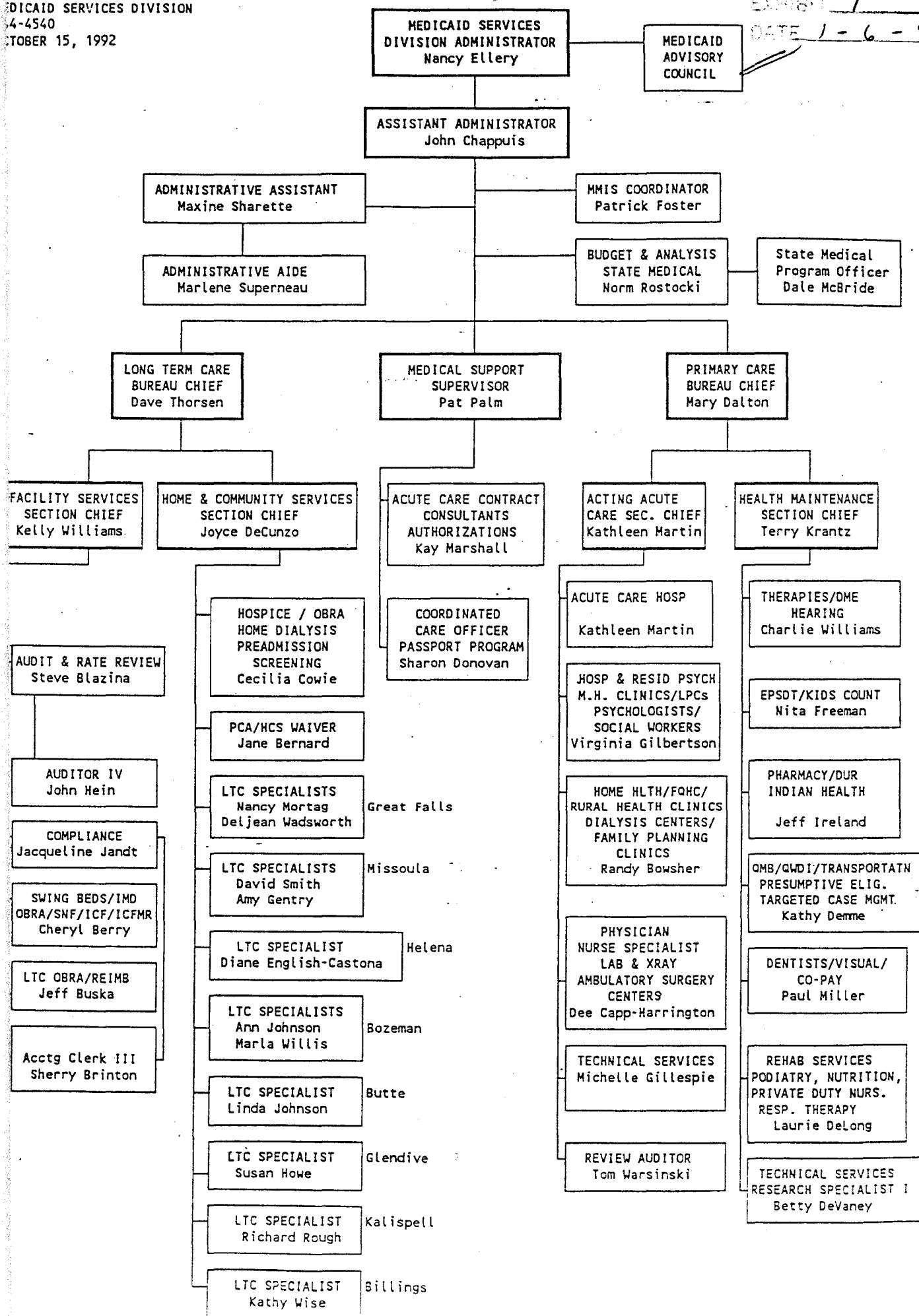
### BASE PROGRAM:

This program includes the majority of operating and equipment costs associated with the administration of welfare programs in the 12 counties where the state has assumed responsibility for the county welfare programs. Personal services, benefits, and the remaining operational costs associated with state assumption of county welfare programs are contained in the Assistance Payments, and Eligibility Determination.

This program pays for office space, supplies and equipment for the assumed counties and through accounting procedures allocates costs as necessary for continued operation of the local offices.

### BASE FUNDING:

This program is funded through a mix of 51 percent general fund and 49 percent federal fund.



**MEDICAID SERVICES DIVISION  
Program Summary**

**OVERVIEW:**

The Medicaid Program is a joint Federal/State funded program designed to meet the cost of medical care for certain low-income persons: aged persons age 65 and over, the blind, the disabled, members of families with dependent children and poverty-related pregnant women and children. Montana Medicaid also covers medically needy individuals who have income in excess of AFDC or SSI income thresholds, but have sufficient medical bills that reduce their countable income to medically needy income thresholds. The Medicaid Program also administers the State Medical Program which is designed to provide medical care to certain low-income persons who do not qualify for Medicaid. This program is 100% state funded.

Within Federal guidelines, the state has the flexibility to determine who is eligible for the Medicaid program, what medical services are covered, and the amounts paid to providers for services. At a minimum, states are required to provide certain medical services. These include inpatient and outpatient hospital services, physician services, skilled nursing care, early periodic screening diagnosis and treatment for children (EPSDT), lab and x-ray, home health, nursing home services, family planning and rural health clinic services. At their option, states can provide other services such as prescription drugs, dental care, eyeglasses and hearing aids among others. Montana covers all optional services except chiropractic services and christian science sanatoria. Statutory authority for the program is provided for in Title 53, Chapter 6, MCA.

A federal "pass through" grant is administered by the Division for Indian Health services on Indian Reservations.

**MEDICAID SERVICES DIVISION  
Program Administration**

**GOAL:**

- To promote the timely and economic delivery of appropriate health care to eligible recipients in accordance with state and federal guidelines.

**BASE PROGRAM:**

The Medicaid program provides services to over 75,000 recipients through an estimated 6,000 different practitioners, facilities and clinics. Of this number, approximately 2,500 are physicians, 530 are dentists, 360 are pharmacies, 115 are nursing homes, and 60 are hospitals. The

balance of providers are other practitioners including clinics, home health agencies, nurses, etc.

Some services must be prior authorized by medical consultants or state staff (e.g., certain dental services, therapies, hearing aids and speech devices, durable medical equipment). Many services have service limits (e.g., psychologists' services are limited to 22 hours per fiscal year). Selected inpatient hospital admissions and nursing home admissions are prior authorized by the Colorado Foundation for Medical Care. Recipients are charged a nominal copayment for most services.

The Administration Unit is responsible for managing the Division and includes administrative and clerical support service staff. The objective of the Administration Unit is to provide overall policy direction for the Division and manage the workload within allocated resources.

The Long Term Care Bureau is responsible for the planning and implementation of program and reimbursement policies for long term care which includes nursing care, home and community services, and personal care. This bureau supervises the ten Long Term Care Specialists located in the field offices.

The Primary Care Bureau is responsible for the planning and implementation of program and reimbursement policies which include acute care and health maintenance services.

The Medical Support Section is responsible for the planning and implementation of utilization control policies which insure that only medically necessary services are provided. This includes responsibility for managing the contract with the Colorado Foundation for Medical Care.

The Medicaid Program has instituted the Passport to Health Program which allows certain AFDC clients to select a single primary care provider who manages the care of the client. This program should help to insure that all services are medically necessary and coordinated with other care that the recipient may be receiving. Significant cost savings are expected.

The Division contracts with Consultec, Inc. to receive and process Medicaid claims. Approximately 2,500,000 claims are processed each year or 208,000 per month.

The federal government mandates that all states have a Medicaid program. Because the state has the discretion to determine which optional eligibility categories and services to provide, there are a variety of ways to restructure the program. All or a combination of optional services for adults could be eliminated. The potential savings realized by eliminating optional services are limited by the requirement that these services must be provided to children (under age 21) who have a need for treatment identified during an EPSDT screen or who reside in nursing homes. Also, savings are further reduced by the potential for

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cost-shifting optional services to more expensive services. For example, eliminating prescription drugs for adults would force recipients to go to physicians or hospitals to receive the service.

The Medically Needy Program could be eliminated or altered; elimination would restrict access to health care to low-income Montanans and shift costs to local government and private payers without the benefit of a federal match of approximately \$3 for every \$1 spent on health care. However, a large portion of the savings would be costs that are shifted to other payers or show up as uncompensated care by hospitals and doctors. Thirty-six states have Medically Needy Programs.

#### BASE FUNDING:

The program is jointly funded by federal and general funds. The funding mix for service expenditures will be 71.02% federal funds and 28.90% general funds in FY 94 and 70.5% federal funds and 29.5% general funds in FY 95. Funding for personnel and other administrative activities is 50% federal and 50% state. Funding for the state medical program is 100% state funds.

#### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
FTE's	46.50	46.50	46.50	46.50

#### MEDICAID SERVICES DIVISION DHES Surveys

#### GOAL:

- To ensure appropriate care and treatment in accordance with federal standards for persons who reside in nursing facilities funded through the Medicaid program.

#### BASE PROGRAM:

Nursing facilities must comply with the nursing home certification requirements established by the federal government in order to receive Medicaid reimbursement. The Medicaid Services Division contracts with the Licensing and Certification Bureau of the Department of Health and Environmental Sciences (DHES) to inspect the 102 facilities that participate in the Medicaid program. Certification is based on the results of annual unannounced on-site surveys to assess each facility's compliance with the applicable federal requirements. Once certification is achieved the Medicaid Services Division enters into a provider agreement with the nursing facility. In addition to its survey

activities, DHES also investigates any allegations concerning the abuse or neglect of nursing facility residents and performs activities pertaining to federal mandates and abuse registries. Changes mandated by OBRA have had a significant impact on the way services are provided in nursing facilities as well as the way in which surveys are conducted by DHES.

**BASE FUNDING:**

Only the federal portion of funding for this program is appropriated to SRS. The general fund match is appropriated to the Department of Health and Environmental Sciences.

**MEDICAID SERVICES  
Indian Health**

**GOAL:**

- To pass through 100% federal Medicaid reimbursement from HHS/HCFA to the Bureau of Indian Affairs (BIA) for medical services provided to Indians in federal Indian Health Services (IHS) facilities.

**BASE PROGRAM:**

The U.S. Congress passed Public Law 94-437 specifically to reimburse IHS for services provided to Medicaid recipients in their medical facilities. Specially appropriated Federal Medicaid funds (100% federal money) are available through the State Medicaid program to support a variety of Indian Health services (inpatient hospital, outpatient hospital, clinic and home health services) on the Flathead, Blackfeet, Rocky Boy, Fort Belknap, Crow, Northern Cheyenne and Fort Peck Indian reservations. These funds are passed through the Department of SRS to the Federal Bureau of Indian Affairs.

Federal law specifies that Medicaid is a primary payor for medical services before Indian Health Services. Medicaid Eligible Indians have freedom of choice where to receive services (i.e. they can receive them from a medical provider of their choice off the reservation or from the Federal Indian Health Service facilities).

The purpose for this reimbursement is for IHS to upgrade, maintain and expand their medical facilities and services located on the Indian Reservations.

# **MEDICAID SERVICES** **Medicare Buy-In**

## **GOAL:**

- To deflect costs from the Medicaid Program to the Medicare program by maintaining Medicare Part B Insurance coverage for certain Medicaid recipients; and to assist low income Medicare clients with their Medicare premiums, deductibles and coinsurance.

## **BASE PROGRAM:**

The Catastrophic Care Act of 1988 created the Qualified Medicare Beneficiary (QMB) Program and changed the structure of the Medicare Part B Buy-in Program. Under the QMB Program, Medicaid pays the premiums, deductibles, and coinsurance of Medicare beneficiaries with incomes below the federal poverty level and with resources less than twice the Supplemental Security Income (SSI) Program limit. If the recipient is eligible for both Medicare and Medicaid, the provider must bill Medicare first before billing Medicaid. Medicare reimburses about 80% of the cost of medical care, thus reducing Medicaid's liability.

The implementation of the QMB Program has resulted in a significant number of Medicare Part B Buy-in recipients being converted to QMB and those Medically Needy recipients with incomes below the QMB income limits. This has left mostly Medically Needy clients in the Medicare Buy-in program. The QMB Program also paid Part A premiums for a number of clients.

