

May 2010

HOME AND COMMUNITY BASED SERVICES aka the “Medicaid Waiver” Program

 MONTANA DEPARTMENT OF
PUBLIC HEALTH AND
HUMAN SERVICES



Senior and Long
Term Care Division

For consumers who
are elderly or who
have physical
disabilities and are at
risk of
institutionalization



HOME AND COMMUNITY BASED SERVICES (HCBS) PHILOSOPHY

The HCBS program recognizes that people with disabilities and the elderly have the right to participate fully in society and as a part of their communities. They have the identical civil rights as people without disabilities. For many, these goals cannot be achieved without necessary community supports and services.

The HCBS program makes services available so people can live fully integrated lives within their own communities by means of self-determination, choice, and control. Services are many and varied, allowing consumers to choose those that are most appropriate to meet their needs.

Choice is paramount as people with disabilities and the elderly know best how their needs can be met. In the HCBS program, the consumer is in charge and directs the plan of care. Case managers work with consumers and assist as requested. They facilitate the provision of services and work with providers on the consumer's behalf. Case managers ensure a holistic approach to care planning, balancing the medical and psychosocial needs of consumers.

Montana's program has evolved since its inception in 1983. It has been revamped many times as we continue to improve opportunities and respond to the needs of our consumers.

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WHAT IS THE HOME AND COMMUNITY BASED SERVICES WAIVER?



Medicaid Home and Community Based Services (HCBS) waivers recognize that many individuals at risk of institutionalization can be served in their homes and communities at a cost no higher than that of institutional care, while promoting independence and family support.

These programs were created in response to a mother's plight watching her daughter Katie Beckett spend most of her first three years of life residing in a hospital. Katie's mother wanted to care for her daughter at home. In 1981, the Beckett's story drew the attention of then President Ronald Reagan who signed the "Katie Beckett waiver" into law.



Before this legislation, Medicaid long-term care benefits were limited to home health, personal care services, and institutions. With this legislation, states were allowed flexibility to develop and implement creative alternatives to provide services to Medicaid-eligible individuals in their own homes and communities instead of institutions.

The waiver program described in this booklet is geared to the elderly and persons with physical disabilities. Other waiver programs serve different populations and offer different services.

MONTANA'S MEDICAID WAIVER PROGRAM



Montana was one of the first states to develop its own Medicaid Waiver program. In 1983, two years after the passage of the “Katie Beckett Waiver,” Montana implemented the HCBS program for the elderly and people with physical disabilities.

Home and Community Based Services are individually approved and customized to meet the consumer’s needs. The consumer, in conjunction with a case management team, develops an individual cost-effective plan of care. The teams are the cornerstones of the program. The recipient and team maintain contact with each other to ensure services are provided as prescribed in the plan.

Currently, Montana serves over 2000 people through the elderly and physically disabled waiver program. The number of recipients served is limited by the availability of funds. Case management teams have a fixed number of consumers they can serve a year. New recipients are admitted to the program as others are discharged or as new funding becomes available. The program often has a waiting list.

ELIGIBILITY FOR SERVICES

Who is eligible for services?

To qualify for the HCBS program, a recipient must meet these criteria:

- be financially eligible for Medicaid;
- be 65 years or older or be determined physically disabled by the Social Security Administration;
- have an unmet need that can only be met through a home and community based service;
- meet the minimum level of care requirements for nursing facility placement; and
- be at risk of going to an institution.



Freedom of Choice

If an individual meets the level of care requirements for a long-term care facility, the individual has a choice of HCBS or nursing facility services. Choosing HCBS, however, does not guarantee immediate access to the program as there is often a waiting list for this option.



HOW TO APPLY

It is a two-step process. A consumer must qualify for both financial eligibility and medical eligibility.

1. for financial eligibility determination contact the local County Office of Public Assistance for a Long-Term Care application. After completing this document, an eligibility specialist will review the application and determine Medicaid financial eligibility.
2. Contact Mountain Pacific Quality Health at 1-800-219-7035 or 1-406-443-0320 in Helena for a level of care assessment screening. A nurse or a social worker will assess the consumer's needs to determine whether the consumer meets nursing home level of care criteria. This is usually done over the telephone by talking to the consumer and/or family members, friends, or health care professionals.

