

Applying for Montana Medicaid and the Big Sky Waiver program for assisted living residents

There are multiple steps that need to be completed for you to start receiving assistance from the state of Montana in paying for your long-term care in an assisted living facility. These programs are intended to help pay for assisted living care when your personal resources have been diminished to a point that you are no longer able to afford paying for the care you require. Assisted living is considered a community living option for long term care that helps people remain as independent as possible. This program is called the Home and Community Based Services Program or the Big Sky Waiver.

Mission

The mission of the Community Services Bureau is to address the needs of Medicaid eligible Montanans who require assistance and support in meeting their on-going health needs by developing, managing, funding, and ensuring quality in home-based services that foster independence and dignity, contain costs, and provide options to consumers.

A wide range of community-based long term care services have been developed over recent years. They are designed to keep people as independent as possible in the community for as long as possible.

Many individuals in need of long term care services choose to remain in their own homes or select other community options to meet their needs. The Community Services Bureau administers a number of Medicaid-funded options that enable people who are aged or disabled and who have limited income and resources to remain in their homes, rather than receive services in a hospital or nursing facility. Those programs include:

Community Services Bureau staff people are located throughout the State and help administer these programs. This includes monitoring services, training staff, helping people access services and implementing policy.

Montana Big Sky Waiver Program

Montana Big Sky Home and Community Based Services Program (aka Medicaid Waiver Program)

The Home and Community Based Services program allows people, who would otherwise be institutionalized, to live in their own home and community. The services are made available through the Department of Public Health & Human Services (DPHHS) and the Senior and Long Term Care Division (SLTC).

HCBS Services

[Case Management Team](#) (CMT) consist of a nurse and social worker and provide a holistic approach to care planning. They look at each individual's medical and psycho social needs and then develop a plan of care based on the person's needs and choices. Each Case Management Team has a fixed number of individuals they can serve per year. The following are examples of services that may be available through HCBS:

- Adult Residential Living
- Adult Day Health
- Case Management
- Chemical Dependency Counseling

- Dietitian
- Environmental Adaptations
- Rehabilitation Services
- Homemaker Services
- Nutrition
- Personal Assistance
- PERS
- Private Duty Nursing
- Psycho social Consultation
- Respiratory Therapy
- Respite Care
- Special Child Care
- Transportation
- Therapies (OT, PT, Speech)
- Specially Trained Attendant
- Specialized medical equipment and supplies
- Services for Individuals with Traumatic Brain Injury

Eligibility

To qualify for the HCBS Program, a recipient must be financially eligible for Medicaid and meet the minimum level of care requirements for assisted living facility placement. Individuals must have an unmet need that can only be resolved through a home & community-based service in order to qualify for the program. Currently, there are waiting lists for HCBS Services. Once again, you must apply for and be approved for Medically Needy Medicaid before you can even apply for the Big Sky Waiver program.

How to apply for Medically Needy Medicaid:

When applying for Montana Medicaid, it goes smoother and faster if you first create an E-Pass account with the State of Montana. The E-Pass account will allow you to submit the requested information directly to the Department of Public Health and Human Services division and also receive information from the DPHHS days in advance of it actually arriving in the mail. I have provided the link to apply for an E-Pass account below.

The DPHHS says that it can take up to 45 days to complete the review of information submitted before approving the Medicaid application and depending on the additional information requested, I have seen applications take up to 3-6 months to complete. I have provided you with the steps needed to speed up this process, if you have any questions please do not hesitate to call.

1. Go to <https://www.apply.mt.gov>
2. Click on Sign In/Create Account
3. Create a new account providing all information requested, be sure to write this information down
4. Exit out of E-Pass and log back into your new E-Pass account at <https://www.apply.mt.gov>
5. Click on APPLY NOW
6. Start a new application for: Health Coverage Assistance
7. Click "next" on Before you apply page
8. Login using your existing account: This is the E-Pass account you just created

When you are filling out the application, please make sure to make the notation when prompted that you are wanting to apply for long term care benefits for the applicant. On the application, please include the most current information you can when referring to any and all assets, paying close attention to the fact

that you will not be accepted into the Medicaid system if you have more than \$2000 of cash in the bank at the time of application. Montana Medicaid will do a 5 year look back for any asset sold, given away or transferred so it is best to include all the information at the time of initial application to speed up the process. Just because you sold, gave away or transferred assets in the last 5 years does not mean you will not qualify, it will simply require information as to what, when how much and where the assets were distributed.

During the application process be sure to include contact information for anyone that you would like to have access to the information and to act on the persons behalf. In creating the E-Pass account and having permission to access the account, a person who is acting on behalf of the applicant has easy access to information and can upload any information the state requests which drastically reduces the time for completion.

When you have finished applying for Medicaid and submitted the requested information, call the Office of Public Assistance Help Line at 1-888-706-1535 to ask if they have received all the information. This request will speed up the process by forcing them to pull the file from all the other files they have received in order to confirm if it is complete or not.

When you call the OPA help line you will enter the automated phone system, and you will need to press the following command prompts to get to the correct MED NEEDY department that handles Big Sky Waiver applications.

Option 0 to talk to someone.
Option 1 for healthcare coverage
Option 3 for additional healthcare options
Option 1 for eligibility questions regarding waiver
Option 2 for questions concerning Medicaid with a spend down.

When OPA answers the phone, you will tell them you are calling with questions about a new application. They will ask for the name of the applicant, date of birth and the CASE NUMBER (you will have received an application number when you finished the Medicaid application) and they will ask you if you have permission to act on the applicant's behalf, you can inform them that you were authorized on the application.

How to apply for HCBS? After Medicaid Approval

To make a referral for Home & Community Based Services contact:

**Mountain Pacific Quality Health Foundation at
1-800-219-7035**

Eligibility specialists at your County Office of Public Assistance (OPA office) can determine Medicaid eligibility.

Montana Public Assistance Helpline
Questions relating to eligibility
1-888-706-1535