## **BASE FUNDING:**

The Qualified Medicare Beneficiary program and the Buy In Program is jointly funded by Federal and general funds at the same 70/30 match as other medicaid benefits.

The Medicare Buy-in Program for individuals who do not qualify for the QMB Program is supported by 100% general funds.

## **PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
# of QMB recipients Part A Medicare	167	208	219	230
# of QMB recipients Part B recipients	1,176	1,470	1,543	1,621

**MEDICAID SERVICES DIVISION  
Elderly/Disabled Waiver**

**GOALS:**

- To provide in-home and other community services to certain individuals residing in certain counties as an alternative to institutionalization.

**BASE PROGRAM:**

Federal legislation enacted in 1981 authorized states to request a waiver of certain Medicaid regulations to enable states to serve people in their own homes as an alternative to institutional settings. Montana applied for and received a waiver in 1982. The elderly and physically disabled persons served in this program must require the same level of care as persons served in nursing homes. Services provided to help maintain recipients in their own homes are: case management, personal care, homemaker, transportation, habilitation, adult day care, respite, environmental modifications to the home/adaptive equipment, medical alert, meals/dietitian, respiratory therapy and nursing. There is an upper limit on the total cost of waiver services provided. For FY 92 the average cost per recipient in the waiver program is approximately 70% of the cost per recipient in a nursing facility.

Medicaid waiver services for elderly and physically disabled persons is presently available in 32 Montana counties. The program has a waiting list.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Average month Caseload	482		441*	416*
Average Cost/Recipient	11,556		9,338**	9,951**

\* Decrease in monthly caseloads due to decrease in budgeted appropriations for the waiver.

\*\* Decrease in average cost per recipient due to the removal of state plan personal care costs from waiver costs.

**MEDICAID SERVICES  
State Medical Program**

**GOALS:**

- To provide basic medical care to low income individuals who do not qualify for any other assistance program in a humane and cost effective manner.

**BASE PROGRAM:**

As part of the state's assumption of county welfare programs in fiscal 1984, the Department of SRS assumed responsibility for administration and funding of the county level medical program in the 12 state assumed counties.

The State Medical program is a 100% general funded program which provides medical benefits to low income persons who do not qualify for any other form of federal or state medical assistance. Services provided under the State Medical Program are similar to those provided by the Medicaid Program. In fact, the legislature has limited the State Medical Program to services that do not exceed the amount, scope, or duration of mandatory services provided under the Montana Medicaid program.

The legislature has the authority to limit the State Medical program to emergency services only. Such a limit would significantly reduce general fund cost while maintaining a limited safety net for the economically disadvantaged.

**BASE FUNDING:**

Funding for the State Medical Program is 100 percent general fund.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
# Recipients	3,354	2,515	2,565	2,617

Note: The number of services available was reduced to mandatory services on October 1, 1992. This reduces the number of recipients for Fiscal 93 and limits growth for fiscal years 1994 and 1995 to 2% per year.

**MEDICAID SERVICES DIVISION**  
**Department of Corrections and Human Services**

**GOAL:**

- To ensure that quality services are provided to Medicaid eligible individuals in Montana's state operated long term care institutions in accordance with state and federal standards while maximizing federal participation in the cost of operating the state institutions.

**BASE PROGRAM:**

Six state operated institutions receive reimbursement under the Medicaid institutional reimbursement program. Two of the facilities, Montana Developmental Center and Eastmont Human Services Center, are funded as Intermediate Care Facilities for the Mentally Retarded (ICF's/MR). Three facilities, Montana Veterans Center, Montana Center for the Aged and Galen State Hospital are funded as Nursing Facilities (NFs). Warm Springs State Hospital is the state's only Institution for Mental Diseases (IMD). The state's ICF's/MR and Warm Springs State Hospital are funded through a cost-based reimbursement system. The three nursing facilities are reimbursed through the regular nursing facility prospective rate system. The Medicaid budget includes only the federal funds for these programs.

Deletion of this program from the Medicaid budget would require the state to pay 100% of the costs incurred at these institutions or reduce the level of services available. Total revenue lost to the state would be approximately \$24,369,432 over the 1995 biennium.

**BASE FUNDING:**

Like other Medicaid services, institutional reimbursement is at the same federal state match ratio of approximately 29 percent state funds and 71 percent federal funds. However, the Department of Social and Rehabilitation Service is only appropriated the federal portion of the Medicaid reimbursement for institutions. The general fund match is appropriated to the Department of Corrections and Human Services.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Reimbursement	\$12,458,530	\$11,735,720	\$11,921,000	12,448,432

**MEDICAID SERVICES  
Nursing Homes**

**GOALS:**

- To ensure that quality nursing home services are provided in accordance with state and federal standards to the Medicaid eligible individuals who require them.

**BASE PROGRAM:**

The Medicaid nursing facility program provides reimbursement for short and long term nursing care to Medicaid eligible persons. During fiscal 1992, approximately 62 percent of the total number of nursing facility beds in the state were funded through the Medicaid program. Approximately 4,000 persons per month receive nursing facility services funded by Medicaid. Currently, 96 nursing home providers are certified as eligible to receive Medicaid reimbursement. These providers include public, private non-profit, and private proprietary organizations located in fifty-three of Montana's fifty-six counties and range in size from 6 to 278 beds.

Nursing facilities are reimbursed under a complex formula that establishes a fixed rate per day. In fiscal year 1992 SRS implemented a new reimbursement system for nursing facilities which incorporated facility costs and an inflationary index. The rate per day is calculated prospectively and incorporates such factors as property costs, direct nursing staff, and the severity of need of the individual residents of the facility, operating cost and an incentive component. In 1993 the department rebased the nursing facility reimbursement formula using 1991 Medicaid cost reports to establish reimbursement levels.

The 1993 reimbursement formula projects the average cost of nursing facility care to be \$75.43 per day while the average daily Medicaid rate is \$67.

The current 1994/1995 executive budget contains no new money for nursing facility reimbursement. The Montana Health Care Association is very interested in filing a Boren amendment law suit if the funding issue is not resolved regarding the adequacy of reimbursement rates.

The Medicaid nursing facility program is funded in part by a utilization fee on bed days reimbursed by third party payers. The fee began in 1992 at \$1/day and increased to \$2 in 1993. Federal law changes will result in a change in the mechanics of how the fee will be assessed. Starting in FY 1994 the fee must be imposed in a broad based manner to all payers.

In addition to the regular long and short term care, the nursing home program also includes funding for one privately operated Intermediate Care Facility for the Mentally Retarded (ICF/MR) as well as hospital "swing" beds that may be used to provide both acute hospital and longer term nursing care services.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Number of Bed Days	1,395,457	1,401,686	1,415,703	1,429,860

Note: A 1% increase in bed days is projected for FY 94 and FY 95.

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**MEDICAID SERVICES  
Inpatient Hospital**

**GOAL:**

- To ensure eligible Medicaid recipients receive appropriate inpatient hospital care in the most efficient and cost effective manner consistent with state and federal guidelines.

**BASE PROGRAM:**

Inpatient hospital services are services furnished to a Medicaid recipient under the direction of a physician or dentist in an inpatient hospital setting. "Inpatient" means a patient who is receiving professional services and board and room on a 24 hour basis.

Payment for in-state hospitals is made on the basis of a prospective payment system developed by the state and is based on the Medicare Diagnosis Related Group (DRG) system which classifies each inpatient stay into one of 473 groups. Additional payments are made to hospitals which serve a disproportionate number of Medicaid recipients or low income patients, for capital related costs, for medical(nursing) education related costs, and for extremely long or costly stays.

This prospective system was implemented in October of 1987. Since that time Medicare has performed five major revisions to its DRG system. Medicaid has not updated its system. A recently completed study of the hospital reimbursement system strongly recommends significant updates to the system, both to help Medicaid control escalating costs and to give the state a defensible, equitable system.

Medicaid guidelines under Title XIX of the Social Security Act require that payments "are reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities" and "assure that individuals eligible for medical assistance have reasonable access to inpatient hospital services of adequate quality". In the past, Montana has utilized a national market basket index to update rates to insure reasonable and adequate rates. Hospital rates were frozen in 1992 and 1993. An increase in the base rate is needed, along with other adjustments to the system in order to maintain compliance with Boren Amendment requirements.

Medicaid also utilizes out of state providers for certain services. These services include, but are not limited to, services not available in Montana (such as some levels of neonatal intensive care services) or services that are necessary or more cost effective to treat out of state.

The objectives of the Inpatient hospital program will be to provide recipients with necessary services and to implement changes that reduce

the administrative burden on both Medicaid and the providers. In FY 92, Medicaid reimbursed approximately 92,000 days of care for 15,666 recipients.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Number of Admissions	17,326	22,085	26,844	31,676

**MEDICAID SERVICES**  
**Inpatient Psychiatric Services**

**GOAL:**

- To ensure eligible Medicaid recipients receive appropriate inpatient psychiatric care in the most efficient and cost effective manner consistent with state and federal guidelines.

**BASE PROGRAM:**

Reimbursement is provided for services provided in an inpatient psychiatric facility which is devoted solely to the care of individuals under the age of 21 provided that:

1. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician;
2. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

To receive payment proposed services must be deemed medically necessary by the designated peer review organization both at admission and on an on-going basis throughout the stay. Reimbursement for services in state is at cost on a retrospective basis, subject to limits. Out of state providers are paid at a percentage of charges to approximate cost. Currently, there are four facilities certified to provide the above services in the state - Rivendell-Billings; Rivendell-Butte; Yellowstone Treatment Center-Billings and Shodair-Helena. Yellowstone Treatment Center provides less intensive treatment than the Rivendells and Shodair facilities. In addition, several out of state providers perform services to a limited extent.

Currently, parental income and resources are not considered in determining the financial eligibility of the individual admitted to a facility. This results in Medicaid being available to virtually any

child who is admitted. This results in parents who have the ability and willingness to pay for care not being required to. In addition, since Medicaid reimburses the cost of the services, the providers do not have the ability to earn a profit from private pay patients since almost all private pay patients become eligible for Medicaid during their stay.

The objective of this program is to provide medically necessary and appropriate care to Montana children.

The Department and DFS are currently examining the continuum of youth services and evaluating a case management model for this service. In addition, the department is examining the possibility of further limiting financial eligibility by considering family income and resources rather than only the resources of the child.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Reimbursement	\$10,612,699	12,076,367	13,350,000	14,480,694

**MEDICAID SERVICES**  
**Outpatient Hospital**

**GOAL:**

- To ensure eligible Medicaid recipients receive appropriate outpatient hospital care in the most effective and efficient manner consistent with state and federal guidelines.

**BASE PROGRAM:**

Outpatient services provided by hospitals under the direction of a physician or dentist may be either preventative, diagnostic, therapeutic, rehabilitative or palliative. "Outpatient" means a patient who is not receiving board, room and professional services on a 24 hour-a-day basis. Services are limited to emergency room services and services provided in a hospital that would also be covered by Medicaid in a non-hospital setting (i.e. outpatient surgery, physical therapy, etc.). A major goal of the Outpatient Hospital Program is to encourage hospitals to provide services to "traditional" inpatients in the less expensive outpatient setting whenever appropriate.

Reimbursement is on a retrospective cost basis. These services are becoming more widely used as medical technology and cost containment pressure increases. The Department (SRS) is requesting funding to study

outpatient reimbursement and to develop a system that would restrict the rate of growth in costs in this program.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Reimbursement	\$15,438,022	19,341,043	25,862,601	32,606,747
Units of service	416,428	431,003	N/A	N/A
Cost per service	\$16.12	16.75	N/A	N/A
No recipients	23,660	24,606	N/A	N/A
No providers	409	409	N/A	N/A

**MEDICAID SERVICES  
Physician Services**

**GOALS:**

- To provide diagnostic and treatment services to all recipients with acute or chronic medical or psychological problems. Treatment is provided to correct, restore or rehabilitate the individual's medical/psychological health status.

**BASE PROGRAM:**

Physician services are mandated under federal Medicaid statute. Medical care provided through a physician is provided to diagnose and/or treat acute or chronic physical or mental health problems.

Low rates of reimbursement by Medicaid have created difficulty in maintaining provider participation. The majority of fees for physician services are only 50% of customary charges. These low rates are resulting in increases in complaints regarding reimbursement and contributing to reduced willingness of physicians to accept Medicaid patients.