Note: Having a Medicaid card neither guarantees financial eligibility for long-term care services nor medical eligibility. Having a Medicaid card does not mean that the person will meet level of care or financial eligibility for the HCBS waiver. You may contact a Regional Program Officer or a Case Management Team if you need help with the process. Contact information is at the back of this booklet.

WHO WE SERVE

Consumers served under this program require nursing facility level of care. A small percentage of individuals served at home are ventilator dependent and, without the HCBS program, would be in a hospital. In addition, the program also serves a number of individuals with a traumatic brain injury who would have been served in out-of-state rehabilitation facilities, inpatient rehabilitation, or remained inappropriately placed in nursing homes, group homes, or other institutions were it not for the specialized services available under the HCBS program.

Waiting Lists

People on the waiting list are not served on a first come first served basis. They are evaluated by the case management team when a slot opens and the consumer with the greatest need is selected.



FREQUENTLY ASKED QUESTIONS

Do I have to be Destitute to Receive Services?

No, but Medicaid is designed to assist people with medical needs and limited financial resources. However, when a married individual needs long-term care services such as the Home and Community Base Services waiver or a nursing facility, federal policy allows the non-Medicaid spouse who resides at home to retain a maximum of half of the couple's resources, up to a specified amount, which changes yearly.

Some assets are exempt such as the home in which they live, household goods, and one automobile. There also are regulations concerning the amount of monthly income the spouse may retain. A resource assessment from the local County Office of Public Assistance can provide more details.

FREQUENTLY ASKED QUESTIONS

What About Transferring Assets?



There are certain circumstances when a Medicaid applicant or recipient can transfer resources without penalties. For example, they can transfer their home at any time to: a spouse, a child who is under 21, blind, or determined disabled by Social Security, and sometimes to a sibling or care-taker son or daughter.

If an applicant transferred assets before applying for Medicaid, the transfer may affect the applicant's eligibility for home and community based services or nursing facility benefits. For specific questions regarding transfer of assets and Medicaid eligibility, contact an eligibility specialist at the County Office of Public Assistance.



FREQUENTLY ASKED QUESTIONS

How Does the Lien and Estate Recovery Law Affect a Waiver Recipient?

To help pay for the increasing number of individuals needing Medicaid-reimbursed medical care, federal law requires states to recover the costs of medical and long-term care services from the estates of deceased Medicaid recipients who received services at age 55 or older, or who resided in a nursing home, or who received HCBS services.

Recovery involves filing liens on the recipient's home and filing claims against the estate. However, recovery is not made when there is a surviving spouse or certain dependents.

For more information on the state lien and recovery program, contact the Estate Division of the Recovery Unit at 1-888-378-2836.

Another good resource is the State Information and Assistance Program at 1-800-332-2272.

FREQUENTLY ASKED QUESTIONS

What is the Medically Needy Program?

Some individuals with significant medical expenses may meet Medicaid financial eligibility through the Medically Needy program. This is a Medicaid program for aged, blind, or disabled individuals or families whose income exceeds Medicaid limits but who have significant medical needs. The individual or family pays the difference between their countable income and the Medically Needy Income Limit (MNIL) toward medical expenses each month and Medicaid pays the balance. The difference between countable income and the MNIL is called a “spend-down” or “incurment.” For more information call your County Office of Public Assistance.

What is Waiver of Deeming?

This is an eligibility option available only through HCBS Waivers. Under waiver of deeming, parental assets and income are waived when determining Medicaid eligibility of a child served in the waiver program. Only the child’s personal assets and income are used to determine Medicaid eligibility. The primary purpose of waiver of deeming is to keep children at home with their families instead of placing them in institutions or relinquishing custody of them to the state to obtain Medicaid funding.

FREQUENTLY ASKED QUESTIONS

Can a Family Member be Paid to Care for me?

In certain circumstances, Medicaid may allow legally responsible relatives to be paid for some caregiving tasks for consumers.

For a legally responsible relative, including biological or adoptive parents of recipients under 18, spouses of adult recipients, and court-appointed guardians to be paid for providing HCBS services, all of the following must be met.

The service must:

- be defined as a service or support in the federally approved waiver;
- be necessary to avoid institutionalization;
- be specified in the consumer's plan of care;
- be provided by a parent or spouse who meets the provider qualifications and training standards specified in the waiver for that service;
- be paid at a rate not to exceed what is allowed by the Department for payment of similar services; and
- not be an activity the family would ordinarily perform or is responsible to perform.

