# Montana Senior & Long Term Care Division



## **State Agency Mission**

To advocate and promote dignity and independence for older Montanans and Montanans with disabilities by: Providing information, education, and assistance; Planning, developing and providing for quality long-term care services; and Operating within a cost-effective service delivery system.

# **Populations Served**

- **Older** Adults
- Adults with Physical Disabilities
- Adults with Developmental Disabilities
- Individuals with Traumatic and/or Acquired Brain Injuries
- Individuals with Behavioral Health Conditions
- □ Individuals with Substance Use Disorders
- **Other:** Veterans

## **Organizational Structure**

The division director is a career, nonappointed employee who oversees a staff of 216 FTE.

## **Local Network**

**10** Area Agencies on Aging

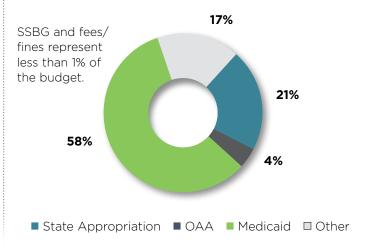
8 Tribal Organizations

# **Top Five Agency Policy Priorities**

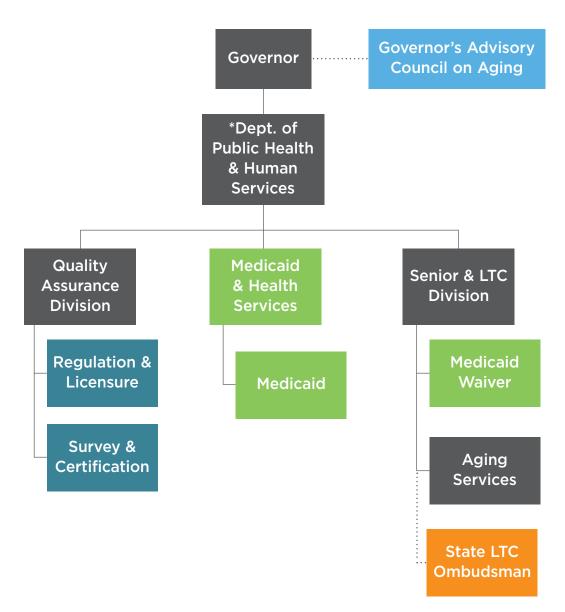
- 1. Delivering Services Remotely during COVID
- 2. Quality Improvement
- 3. Alzheimer's and Related Dementias
- 4. Supporting Caregivers
- 5. Mitigating Social Isolation

#### **Agency Funding Sources**

Total FY2020 Budget \$349,369,255







- Aging or Physical Disability Services and Agency or Division with Multiple Functions
- Medicaid Services
- Long-term Care Ombudsman
- Provider Regulation and Oversight

- Advisory Board
- ..... Denotes an advisory board or a contractual/ indirect reporting relationship.
- \* Denotes Cabinet-level Agency

# **Responsibilities of Montana's Senior & Long Term Care Division**

Aging & Adult Services	
Set statewide aging policy	$\checkmark$
Set statewide disability policy	
Administer Older Americans Act (all programs except SCSEP)	1
Administer Senior Community Service Employment Program	
Administer a state-funded aging & disability program	
Manage state Aging & Disability Resource Center network	~
Administer the State Health Insurance Assistance Program	$\checkmark$
Provide Adult Protective Services (18+)	$\checkmark$
Provide Elder Protective Services <i>only</i> (60-65+)	
Operate state-owned institutional facilities	~
Oversee guardianship program	
Serve as state guardian	1
Oversee Centers for Independent Living	
Administer State Vocational Rehabilitation Program	
Administer State Assistive Technology Program	
Manage No Wrong Door system	

Medicaid Services	
Administer Medicaid State Plan Services	1
Administer Medicaid HCBS waiver(s)	$\checkmark$
Administer PACE program	
Perform Medicaid functional eligibility determinations	1
Perform Medicaid financial eligibility determinations	
Provide case management services to Medicaid recipients	
Administer PASRR	$\checkmark$
Regulate and administer managed long-term services and supports	
Provide quality assurance for managed long-term services and supports	
Provide quality assurance for Medicaid HCBS	1

#### **Responsibilities for Provider Management**

Regulate institutional providers	
License institutional providers	
Regulate HCBS providers	
License HCBS providers	
Certify Assisted Living providers	

#### **Key State Initiative**

#### New year, new focus, new energy.

All programs within Senior and Long Term Care can support the concept of community-based living for the elderly and people with disabilities. Research, case studies and good common-sense supports that individuals are healthier when they are stable in their own home, an environment of their choosing. A second benefit is the ability to lower costs of services and extend the ability to provide services to more individuals. There will be three phases: planning, implementation and review. The management team will discuss opportunities, challenges and logistics. Subsequently each bureau chief will select a project that will keep the issue of community-based living in the forefront of daily work, including how the project will interface with other bureaus. Each bureau needs a team with a steward of the project to track data, collect narratives of success/lessons and suggest policy changes. These policy changes must reach across programs, but not be directed at a program, in other words—it must be cooperative. Provider groups, field staff and support staff need to be involved. Each project should: promote the value community-based living; collect data regarding needed changes to support to maintain or gain community living; engage internal and external stakeholders; and mesh easily into current work.



241 18th Street S, Suite 403 • Arlington, VA 22202

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