The federal government requires adequate and reasonable payment rates for obstetrical and pediatric physician services. This was recently adopted through the passage of the Omnibus Budget Reconciliation Act of 1989 (OBRA). During the 1993 biennium, the legislature raised Medicaid reimbursement rate for obstetrical care to 85 percent and for pediatric care to 80 percent of major insurance rates of reimbursement for these services respectively.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Units of service	829,305	1,013,652	1,187,660	1,247,043
Cost per service	\$25.22	\$35.88	\$35.91	\$37.71
Number providers	1,903	1,903	N/A	N/A

**MEDICAID SERVICES**  
**Drugs**

**GOAL:**

- To ensure eligible Medicaid recipients receive appropriate drugs services in the most effective and efficient manner consistent with state and federal guidelines.

**BASE PROGRAM:**

Outpatient drugs are an optional service under the Medicaid Program. These include prescription drugs and biologicals and antacids, laxatives and insulin that are available without a prescription. By providing medically necessary drugs and biologicals, Medicaid recipients are able to reach and maintain as meaningful and productive life as possible. Coverage of these services also can be a cost effective alternatives to other forms of treatment.

The objectives of the drug program is to provide services to children and to adults, provide technical assistance to providers and improve access to preventive care.

Medicaid has implemented a utilization review program (DUE CARE) on January 1993 that will improve quality and cost effectiveness.

The elimination of outpatient drug/pharmacy services could result in recipients acquiring these services through a more costly method such as physicians office, outpatient hospital, or emergency services. The elimination of drugs could also result in recipients becoming sicker and requiring more expensive inpatient hospital or long term care services. Physicians and other practitioners could also become frustrated at not being able to obtain drugs to maintain their patients at home and in the community.

Numerous options could be considered such as, limiting the number of drugs purchased each month; limiting the dollar amount a recipient would have available for purchase of drugs each month. A few types of drugs can be eliminated. However, other states that have done this have experienced shifting costs to more expensive settings.

Medicaid Drug Utilization Review (DUR) Programs have been used in other states to improve the quality and cost effectiveness of drug therapy rendered to Medicaid recipients. A DUR Board composed of three pharmacists and three physicians is in place. The Board examines Medicaid recipients' medical services profiles to identify potential concerns.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Recipients	56,573	62,796	69,703	77,371
Services (Approx)	848,599	941,945	1,043,559	1,160,570
Providers	374	384	NA	NA

**MEDICAID SERVICES  
Dental Program**

**GOAL:**

- To ensure eligible Medicaid recipients receive appropriate dental services in the most effective and efficient manner consistent with state and federal guidelines.

**BASE PROGRAM:**

The dental services program provides dental services to eligible recipients through licensed and enrolled providers. Dental services include preventive, restorative and emergency services necessary for maintaining dental and general health. Services are provided by licensed dentists or dental hygienists under the direct supervision of a dentist. Dentures may be provided by a licensed denturist when they are prescribed by a dentist. The program contracts with dental consultants to review and authorize selected dental procedures.

The objectives of the dental program are to provide services to clients, provide technical assistance to providers and improve access to preventive dental care to children.

Dental services are federally mandated for children and can not be eliminated. If adult dental services were eliminated, the dental and general health of low income adults, including developmentally disabled and nursing home recipients, will suffer due to lack of access to dental care. Nursing homes must assure access to dental care for their patients so the elimination of adult dental services would result in a shift of the dental costs to the nursing home program.

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**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No service (children)	41,423	47,456	49,829	
No service (adults)	76,929	88,400	92,820	
No children served	10,161	NA	NA	
No adults served	10,106	NA	NA	
No providers	450	NA	NA	

**MEDICAID SERVICES  
Other Practitioners**

**GOALS:**

- To provide a range of medically necessary professional therapy services that will assist eligible Medicaid recipients to remain in the home or community in the most cost effective and efficient manner consistent with state and federal guidelines.

**BASE PROGRAM:**

Deletion of these optional services would restrict access to necessary health care and some recipients may seek the services needed from providers who may be more expensive sources of care, such as nursing homes, hospital outpatient services and home health agencies.

Nurse specialists services are federally mandated services and cannot be eliminated.

All services in the Other Practitioner Services program are federally mandated for children under the age of 21 in compliance with the EPSDT changes mandated by OBRA 89.

The following is a list and brief description of each of the other practitioner services currently available under Montana's Medicaid program.

**Audiology:**

Audiology services includes hearing aid evaluation and basic audio assessment provided by a licensed and enrolled audiologist to eligible recipients with hearing disorders.

The objectives of the audiology program are to provide children and adults with audiological services, to provide technical assistance to 50 providers and to expand services to include hearing testing for children with communication disorders.

Nurse Specialist:

The nurse specialist services program covers services provided by licensed and enrolled nurse midwives, nurse practitioners and nurse anesthetists. Services include primary health care services for the treatment of acute or chronic illnesses as defined within the nurse practice act.

Physicians Assistants

Physician Assistant services are provided by Physician Assistants under the supervision of Supervising Physicians and include obtaining medical histories, comprehensive physical examinations, minor surgical procedures and counseling on preventive health care topics. These services will vary with the individual protocols established between the Supervising Physician and the Physician Assistant. There are currently 30 physician Assistants enrolled in the Medicaid program.

Occupational Therapy:

Occupational therapy services are provided by licensed occupational therapists who are enrolled in the Medicaid program or certified occupational therapy assistants under the direct supervision of a licensed occupational therapist. Occupational therapy services are medically directed treatment of physically and/or medically disabled individuals by means of constructive activities designed and adapted to restore useful function for eligible recipients.

Nutrition Services:

Nutrition services are medical services related to the care and treatment of dietary problems. Nutrition services may include screening, assessment, counseling, consultation, education, and related services. Nutrition services may be provided only by a licensed or registered Nutritionist or Dietician. Reimbursement is limited to medically necessary services rendered to Medicaid eligible individuals under the age of 21.

The objectives of this program are to comply with the requirements of OBRA '89 by providing services to children under the Kids Count (EPSDT) program, and to provide technical services to enrolled providers.

Respiratory Therapy:

Respiratory therapy services are medical services related to the care and treatment of the human respiratory system. Under the Medicaid program respiratory therapy services may be provided only by a licensed Respiratory Care Practitioner. Reimbursement is limited to medically necessary services rendered to Medicaid eligible individuals under the age of 21. Respiratory therapy is an expansion mandated by OBRA '89, and was implemented July 1, 1992.

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The objectives of this program are to comply with the requirements of OBRA '89 by providing services to children not in a hospital setting under the Kids Count (EPSDT) program, and to provide technical services to enrolled providers.

#### Private Duty Nursing Services:

Private Duty Nursing Services are services provided by a registered nurse or licensed practical nurse to a non-institutionalized patient under the age of 21 requiring care for conditions of such medical severity or complexity that skilled nursing care is necessary. Private Duty Nursing Services include skilled nursing services provided by a registered or licensed practical nurse, and patient specific training provided to a registered nurse or licensed practical nurse. Private Duty Nursing for non-institutionalized patients under 21 is an expansion mandated by OBRA '89, and was implemented September 1991.

The objectives of this program are to comply with the requirements of OBRA '89 by providing services to children under the Kids Count (EPSDT) program, and to provide technical services to enrolled providers.

#### Chemical Dependency Treatment:

Chemical dependency treatment services are medical services related to the care and treatment of patients who are addicted to alcohol or drugs. Chemical dependency treatment services may be provided only by a facility approved by the Montana Department of Corrections and Human Services. Chemical dependency treatment services may include intensive outpatient, basic outpatient, and aftercare. When an eligible child receives outpatient chemical dependency treatment, and the certified chemical dependency counselor consults with the parent as part of the child's treatment, the consultation is also a reimbursable service.

Outpatient chemical dependency treatment must be determined appropriate by a certified chemical dependency counselor. Reimbursement is limited to medically necessary services rendered to Medicaid eligible individuals under the age of 21. Chemical dependency treatment is an expansion mandated by OBRA '89, and was implemented July 1, 1992.

The objectives of this program are to comply with the requirements of OBRA '89 by providing services to children under the Kids Count (EPSDT) program, and to provide technical services to enrolled providers.

#### Chiropractic Services:

Chiropractic services are offered to Medicaid children under the age of 21. Chiropractic services are limited to treatment by means of manual manipulation of the spine, and x-rays to support the diagnosis of subluxation of the spine. Services must be provided by a licensed chiropractor in accordance with the laws of the state in which he or she is practicing. Reimbursement is limited to medically necessary services rendered to Medicaid eligible children under the age of 21.

Chiropractic services is an expansion mandated by OBRA '89, and was implemented July 1, 1992.

The objectives of this program are to comply with the requirements of OBRA '89 by providing services to children under the Kids Count (EPSDT) program, and to provide technical services to enrolled providers.

#### Optometric:

The optometric services program provides routine eye care to determine the need for corrective lens, visual training, treatment of diseases of the eye and eyeglasses or contact lens. Services are provided by licensed and enrolled optometrists.

The objective of the optometric services program are to provide services to children and adults who require this service, provide technical services to the 250 providers and to provide medically necessary services to children under the Kids Count (EPSDT) program. In 1992 the program served 371 children and 691 adults.

#### Physical Therapy:

Physical therapy services are provided by licensed and enrolled physical therapists and their assistants to eligible Medicaid recipients. Physical therapy services include evaluation, treatment and instruction to limit or correct physical disability, bodily malfunction and bodily and mental disability.

The objectives of the physical therapy program will be to provide services to children and adults who require this service, provide technical services to the 70 enrolled providers and expand the number of services to children. In 1992 the program served 519 children and 964 adults.

#### Podiatry:

The podiatry service program is provided by licensed and enrolled podiatrists who treat eligible recipients with foot and ankle problems. The podiatry services program includes treatment for the amelioration of pain and suffering and maintenance of ambulation. Podiatry service also includes medical care, surgery, prosthesis and other services related to the treatment of the ankle and foot.

The objective of the podiatry program is to treat clients, provide technical assistance to 30 enrolled podiatrists, and to improve the access to care to recipients in remote areas of the state and to eligible children in need of the service.

#### Licensed Professional Counselors

The Licensed Professional Counselors program includes the provision of individual therapy, group therapy, family therapy, appraisals and

consultation services. Services are provided by licensed and enrolled clinical Licensed Professional Counselors.

The objectives of the licensed professional counselors program is to provide services to children and adults, to provide technical assistance to enrolled providers and to improve the access to care for those recipients residing in remote areas of the states.

#### Psychological Services:

The psychological services program includes the provision of psychological testing and consultation, individual, group and family services to eligible recipients. Services are provided by licensed and enrolled clinical psychologists. The objectives of the psychological services program are to treat children and adults, provide technical assistance to enrolled providers and to improve the access to care to recipients in remote areas of the state.

#### Social Work Services:

Social work services are provided by licensed and enrolled social workers to eligible recipients in need of counseling services. Social worker services include consultation, individual, group and family therapy services necessary to the treatment of mental diseases.

The objectives of the social work services program is to provide services to children and adult recipients, to provide technical assistance to enrolled providers and to improve the access to care for those recipients residing in remote areas of the state.

#### Speech Therapy:

Speech therapy services are provided by licensed and enrolled speech therapists to eligible Medicaid recipients. Speech therapy services include diagnostic, screening and corrective procedures performed by qualified speech pathologists to detect, assess, prevent, correct and alleviate speech and language disorders.

The objectives of the speech therapy services program are to provide services to children and adults, provide technical assistance to the approximately 35 speech therapists, and to increase the number of hours of services available to children.

#### **PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Average Cost Per Service	\$11.56	11.13	10.35	10.02

**MEDICAID SERVICES DIVISION**  
**Other Services**

**GOAL:**

- To provide a range of medically necessary services that will assist eligible Medicaid recipients to remain in the home or community in the most cost effective and efficient manner consistent with state and federal guidelines.

**BASE PROGRAM:**

Family planning, sterilization and lab and x-ray services are mandatory services which a state must offer if they choose to participate in Medicaid. All of the other services listed in the "other Medicaid services" category are optional services with respect to adults. This means that the state Medicaid program may choose to provide these services if they wish. These services are mandatory, however, with respect to children under the Early Periodic Screening, Diagnostic and Testing Program (EPSDT). These services may be categorized as services which provide for a specific need such as eyeglasses or hearing aid services, or as services which are alternatives to more costly institutional care, such as home health or personal care services.

Other Medicaid Services includes the following medical services:

Clinic Services

Clinic services are preventative, diagnostic, therapeutic, rehabilitative, or palliative services provided on an outpatient basis by a facility that is not part of a hospital, but is organized and operated to provide medical care. Clinic services may be provided in mental health centers, diagnostic centers, and/or surgical centers. Public Health Clinics, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC). (Rural Health Clinics may be "provider based", that is, part of a hospital.)

Clinic services are intended to provide medical treatment on an outpatient basis rather than in a hospital setting which would be more costly. The services are intended to meet a specific medical need.

The objectives of the clinic services during the 1995 biennium will be to provide services to children and adults, provide technical assistance to providers and to maintain access to care.

Personal Care Services

These services are medically necessary in home services provided to persons whose chronic health problems cause them to be functionally impaired in performing activities of daily living such as personal

hygiene, administration of medication, meal preparation and home management. Personal care services are intended to prevent or delay institutionalization in a nursing home by providing maintenance or support services in the home.

The objectives of the personal care program will be to provide services to approximately 91 children each month and approximately 1184 adults each month, provide technical assistance to providers, and to maintain access to care.

#### Durable Medical Equipment

This category includes disposable medical supplies, durable medical equipment which has an extended useful life and prosthetic devices. These items are intended to meet the medical needs of individuals based on specific diagnosis in a cost effective manner. Some items such as oxygen are provided on a on going basis while other items such as the rental of medical equipment continue until the medical need has been resolved.

The objectives of the durable medical equipment program will be to provide services to children and adults, provide technical assistance to 126 providers and to maintain access to care. Medicaid is implementing volume purchasing for wheelchairs in an effort to obtain discounts on major equipment.

#### Home Health Services

Home Health services include nursing and therapy services provided by a licensed home health agency. These services are provided to individuals who are home bound and are not able to receive services in the community. These services are intended to maintain the individual in his or her own home or residence and to prevent institutionalization in a nursing home.

The objectives of the home health program will be to provide services to children and adults, provide technical assistance to the 42 providers and to maintain access to care.

#### Ambulance and Transportation

Ambulance services provide medical care and transportation of the sick or injured in a vehicle that is specially designed, staffed, and equipped with customary medical care equipment and supplies required by law. Ambulance services are intended for emergency life threatening situations.

Transportation services include mileage and per diem to individuals who must travel in order to receive medical treatment.

The objectives of the ambulance and transportation program will be to provide services to children and adults, provide technical assistance to

providers and to maintain access to care.

#### Home Dialysis

This service is provided to individuals with end-stage renal disease. Equipment and training of care-givers for kidney dialysis and to maintain the person at home. The major alternatives to this care are inpatient hospitalization or outpatient hospital care.

The objectives of the home dialysis program will be to provide services to children and adults, provide technical assistance to providers and to maintain access to care.

#### Hearing Aids

This service provides devices or instruments used to compensate for a hearing loss. This program is intended to maintain a person's ability to hear, communicate, and to be aware of his or her surroundings. The objectives of the hearing aid program will be to provide services to children and adults, provide technical assistance to 40 providers and to maintain access to care.

#### Eyeglasses

This service provides eyeglasses which include lens and/or frames prescribed by a physician or by an optometrist. This program is intended to correct visual problems of persons with impaired vision. Medicaid has implemented a volume purchasing contract to obtain discounts and improve the quality of service provided.

The objectives of the eyeglasses program will be to provide services to children and adults, provide technical assistance to providers and to maintain access to care.

#### Family Planning and Sterilization

Family planning services are designed to help a recipient make an informed choice about having a child and prevent unwanted pregnancies. These services are available without limitation and may include prescribed drugs, the services of a physician, or services provided by a local delegate of the family planning program of the Department of Health and Environmental Sciences. Services include physical examination, counseling, ordering of laboratory tests, prescriptions and other medically necessary services appropriate to family planning.

The objective of the family planning and sterilization program will be to provide services to children under the age of 21 and adults, provide technical assistance to providers and to maintain access to care.

### Targeted Case Management

Case management is one of the methods of human service delivery which emphasizes working with and through service providers to achieve a certain goal. It entails planning and coordinating care and services to meet individual needs and maximize access to necessary medical, social, nutritional, educational and other services. The individuals served must be eligible for Montana Medicaid. Montana targets the following four groups:

#### High Risk Pregnant Women

Pregnant women whose pregnancy outcomes are considered high risk. The case management provider must meet certain criteria and be approved by the Department of Social and Rehabilitation Services.

The major goals of this Program are to:

1. reduce infant mortality and morbidity;
2. ensure provision of comprehensive services to pregnant women and their infants; and
3. assist pregnant women and caretakers of infants in meeting priority needs that affect their well-being and that of their families.

The primary reason for including case management for this target group is to help remove two major barriers that negatively affect pregnancy outcomes. They are:

1. fragmentation and lack of coordination in service delivery; and
2. lack of patient knowledge of and ability to successfully access the health care system.

Reducing the incidence of high risk pregnancies, thus high cost infants, reduces Medicaid Program expenditures.

#### Individuals Age 16 & Over With Developmental Disabilities

These individuals are at least sixteen years old and have a developmental disability. The case manager must be employed by or under contract with the Montana Department of Family Services.

#### Adults With Severe and Disabling Mental Illness

These individuals are at least eighteen years old, have severe mental illness and ongoing functional difficulties because of mental illness. These services help reduce costly hospital stays and improve quality of life for the clients and their families. Services must be provided by a licensed mental health center (or other approved provider) under contract with the Montana Department of Corrections and Human Services.

### Youth With Severe Emotional Disturbance

These children are less than eighteen years old (or are Less than twenty-one years old and being served by an education agency) and have severe emotional disturbance(s). The case management services must be provided by a licensed mental health center (or other approved provider) under contract with the Montana Department of Corrections and Human Services.

### Lab and X-Ray

Laboratory and x-ray services serve to help the physician diagnose and treat a medical condition. These services must be ordered by a physician or be done under the direction of a physician for diagnostic purposes. Lab tests must be done by a licensed laboratory.

The objective of the lab and x ray program will be to provide services to 282 children and 525 adults, provide technical assistance to providers and to maintain access to care. New federal regulations for certification of labs (CLIA) will impact the number and cost of services reimbursed under this program in the next biennium.

### Hospice

The Medicaid Hospice program provides health and support services to terminally ill individuals and their families. Hospice care is an approach to treatment that, recognizing the impending death, focuses on palliative rather than curative care. The hospice seeks to help the individual and those close to the person come to terms with the terminal condition (6 months or less) and live the remaining life as fully as possible.

Individuals who elect to receive hospice services also must waive certain other Medicaid services such as those services which are related to the treatment of the terminal illness. The Medicaid program realizes savings via hospice services because the cost of medical services waived are almost always greater than the cost of hospice services alone. For example, a person dying of cancer may elect the hospice option and receive primarily pain management services instead of inpatient hospital services, chemotherapy, etc.

### **BASE FUNDING:**

Funding for Family Planing and Sterilization is currently 90% federal funds and 10% general funds. These funding amounts are anticipated to remain the same for the next biennium. The other services listed above are funded at approximately 71% federal funds and 29% state general funds.

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**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Units Service Child	976,764	1,010,951	NA	NA
Units Service Adult	1,813,991	1,877,481	NA	NA
Cost per Service	\$4.99	\$5.22	\$5.14	\$5.24

**MEDICAID SERVICES**  
**Pregnant Women and Children Program**

**GOALS:**

- To ensure appropriate pregnancy related services are available and accessed by low income women in the most cost effective and efficient manner consistent with state and federal guidelines.

**BASE PROGRAM:**

The pregnant women and children program provides pregnancy related services to women who would not otherwise qualify for Medicaid but whose income is at or below 133% of the federal poverty level. It also provides full Medicaid benefits to infants of these women up to one year of age.

The Pregnant Women and Children program is a mandated service as a condition of participation in the federal Medicaid program. Deletion of this program would result in restricted access to pre-natal and post-partum care for many high risk pregnant women which might result in more complicated and expensive care at a later date.

The objectives of the Pregnant Women and Children program during the 1995 biennium are to provide services to an additional 238 women and 119 infants in FY 90, and 238 women and 238 infants in FY 91.

**AUDIT AND PROGRAM COMPLIANCE**  
**Program Summary**

**OVERVIEW:**

The Audit and Compliance Bureau performs financial audits, conducts quality control reviews, and makes financial recoveries for the department. Financial audits are conducted on a periodic basis of all programs administered by SRS. Quality control reviews are conducted on selected AFDC, Food Stamp, and Medicaid cases to assure compliance with state and federal laws and regulations. Through contract with the Department of Revenue, the program also seeks to recover misspent funds and reduces welfare fraud.

**AUDIT AND PROGRAM COMPLIANCE**  
**Audit Unit**

**GOALS:**

- To insure the integrity of financial operations of all programs administered by SRS and to insure all programs administered by SRS are in compliance with applicable state and federal regulations.

**BASE PROGRAM:**

Audits of Developmental Disabilities providers, food stamp issuance agents, low income energy assistance contractors, Commodity Program, Medicaid case management teams, weatherization contractors, the First Check System, Vocational Rehabilitation providers and state assumed counties are conducted as frequently as is required by federal regulations or as good business practice demands. Audits determine allowability of expenditures, compliance with contract terms, accounts due the department when appropriate, and in most instances, adequacy of internal controls.

**BASE FUNDING:**

The Audit unit is funded through a combination of state and federal funds. The federal funding sources include Medicaid, Low Income Energy Assistance Program, AFDC, US Department of Agriculture, federal Department of Education, and other small federal contracts.

Deletion or significant reduction of the audit unit would eliminate the Department's ability to complete required audits. Since the audit functions are mandated by federal requirements, elimination of their activity would cause fiscal and non-compliance sanctions to be assessed against the Department's programs.

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Additionally, over the past several years audits have resulted in significant cost savings to the department as well as a great improvement in the accounting and compliance systems of the department's contractors.

**PERFORMANCE INDICATORS:**

Perform the number of audits indicated for each of the following programs:

	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Vocational Rehab	2	2	2
Vocational Rehab(Desk Review)	4	4	4
Case Management	3	5	5
Developmental Disabilities	5	5	5
Dev. Disab. (Compliance)	6	6	6
Dev. Disab. (Desk Review)	26	30	40
Food Stamps	0	0	0
Family Assist. A128/A133 Reviews	25	25	25
State Assumption	7	5	6
First Check System*	18	19	19
Commodities	2	2	2
Medicaid Program	3	3	3
Nursing Home Reviews	6	8	8
<b>TOTAL</b>	<b>107</b>	<b>114</b>	<b>125</b>

\*First Check System audits were done in conjunction with Food Stamp audits (for FY 92 only).

**AUDIT AND PROGRAM COMPLIANCE**  
**Compliance Unit**

**GOAL:**

- To maximize collection of third party liability due the State and to complete quality control and medicaid utilization reviews and reporting requirements in an accurate and timely manner.

**BASE PROGRAM:**

Quality Control samples AFDC, Food Stamp, and Medicaid cases for compliance with Federal and State eligibility rules and reports findings to the Federal government via the Federal integrated quality control reporting system. Quality control error rates are compared to established federal standards with possible federal fiscal sanctions

assessed when the error rate exceeds the standard. Quality Control findings are also used as a management tool to assist program managers in administering their programs.

Surveillance and Utilization Review monitors the use of the Medicaid program by both recipients and provides and initiates appropriate actions to recover misspent Medicaid dollars and remove or restrict providers and recipients who have abused the program.

Third Party Liability is engaged in two areas of the Medicaid program. First, cost avoidance assures that responsible third parties, including Medicare, pay their share of medical services before Medicaid is billed. Secondly, if Medicaid has paid the bill and a liable third party is discovered, a process known as Pay and Chase is used to collect that amount due Medicaid.

Claims Processing Assessment System (CPAS) reviews samples of provider claims processed by the Medicaid Management Information System (MMIS) to assure claims are processed properly and to identify areas requiring correction or additional attention.

The Fraud and Recovery Unit collects monies resulting from client abuse and overpayment in the AFDC, Food Stamp, Medicaid, LIEAP, and Weatherization programs.

This unit also performs fraud screening and refers cases to the Department of Revenue for investigation and possible criminal prosecution or recommends an administrative hearing.

Deletion of the Compliance Section will eliminate the Department's ability to meet minimum federal requirements in the areas of Quality Control reviews, Medicaid Third Party Liability Recoveries, Public Assistance Fraud Detection and Overpayment collection, and Surveillance and Utilization reviews for Medicaid recipient and provider abuse. Not only will the elimination of this unit cause the state to be subject to non-compliance and fiscal sanctions but also it would seriously reduce recovery and collection efforts that net the state many more dollars than this unit costs.

#### **BASE FUNDING:**

This unit is funded through a combination of general funds and Federal funds. Federal funding sources include Medicaid, AFDC, the US Department of Agriculture, and the federal Department of Education.

#### **PERFORMANCE INDICATORS:**

##### Quality Control

1. To complete Quality Control reviews of 700 AFDC cases, 800 Medical

cases and 1,000 Food Stamp cases during the biennium.

2. To provide information to Program Managers in a manner and format that will allow them to pursue appropriate corrective actions.

## Surveillance and Utilization Review

1. Realize cost savings to Medicaid of \$100,000 yearly through recipient utilization control measures and \$175,000 yearly through provider recoveries; provide a deterrent factor for Medicaid provider and recipient fraud.

### Third Party Liability

1. To recoup or avoid payment of approximately \$70 million in Medicaid funds through Pay and Chase and Cost Avoidance during the biennium.

# Claims Processing Assessment System

1. Review 150 medical claims a month to identify and evaluate deficiencies and problems in the Medicaid Management Information System claims processing activities, and provide data for corrective action and improvements.

## Fraud and Recovery

1. To recover approximately \$1,500,000 from Food Stamps, AFDC and Medical overpayment during the biennium.
2. To disqualify approximately 350 Food Stamp recipients annually through Administrative Disqualification Hearings.

## AUDIT AND PROGRAM COMPLIANCE

### Fraud Investigations

### GOALS:

- To reduce the amount of welfare fraud and abuse through aggressive investigation of all allegations of improper use of welfare programs and resources.

**BASE PROGRAM:**

The Office of Investigations (DOR) through agreement with SRS is responsible for performing the criminal and regulatory investigative functions required by State and Federal statute. Specific areas of responsibility include public assistance and fraud investigations.

The office is responsible for conducting a statewide program of investigation and referral for prosecution of violations regarding fraudulent claims to the Medicaid program, fraudulent receipt of Aid to Families with Dependent Children, fraudulent applications for Food Stamps, and illegal sales and acquisition of Food Stamps.

Elimination of welfare fraud investigative functions would subject the State to possible federal fiscal non-compliance sanctions. The state would also lose any deterrent factor it currently has so the incidence of welfare fraud would dramatically increase.

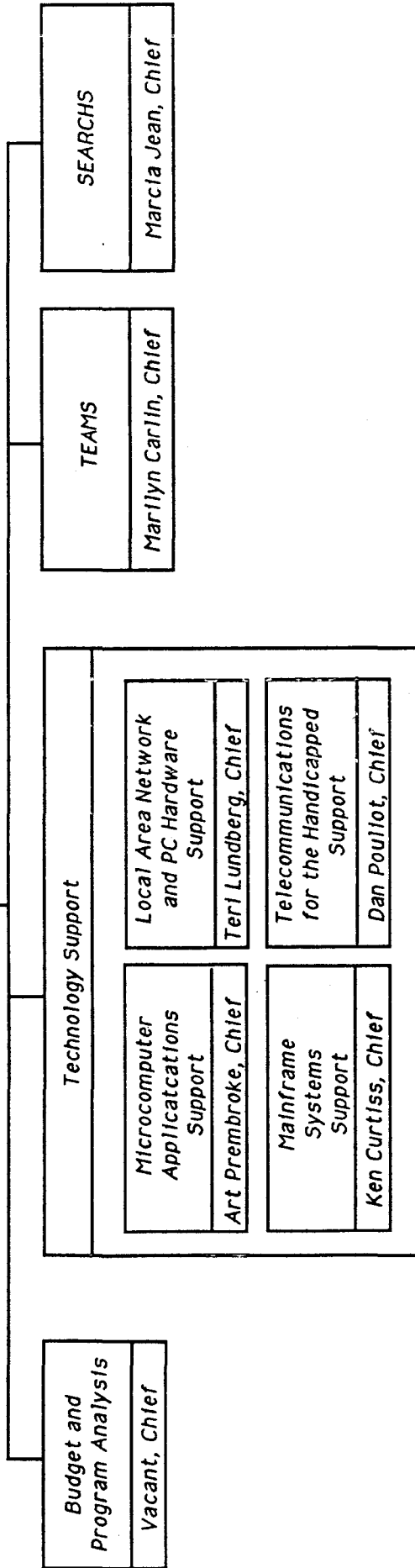
**BASE FUNDING:**

This control variable is provided through a contract with the Montana Department of Revenue. SRS provides the Federal funds, for each year of the '95 biennium. Those funds are matched with state General fund monies by the Department of Revenue in funding their activities in their Fraud and Investigation Unit.

**PERFORMANCE INDICATORS:**

	<u>FY 1992</u>	<u>FY 1993</u>	<u>FY 1994</u>	<u>FY 1995</u>
Fraud Cases to Prosecution	45	55	65	70
Open Medicaid frauds	3	3	3	4

OFFICE OF MANAGEMENT ANALYSIS & SYSTEMS
Mike Billings, Director



**OFFICE OF MANAGEMENT ANALYSIS & SYSTEMS**  
**Program Summary**

**OVERVIEW:**

The Office of Management Analysis and Systems (OMAS) was created through Department reorganization in the 1991 Biennium to administer the Department's budget management process and automated information systems, and to coordinate the development and implementation of two statewide computer systems - TEAMS and SEARCHS. The Montana Telecommunications Access Program (MTAP) is administratively attached to the Department of SRS through the Office of Management Analysis & Systems.

**OFFICE OF MANAGEMENT ANALYSIS & SYSTEMS**  
**Program Administration**

**GOALS:**

- To provide accurate and timely analysis of the department's budget.
- To provide statistical analysis of the various benefit programs administered by the department, allowing appropriate adjustments of targeted program resources.
- To manage the development, implementation and operation of automated information processing systems for the Department.

**BASE PROGRAM:**

The Budget and Program Analysis Bureau coordinates and administers the budget process for the Department, including the Executive Planning Process. The Bureau also makes projections and monitors the budget of the major benefit programs (Medicaid, AFDC, General Assistance, State Medical, etc.) and produces the Department's statistical bulletins and reports.

The SRS Microcomputer Technology Center provides support for SRS microcomputer networks, workstations and peripherals. This support includes managing SRS Networks (8 currently), providing hardware, software and communication support for TEAMS microcomputers and repair of SRS microcomputers as time permits. This unit is a liaison with Department of Administration's ISD.

The Microcomputer Applications and System Support Bureau provides microcomputer software development support for SRS. Primary emphasis is on developing cost efficient applications for microcomputers which includes new development as well as redesigning mainframe applications to run wholly or partially on individual microcomputers to increase

staff efficiency and provide cost savings. Maintenance support for existing microcomputer applications is also provided to the Department as well as disaster recovery planning.

The Data Processing Bureau provides support for operation, development, enhancement and maintenance of computerized information systems for the Department of SRS. The Systems and Programming Section provides systems analysis, systems design, computer programming, systems testing and technical assistance for mainframe computer applications.

#### **BASE FUNDING:**

The funding for OMAS Administration is estimated to be 36% general fund, 4% county funds, 4% Child Support Enforcement funds and 56% federal funds.

#### **PERFORMANCE INDICATORS:**

- Produce the Department's biennial Executive Budget.
- Produce monthly Department wide budget status reports.
- Produce 12 monthly statistical bulletins and one annual report.
- Complete the analysis and design phases of the Client Database System redesign.
- Implement Phase 3 of the JOBS information system, including electronic interfaces between the Department's IV-A system (TEAMS), Department of Labor and Industry wage match files and State Workers Compensation files.
- Provide technical support for 12 microcomputer systems.
- Provide technical support for 20 mainframe computer systems.
- Provide technical support for 900+ microcomputers located statewide.
- Provide technical support and training on the 8 local area networks located in Helena, Butte, Missoula, Billings and Great Falls. Five of these networks will be used with SEARCHS.
- Control access to confidential data located on the State's mainframe and on SRS networks.
- Evaluate the use of appropriate technology (imaging, voice response unit) as a means of increasing productivity.
- Expand the SRS training program to include mainframe applications and appropriate microcomputer usage.

OFFICE OF MANAGEMENT ANALYSIS & SYSTEMS  
SEARCHS Project

**GOALS:**

- To develop and install a computer system that is federally certifiable for the Child Support Enforcement (CSE) Division and that will provide timely and accurate information for tracking program and worker performance with the goal of enabling management to improve the efficiency and effectiveness of the CSE program.

**BASE PROGRAM:**

The SEARCHS Project objectives include the transfer, development, implementation and operation of a federally certifiable statewide, automated comprehensive Child Support Enforcement system. The system is required to meet federal certification criteria and will support the Child Support Enforcement Division operations by providing fiscal and statistical data necessary to meet federal reporting requirements and allow CSED managers to measure both overall program and individual caseworker performance.

**BASE FUNDING:**

The SEARCHS development project is funded with enhanced federal funds at a match rate of 90% federal funds and 10% from the child support enforcement enterprise fund. Once implemented statewide, SEARCHS operations will be funded at the regular IV-D match rate of 66% federal funds and 34% from the child support enforcement enterprise fund.

**PERFORMANCE INDICATORS:**

SEARCHS is being implemented in two stages. Stage I consists of approximately two-thirds of the system modules and Stage II consists of the remaining one-third. The programming and testing of SEARCHS Stage I modules is currently underway. Stage I modules will be piloted in March 1993 with statewide implementation of those modules scheduled for June 1993. Implementation of Stage II modules will be completed in September 1993. The request for federal certification of the SEARCHS system will be completed during SFY94.

OFFICE OF MANAGEMENT ANALYSIS & SYSTEMS  
TEAMS Project

**GOAL:**

- To continue to maintain and enhance TEAMS for the purpose of providing a system that accurately determines program benefits, reduces paperwork, improves efficiency, maintains quality of service and provides management information.

**BASE PROGRAM:**

TEAMS is a state wide computer program system designed to assist in eligibility determination, benefit calculation and issuance of Aid to Families With Dependent Children, Food Stamps, and Medicaid. TEAMS is the end product of a successful information systems development and implementation project. It is one of the few systems of its kind in the nation to come in on time and under budget.

There are approximately 455 TEAMS users located in offices throughout the State. The implementation of TEAMS brought dramatic change to the way business is conducted in local county offices. Automation has streamlined the eligibility determination process by eliminating manual calculations and significantly reducing paperwork. TEAMS is a complex system with three major subsystems: Client Certification, Financial Management and Control, and Management Information and Control. In addition, there are several interfaces that exchange data with other programs, such as the Child Support Enforcement Program, Department of Labor Worker Compensation and Unemployment Programs, Internal Revenue Service and Social Security Administration programs.

The objectives of the TEAMS activity are:

- to provide eligibility technicians the ability to automatically determine AFDC, Food Stamp and Medicaid eligibility and calculate benefits;
- to provide automated program financial and management information in an accurate and timely manner;
- to interface with other systems to verify client eligibility factors and pass data to other program areas;
- to build a system that will facilitate maintenance and accommodate future changes cost effectively;
- to provide a system that enables eligibility technicians to be more productive, resulting in real economic benefits to the Department;
- to provide a system that ensures consistency of the application of

welfare policy and accuracy and timeliness of benefit determinations and payments.

**BASE FUNDING:**

The TEAMS activity is funded with state general funds and federal funds from the Department of Agriculture and the Department of Health and Human Services. Funding for TEAMS operations and administration is matched at 50%. The Administration for Families and Children provides 90% funding for computer processing charges for AFDC program functions.

**PERFORMANCE INDICATORS**

TEAMS will assist in maintaining error rates at or below federal tolerance levels.

TEAMS will continue to provide a streamlined method of eligibility determination which reduces paperwork and redundancy of effort.

TEAMS will continue to be responsive to users' needs by providing help desk assistance to field an average of 350 calls per week.

TEAMS will continue to be responsive to users' needs by maintaining the system as necessary in order to ensure accurate and timely benefit delivery.

TEAMS will continue to keep pace with current policy through the implementation of requested enhancements.

TEAMS will continue to be responsive to users' needs by providing basic training to new users and ongoing advanced training to experienced users.

The TEAMS to IV-D interface will allow for an increase in the amount of third party payments received from absent parents.

TEAMS will continue to facilitate the recovery of overpayment through an automated tracking and recovery component.

TEAMS will continue to prevent duplicate issuances within the State.

**OFFICE OF MANAGEMENT ANALYSIS & SYSTEMS  
Montana Telecommunications Access Program (MTAP)**

**OVERVIEW:**

The Montana Telecommunications Access Program (MTAP) was established during the 89 legislative session through HB 614. The program provides

specialized telephone equipment and statewide telephone relay services, making it possible for persons who are hearing or speech impaired to use the telephone.

Administration of the program is the responsibility of an eleven member telecommunications committee appointed by the Governor. Committee members consist of professionals from government, business, regulated telecommunications services and hearing or speech impaired individuals.

The program is administratively attached to the Department of Social and Rehabilitation Services and is funded by a ten cent monthly fee assessed on all telephone customers statewide.

**GOAL:**

- Implementation of a telephone access service for the potential 26,000 hearing and speech impaired Montanans. The service uses oral and print translation through live or automated TDD equipment, computers and relay service.

**BASE PROGRAM:**

Administration. Includes a program director, equipment and distribution manager and administrative assistant (3 FTE) plus travel and per diem expenses for eleven (11) committee members for approximately six (6) meetings per year. Also included are fees for secondary trainer, sign language interpreters, captioning services, publications, publicity, photocopy and building rent.

TDD Equipment and Distribution Services. Equipment and distribution services will continue during the 95 biennium. There were 700 placements made during the first two years of the program. The same level is anticipated during the 95 biennium. These expenses reflect placement of new equipment, as well as repair and maintenance on existing equipment.

Telephone Relay Service. Costs recorded here will consist of the monthly fee paid to the service contractor for relay service. Costs to the contractor include long distance toll-free access charges to the relay center (located in Norton, Virginia) from Montana. Other major costs include telephone lines, labor, building rent and operator terminals.

**BASE FUNDING:**

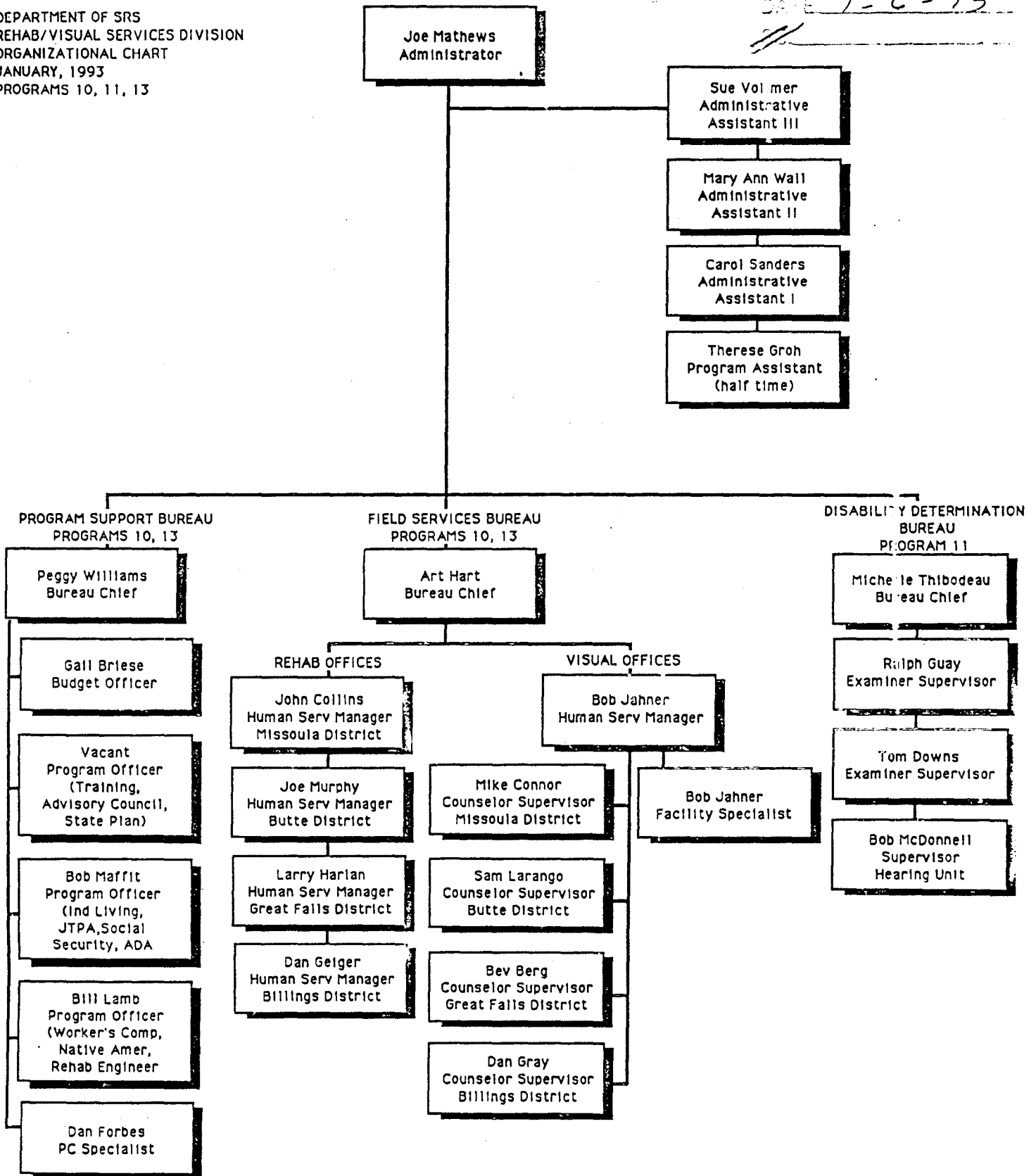
Funding is derived from a ten (10) cent monthly assessment on all telephone customers in Montana. Assessments were implemented July 1, 1989 and are received quarterly on November 1, February 1, May 1 and August 1.

EXHIBIT 1DATE 1-6-93**PERFORMANCE INDICATORS:**

	FY92-93	FY 94	FY 95
Equipment Purchases	800	360	360
Clients Trained	800	360	360
Equipment Repaired	75	75	125
Client Outreach	800	360	360
Committee Meetings	36	6	6
Rules, Policies, Procedures Developed	100%	100%	100%
Publicity Announcements Completed	12	4	4
Relay Service	(Implemented May 9, 1991)		
Relay Calls Handled	35,000	49,000	70,000
Public Presentations	20	24	24

DEPARTMENT OF SRS  
REHAB/VISUAL SERVICES DIVISION  
ORGANIZATIONAL CHART  
JANUARY, 1993  
PROGRAMS 10, 11, 13

EXHIBIT 1  
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## VOCATIONAL REHABILITATION Program Summary

### OVERVIEW:

The mission of the Vocational Rehabilitation (VR) Program is to empower people with disabilities by preparing them for and assisting them in obtaining employment. Due to the similarity between programs and shared funding sources, the Visual Services Program and the Vocational Rehabilitation Program are administered through the same administrative unit within the department. Both programs are funded and authorized under the federal Rehabilitation Act of 1973, as amended through 1992 and are subject to the same federal regulations.

Vocational Rehabilitation provides rehabilitation services to Montanans with physical or mental disabilities. Clients receive individual counseling, and together with their counselor, develop an individual plan of services. The plan can include counseling, training, job placement, medical assistance or any other service which will help the client become employed. For clients not able to enter competitive employment, Vocational Rehabilitation provides sheltered employment, supported employment, and independent living services.

The 1992 amendments to the Rehabilitation Act require changes in the formula grant. The federal share of the grant will now be 78.7% and the state share will be 21.3%.

The Governor's proposed budget replaces a portion of Workers Compensation Trust Funds. The Department of Labor administers and controls a one percent trust fund accumulated by charging insurance companies one percent of all Workers Compensation paid out the prior year.

## VOCATIONAL REHABILITATION Administration

### GOAL:

- To provide opportunities for people with disabilities to live and function independently in the community with the goal of full integration and, whenever possible, to secure gainful employment.

### BASE PROGRAM:

Vocational Rehabilitation Administration provides fiscal, programmatic, technical, administrative and personnel support to the benefit area of the program.

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VR provides services statewide from ten field offices: Missoula, Kalispell, Butte, Warm Springs, Helena, Bozeman, Great Falls, Havre, Billings, and Miles City. Each field office includes rehabilitation counselors and clerical support staff.

To be eligible for "Section 110" services (see VR--Section 110 Benefits), a person must meet three criteria:

1. The person must have a physical or mental impairment.
2. The disability must present a substantial impediment to employment.
3. There must be a reasonable expectation that VR services will lead to employment.

The following are examples of the types of disabilities served by the VR program: Orthopedic (cerebral palsy, multiple sclerosis, stroke, arthritis, injuries); mental illness; mental retardation; deaf/hearing impaired; amputations; other (cancer, cardiac, digestive, respiratory, learning disability, Traumatic Brain Injury).

Because VR services are delivered via a one-to-one case management approach, clients receive individualized attention. The counselor, as the case manager, works with the client to determine needs and arranges, and purchases services for the client. Services include counseling, evaluation, medical assistance, training, adaptive equipment, job placement, and follow-up services. The counselor provides some services (i.e., counseling and guidance, job placement, follow-up) and purchases others. Although for budget purposes the VR counselors are considered "administration", they provide direct, hands-on services to the clients.

State office support/administrative services are coordinated with the state office administration of the Visual Services (VS) program. Most administrative staff work on the both the VR and the VS programs. State office staff assure that the programs comply with all federal and state requirements, negotiate contracts with service providers, administer the 15 funding sources, provide data processing support, and, in general, handle the administrative details of the programs.

The VR program serves over 7,000 clients per year. Many of these clients have severe disabilities and may remain on the VR caseload for several years before rehabilitation is complete. The objective for the program is to successfully rehabilitate at least 750 clients per year.

#### **BASE FUNDING:**

Most of the funding for this activity is from Section 110 of the federal Rehabilitation Act. Funds are 78.7 percent federal and 21.3 percent general funds. Other funding sources include in-service training (90% federal, 10% general fund), MSED supported employment (100% federal),

Title VI-C supported employment (100% federal), Independent Living (90% federal, 10% general fund), Disability Determination (100% federal), and Workers Compensation Rehabilitation Panels (100% state special).

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Clients Served	7,830	6,972	7,000	7,000
No. Rehabilitated	802	750	750	750

**VOCATIONAL REHABILITATION  
Section 110 Benefits**

**GOALS:**

- To provide opportunities for people with disabilities to live and function independently in the community with the goal of full integration including gainful employment whenever possible.

**BASE PROGRAM:**

The Section 110 benefit is the main emphasis of the Vocational Rehabilitation program. In conjunction with the Administrative portion of the VR program, vocational services are provided to clients across Montana.

Services are coordinated and authorized by the Vocational Rehabilitation counselors who are staff of the Administrative portion of the program and paid for in the Vocational Rehabilitation benefit areas. Services may include the following:

- Medical and psychological evaluation to determine the nature and scope of the disability, medical recommendations for it, and medical eligibility for the program.
- Vocational Evaluation to determine vocational strengths and weaknesses. This individualized evaluation is also used to plan for services and employment alternatives.
- Medical assistance can be provided if it is determined to be necessary to secure employment. Surgeries and hospitalization, mental health, physical and occupational therapies, prostheses and orthotics may be available.
- Adaptive equipment including adaptive computer equipment, software, other technological equipment, job modifications, and rehabilitation technology.

- Training can be provided for those people who will need a career change because of disability. Such training can involve study in colleges, trade schools, on-the-job training, vocational-technical schools, and rehabilitation facilities.
- Tools and licenses can be provided if they are needed to enter a specific trade or profession.
- Other goods and services can be purchased if they are needed to achieve the goal of employment. Such other services might be transportation or maintenance.
- Job development and placement is a service in which the client and the counselor work together in job location and employment. Placement in a suitable job is the goal of the vocational rehabilitation program.

In addition to purchasing the services listed above, the Vocational Rehabilitation staff provide counseling and other services.

#### BASE FUNDING:

The majority of funds for this portion of the program are Section 110 of the federal Rehabilitation Act. Section 110 funds are 78.7 percent federal and 21.3 percent general fund.

#### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Clients Served	7,830	6,972	7,000	7,000
No. Rehabilitated	802	750	750	750

#### VOCATIONAL REHABILITATION Extended Employment

#### GOAL:

- To serve people with severe disabilities who require public funding in order to work but are not eligible for funding from any source public or private.

#### BASE PROGRAM:

The Extended Employment program makes it possible for people with severe disabilities to participate in sheltered or supported employment and earn wages. These benefits are provided in both the Vocational Rehabilitation and Visual Services programs. This benefit provides long term training support to VR clients who have been hired either by

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sheltered workshops (sheltered employment) or private sector employers (supported employment).

**BASE FUNDING:**

This program is 100 percent general fund.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Clients Served	145	94	140	140
No. Supported Employment	75	40	70	70

**VOCATIONAL REHABILITATION  
Independent Living, Part B**

**GOAL:**

- To make independent living services available to people with severe disabilities through community based independent living centers.

**BASE PROGRAM:**

Vocational Rehabilitation contracts with independent living centers to provide independent living part B services. Independent living is defined as control over one's life based on the choice of acceptable service and community options that minimize reliance on others for making decisions and conducting activities of daily living. Independent living centers are located in Billings, Great Falls, Helena, and Missoula. Individuals who are found to have a severe physical or mental disability that poses a barrier to independent living in the family, home and/or community, and who can significantly benefit from services are deemed eligible for the program. In consultation with the client, an independent living specialist develops a plan which contains independent living goals that involve housing, transportation, income, support services, and/or social/recreational activities. Services may be obtained through information and referral, advocacy, and purchase of service.

**BASE FUNDING:**

Funding for this benefit is 90 percent federal and 10 percent general fund. The federal part of the funding comes from Title VII, Part A of

the Rehabilitation Act.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. IL centers in Montana	4	4	4	4
No. Clients Served	159	150	150	150
No. Meeting IL goals	64	75	60	60

**VOCATIONAL REHABILITATION  
Migrant Workers**

**GOAL:**

- To provide continuity of services to those migrant/seasonal farm workers and their families who request it, by referring those clients back to VR agencies in the states where the client resides after the agricultural season is over.

**BASE PROGRAM:**

Since 1988, Vocational Rehabilitation has contracted with the Montana Migrant and Seasonal Farm Worker Council for the administration of this Migrant Worker benefit. The purpose is to identify, inform, educate, and provide intense outreach, supportive services, continuity of services, and referral to VR for rehabilitation services of disabled migrant and seasonal farm workers. This project is located in Billings and serves twelve surrounding counties.

**BASE FUNDING:**

Funding for this benefit is 90 percent federal funds from Title III of the Rehabilitation Act and 10 percent state match which is provided by the Montana Migrant and Seasonal Farm worker Council using a soft match.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Referred to VR	41	N/A	40	40
No. State agencies contacted	16	N/A	15	15

**VOCATIONAL REHABILITATION**  
**Supported Employment Title VI-C**

**GOAL:**

- To place people with severe disabilities in employment at commensurate wages in integrated employment settings. In this context, "integrated" means people with disabilities working alongside people without disabilities.

**BASE PROGRAM:**

Supported Employment services are provided to severely disabled people who require ongoing support to maintain employment in a regular job setting. Clients served have severe disabilities and have traditionally not been able to participate in employment and wage earning. VR counselors purchase services, primarily job coaching, from private nonprofit facilities. The job coach analyzes and learns the prospective job then "coaches" the client to do the job. At the beginning of the job, the job coach may be heavily involved. As the client progresses, the need for a job coach lessens. However, supported employment clients need job coach involvement for the length of employment. VR pays for the job coach services during the initial training period. After the client demonstrates job stability, another funding source must pay for the "ongoing" job coach services. Federal law does not allow VR to pay for the job coach services indefinitely. Funding sources which can pay for the "ongoing" services include Developmental Disabilities, Mental Health through the Department of Institutions, and the VR Extended Employment program.

**BASE FUNDING:**

The funding for this program is 100% federal funds from Title VI, Part C of the federal Rehabilitation Act.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Placed in employment	84	41	75	75

**DISABILITY DETERMINATION BUREAU  
Program Summary**

**OVERVIEW:**

The Disability Determination Bureau (DDB) has statewide responsibility for the administration of the disability provisions of the Social Security Law. These two provisions are the Social Security Disability Insurance Program (Title II) and the Supplemental Security Income (SSI) Program (Title XVI).

The programs define disability as "inability to engage in any substantial gainful activity by reasons of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months."

**GOAL:**

- To process claims in the most expeditious manner while maintaining high quality in decisions and documentation efforts.

**BASE PROGRAM:**

Claimants file for disability benefits through local Social Security Field Offices (These offices are staffed by federal Social Security employees). Personnel in these field offices conduct eligibility reviews and record disability related information. The claim is then forwarded to the Disability Determination Bureau in Helena where medical and vocational development is undertaken on behalf of the claimant. In approximately 35% of the claims, a consultative medical examination is purchased to more clearly assess the claimant's residual functional capacity.

A disability adjudication team composed of a professional disability examiner and a licensed physician or psychologist decide jointly whether the claimant meets the definition of disability outlined above. The claimant's folder and decision is subject to further sample review in a Social Security Disability component either in the Denver Regional Office or the central office in Baltimore.

**BASE FUNDING:**

This program is 100% federal funds appropriated through the Social Security Law and administered by the Social Security Administration of the federal department of Health and Human Services.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Claims per FTE	244	239	242	245
Processing time--SSDI claims	50	50	50	50
Processing time--SSI claims	54	54	54	54
Accuracy rate	96%	95%	95%	95%

**VISUAL SERVICES  
Program Summary**

**OVERVIEW:**

Through a partnership with the federal government, the Visual Services Program provides rehabilitation services to adults who are blind or visually impaired. Clients receive individual counseling, and, together with their counselor, develop an individual plan of services. The plan can include counseling and guidance, job placement, adaptive living techniques, training, medical assistance, rehabilitation teaching, orientation and mobility instruction, and any other service which will help the client become employed. For clients not able to enter competitive employment, Visual Services provides sheltered employment, independent living, and visual medical services.

**VISUAL SERVICES  
Program Administration**

**GOALS:**

- To provide opportunities for visually impaired people to live and function independently in the community with the goal of full community integration and whenever possible to secure gainful employment compatible with their abilities..

**BASE PROGRAM:**

Visual Services (VS) Administration provides fiscal, programmatic, technical, administrative, and personnel support to the benefit area of the program.

VS provides services statewide from four field offices: Missoula, Great Falls, Butte, and Billings. Each field office includes a "Visual Services Team" composed of a counselor, rehabilitation teacher, orientation and mobility specialist, and a secretary. Clients receive one-on-one services from members of the team.

As the case manager, the counselor, in conjunction with the client, determines the need for, arranges, and provides services for the client. Services include counseling, evaluation, medical assistance, training, adaptive equipment, job placement, adaptive living techniques, and follow-up services. The counselor provides some services (i.e., counseling and guidance, job placement, follow-up) and purchases others. The rehabilitation teacher and orientation and mobility specialist teach adaptive living techniques. Adaptive living techniques include teaching the client about handwriting, cooking, cleaning, sewing, how to use remaining vision with the aid of magnifiers, large print materials, and other devices, how to cross streets safely, how to travel in the neighborhood, and other skills to allow the client to live independently.

**BASE FUNDING:**

Funding for this activity is from Section 110 of the Rehabilitation Act. Funds are 78.7 percent federal and 21.3 percent general funds.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Clients Served	813	815	800	800
No. Rehabilitated	111	93	100	100

**VISUAL SERVICES**  
**Benefits Program**

**GOALS:**

- To promote the opportunity for blind and visually impaired people to live and function independently in the community.

**BASE PROGRAM:**

This benefit is the main emphasis of the Visual Services Program. Through the support of "Visual Services Administration" activity, vocational services are provided to clients across Montana.

Services are coordinated and authorized by the Visual Services counselors and may include the following:

- Medical evaluation to determine the nature and scope of the disability, medical recommendations for it, and medical eligibility for the program.

- Vocational Evaluation to determine the client's vocational strengths and weaknesses. Such individual evaluation is used to plan for services and employment alternatives.
- Medical assistance can be provided if it is needed to secure employment. Surgeries and hospitalization, mental health, physical and occupational therapy, prosthesis and orthotics may also be available.
- Adaptive equipment including low vision aids and appliances, adaptive computer equipment, software, other technological equipment, job modifications, and rehabilitation engineering.
- Training for those individuals who will need a career change because of disability. Such training can involve study in colleges, trade schools, on-the-job training, vocational technical schools, and rehabilitation facilities for the blind.
- Tools and licenses can be provided if they are needed to enter a specific trade or profession.
- Other goods and services can be purchased if they are needed to achieve the goal of employment. Such other services might be transportation or maintenance.
- Job development and placement is a service in which the client, counselor, and the placement specialist work together in job location and employment. Placement in a suitable job is the goal of the visual services program.

#### BASE FUNDING:

Most of the funding for this activity is from Section 110 of the Rehabilitation Act. Funds are 78.7 percent federal and 21.3 percent general funds.

#### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Clients Served	813	815	800	800
No. Rehabilitated	111	93	100	100

**VISUAL SERVICES  
Medical Program**

**GOALS:**

- To help fund medical treatment to prevent blindness and restore sight.

**BASE PROGRAM:**

Visual Services Medical (VSM) provides medical services to help preserve and restore eyesight to people with eye problems. This benefit serves both children and adults. Services are coordinated with other similar benefit programs, and the benefits do not duplicate Medicaid services.

In fiscal year 1992, 80 people received services such as laser treatment, corneal transplants, cataract removal, vitrectomies and other eye surgery. In addition, this benefit can pay transportation costs when the services cannot be provided in Montana. Usually VSM pays only part of the cost of the treatment.

**BASE FUNDING:**

Funding for this benefit is 100 percent general fund.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Clients Served	80	56	75	75

**VISUAL SERVICES  
Extended Employment**

**GOALS:**

- To provide sheltered or supported employment to people who experience severe disabilities that prevent them from participating in competitive work without support.

**BASE PROGRAM:**

Extended Employment provides sheltered and/or supported employment to people with severe disabilities who are not capable of regular

(competitive) work. These benefits are provided in both the VR and VS programs. The people served in this program need long term help in working. They work either in a rehabilitation facility or in the community (with a job coach). For supported employment participants, federal funds pay the initial training expenses, then extended employment pays the ongoing job coach expenses.

**BASE FUNDING:**

Funding for this benefit is 100 percent general fund.

**VISUAL SERVICES**  
**Independent Living, Part C**

**GOALS:**

- To enable visually impaired senior citizens to live more independent lives.

**BASE PROGRAM:**

Independent Living Part C provides three services to older blind and visually impaired people: senior peer companion, radio reading, and equipment loan. In the senior peer companion program, a non-disabled senior citizen, "companion", is paired with a visually impaired senior citizen. The companion helps the visually impaired person with everyday living tasks by taking him shopping, helping him run errands, reading his mail for him, etc. The companion is paid a small stipend.

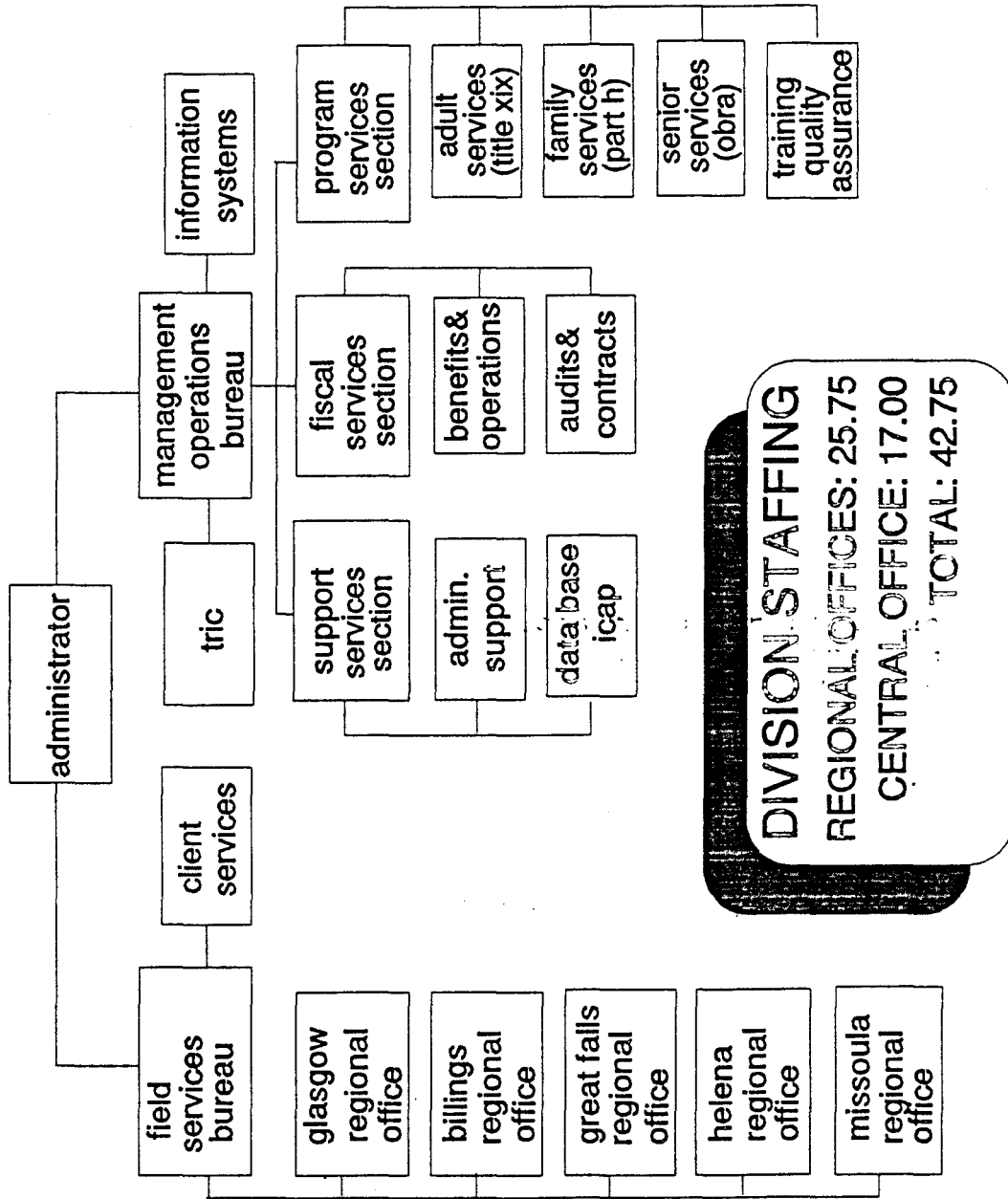
A second component of the Independent Living Part C program is the Radio Reading Service. Radio reading service is a radio station for visually impaired persons. Magazines, newspapers and articles are read and programming is geared to people with visual impairments. To receive these broadcasts, a listener must have a special receiver. The service operates from both Missoula and Billings. Much of Montana receives these broadcasts.

The third component is the Loan program. Clients can lease adaptive equipment and low vision aids at affordable rates.

**BASE FUNDING:**

Funding for this benefit is 90% federal and 10% state match. The 1992 amendments to the Rehab Act changed this grant from 100%

# DEVELOPMENTAL DISABILITIES DIVISION: FY 94



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federal to 90% federal/10% state. State match is not included in our current budget, but it may be possible to use in kind match.

**PERFORMANCE INDICATORS:**

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
No. Clients Served	143	120	140	140

**DEVELOPMENTAL DISABILITIES  
Program Summary**

**OVERVIEW:**

The Developmental Disabilities Division exists to assure quality services to Montana citizens who have a developmental disability. An array of residential, vocational, child and family care, and other support services are provided throughout the state of Montana through contracts with local non-profit corporations. Individuals eligible to receive these services are persons with mental retardation, epilepsy, cerebral palsy, autism, or other related disorders that begin prior to the individual reaching eighteen years of age.

**DEVELOPMENTAL DISABILITIES  
Administration Program**

**GOALS:**

- Through leadership, to plan, implement, evaluate and strengthen systems that assure opportunities for a good life for each Montanan who is at risk of, or who has, a developmental disability.
- To promote responsibility, accountability and interdependence in all service system participants, fostering a system that is dynamic, responsive and encourages creativity.

**BASE PROGRAM:**

The Administration program consist of the division's staff of <sup>45</sup>~~42.75~~ FTE and the related operating expenditures. Organizationally, the program includes the Administrator and two bureaus.

The Administrator oversees the two bureaus, the five regional offices, and the overall service system which contracts with 47 non-profit

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corporations providing services to over 2900 people.

The Management Operations Bureau is responsible for all contracting activity, federal applications and reports, invoicing, fiscal activity, budget preparation, maintenance of client data bases, accreditation standards, and the formalization of rules and policies.

The Field Services and Program Bureau provides monitoring of services and contract compliance, assists in the development of policies and procedures, coordinates the statewide screening and placement process for service openings, assists in the interdisciplinary treatment planning process, and provides training and technical assistance to contracted non-profit corporations that provide services to people with developmental disabilities.

#### BASE FUNDING:

General Fund supports approximately 40% of the funding for the Administration Program. Most of the remaining funds are federal funds from the Social Services Block grant (44%), Title XIX (11%) and Part H (4%). The remaining one percent of funding comes from the fees received from an annual conference sponsored by the Division.

#### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Number of Contractors	45	45	45	45
Individuals Served	2,826	3,065	3,065	3,065
Expenditures	-----Staying Within Budget-----			

#### DEVELOPMENTAL DISABILITIES Benefits

#### GOAL:

- To empower over 2,900 individuals with developmental disabilities to become as self sufficient, independent, and productive as possible by making available an array of community-based residential, vocational, child and family, and other support services.

#### BASE PROGRAM:

The Benefits Program contains the funding necessary to provide services to individuals with developmental disabilities. These funds are provided through contracts with private non-profit corporations. The

developmental disability service system's goal is to assist developmentally disabled individuals in realizing their capacity for independence. Services provided through the division are based on the unique needs of the individuals who are served, resulting in a system that is dynamic and ever changing.

Services provided include adult residential, adult day services, child and family support services, and support services.

#### BASE FUNDING:

Funding for benefits come from general fund (41%), federal Social Services Block Grant (23%), federal medicaid Title XIX (33%), with several smaller federal grants making up the remaining 3%.

#### PERFORMANCE INDICATORS:

	<u>FY 92</u>	<u>FY 93</u>	<u>FY 94</u>	<u>FY 95</u>
Individuals Served	2,826	3,065	3,065	3,065
Number of Contractors	45	45	45	45
Expenditures	-----Staying Within Budget-----			

### Developmental Disabilities Planning and Advisory Council Program Summary

#### OVERVIEW:

The Developmental Disabilities Planning and Advisory Council (DDPAC) was created in the early 1970's by both federal and state legislation. The Council is 100% federally funded and it's major function is to plan and advocate for services for persons with developmental disabilities.

The Council, through it's grant and contract program, has provided start-up funding for numerous projects of statewide significance. Among those are supported employment, public awareness, naive offender programs and supported living. Another major function of the Council is the creation of a three year State Plan for services. This plan is created through interagency collaboration and public input from forums held statewide. The plan, which is subject to approval by the federal government, details goals, objectives and outcomes for a three year period, with annual updates, is instrumental in the development of programs and policies for services.

**DDPAC**  
**Program Administration**

**GOAL:**

The Council's purpose, as stated by Montana law, (2-15-2204 MCA) is to:

- a) advise the department, other state agencies, councils, local governments, and private organizations on programs for services to the developmentally disabled;
- b) develop a plan for a statewide system of community based services for the developmentally disabled; and
- c) serve in any capacity required by federal law for the administration of programs for services to persons with developmental disabilities.

**BASE PROGRAM:**

**STATE PLAN FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

The Council is entirely federally funded through the Department of Health and Human Services, Administration on Developmental Disabilities. As a part of the federal law, the Council creates the State Plan for persons with developmental disabilities. The purpose of the Plan is to:

1. Describe the extent of services currently being offered under state and federal programs.
2. Identify the needs of persons with developmental disabilities throughout the state.
3. List the goals, objectives and activities that will be addressed by the Council over the life of the Plan.

Additionally, the Council operates a grant program utilizing a minimum of 65% (\$295,307 for FY94 and \$295,327 for FY95 or 70.2% for 94-95 as recommended in the Executive Budget) of its annual funding to provide funding for innovative projects designed to improve services to persons with developmental disabilities. Over the past fourteen years the Council has provided approximately \$2.81 million in project funds for the developmental disabilities system in Montana.

**BASE FUNDING:**

The current budget of the Council is \$420,475. Of this, the Council grant program funding is a minimum of 65% (\$295,307 for FY94 and \$295,327 for FY95 or 70.2% for 94-95 as recommended in the Executive Budget) of its annual federal allotment. Council operating and administrative funds are \$125,168 for FY94 and \$125,148 for FY95 as recommended by the Executive Budget. The Council operates with 2.0 FTEs (Director and Budget Analyst).

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Council Membership -

State Agency Representation

Department of Corrections and Human Services  
Department of Health & Environmental Sciences  
Department of Social and Rehabilitation Services  
Office of Public Instruction  
Department of Family Services

Regional Council/Consumer Representation

Region I Council on Developmental Disabilities  
Region II Council on Developmental Disabilities  
Region III Council on Developmental Disabilities  
Region IV Council on Developmental Disabilities  
Region V Council on Developmental Disabilities  
Consumer Representatives

State Legislative Representation

Montana Senate  
House of Representatives

Private/Professional Representation

Attorney Representative  
Physician Representative  
Service Provider Representative  
University Affiliated Program Representative  
Advocacy Representative

**PERFORMANCE INDICATORS:**

"Quality of Life" Issues

In conjunction with the Department of Family Services, the Council, has created the State's first survey instrument designed to measure quality of life. The tool has been completed on more than 200 persons. Resulting data is compiled for use in planning processes and used by case managers for individual planning meetings.

Integrated Recreation Programs

In response to public comment the Council has encouraged and supported three social/recreation programs in the past year. The programs are designed to provide opportunities for integrated recreation either on an after school or weekend basis.

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### Advocacy Services

The Council is sponsoring projects in six locations across the state in which children with and without disabilities are matched together with the assistance of school and citizen advocacy staff in the hopes of developing friendships and integration activities.

### Public Awareness/Education

The Council is funding the creation of a series of PSA's (public service announcements) designed to educate the public regarding the needs and abilities of persons with developmental disabilities and the availability of services and assistance available. PSA's will be created to show the work, education, recreation and daily activities of persons with disabilities.

### Training For Staff

The Council has long been interested in staff training as a means of ensuring the availability of the highest possible quality of services possible to persons with developmental disabilities. No less than eleven of the twenty contracts awarded by the Council were designed, at least in part, to provide opportunities for staff in a variety of positions to receive training relating to a variety of subjects.

### Case Management Issues

The Council has been involved in the process of improving case management services available for the last two to three years. In the past, the Council has funded the creation of a case manager's handbook, been involved in the selection of the agencies that would provide case management services, served on the case management task force to assist in guiding the development of the system and provided training to case managers in issues relating to the Quality of Life Survey Instrument.

### Efforts With Regional Councils On Developmental Disabilities

Over the past three years the Council has sought to develop and maintain closer relationships with Montana's five regional councils on developmental disabilities. That effort is strengthening the regional councils through coordination of their separate activities and assisting them in project development. Examples of this effort include the "Quality of Life" survey project coordinated by the Council, the creation of a procedure allowing the regional councils to have input into the grant process operated by the State Council, the sponsorship of public hearing by the regional councils with the assistance of State Council staff and the planned revamp of the regional council planning process scheduled for 1993.

HOUSE OF REPRESENTATIVES  
VISITOR REGISTER

Huron Services SUBCOMMITTEE DATE 1-6-93  
DEPARTMENT(S) \_\_\_\_\_ DIVISION \_\_\_\_\_

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Maureen O'Reilly	WEST MONT	
HARLEY WARNER	ASSOC. OF CHURCHES	
Jim Smith	MAR / MARF - MRLCA	

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