The family member who is a service provider will comply with the following:

- A parent or parents, in combination, or a spouse may not provide more than 40 hours of services in a seven-day period. For parents, 40 hours is the total amount regardless of the number of children who receive waiver services;
- For self-directed personal assistance, the family member must maintain and submit time sheets and other required documentation for hours paid; and
- Married individuals must be offered a choice of providers. If they choose their spouse as a care provider, it must be documented in the plan of care.



FREQUENTLY ASKED QUESTIONS

How Many Services can I Select from the Menu?

There is not a limit on the number of services a consumer can choose. Rather, the consumer decides which services can best meet his or her needs while remaining within the budget for each slot.

How are my Services Selected?

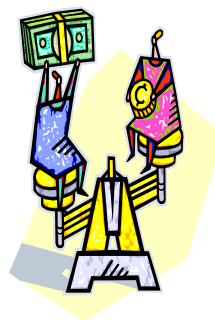
The consumer determines what services to select from the HCBS menu based on individual needs and desires. Selected services must be medically necessary and unavailable from other sources. The case managers can help consumers decide. Oftentimes, case managers can refer consumers to free services available from other government or community programs.

Sometimes desired services are not immediately available such as adult residential services, which often have a waiting list. The case managers can help the consumer select appropriate services while waiting for an adult residential slot.

FREQUENTLY ASKED QUESTIONS

How is a Consumer's HCBS Budget Determined?

A consumer's HCBS budget is determined from the individual's needs up to an established monetary cap. The federal government requires state Medicaid agencies to ensure that the cost of providing home and community based services will not exceed the cost of care for the identical population in an institution.



Case Management Teams are allocated a fixed number of slots to admit consumers into the HCBS program. The Department issues slots to control and estimate program expenditures and establishes a cost per slot. Each team is allotted an annual budget. Case management teams are required to provide services within these budgets.

For most consumers, costs cannot exceed those of a nursing facility. For a small number of individuals who are ventilator dependent, costs should not exceed those of hospital placement, and for some individuals with traumatic brain injuries, the costs should not exceed those of an out-of-state rehabilitation facility. In addition to established individual caps, funding is also dependent upon state legislative allocation.

RIGHT TO A FAIR HEARING

If a Medicaid applicant or recipient is denied services, is there an appeals process?

Yes. Most adverse actions are appealable. Adverse actions are those decisions made by the Department that negatively affect consumers such as a denial or reduction of services.

The appeals process is called a fair hearing. This process allows an individual to tell the Department why he or she disagrees with the Department's decision. During this process, you can present additional information that may reverse the initial decision. It also allows the Department to explain why a decision was made.

A consumer, provider, or personal representative must request a hearing in writing and mail the request to the Department of Public Health and Human Services, Hearings Officer, P.O. Box 202953 Helena, MT 59620.

This request must be postmarked or delivered no later than 90 calendar days following the date of Notice of Determination.

SERVICES

Adult Day Health

Adult Day Health provides a broad range of health, nutritional, recreational, social, and habilitative services in a licensed facility. Residential overnight services are excluded. Services are furnished four or more hours per day on a regularly scheduled basis for one or more days per week.



Adult Residential

Adult Residential services are provided in a licensed Assisted Living Facility, Adult Foster Home, or Residential Hospice. Consumers must pay for room and board. Slots for this service are limited and specific criteria must be met.

SERVICES

Case Management

Case management is a fundamental and mandatory HCBS service. Case managers assist consumers in accessing HCBS and State Plan services as well as other medical, social, and educational services, regardless of the funding source. Each case management team consists of a registered nurse and a social worker. They assess each consumer's needs, develop an individualized care plan with each consumer, and manage and monitor services.



Chemical Dependency Counseling

This service provides individual and/or group counseling to consumers with substance abuse problems. Treatment is in outpatient settings only.

SERVICES

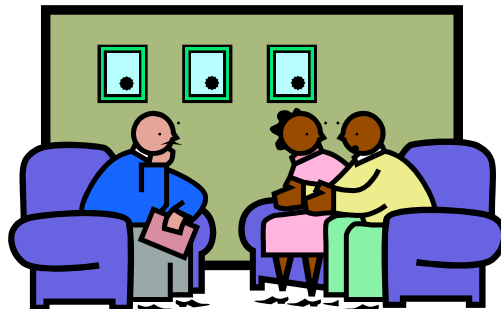
Consumer/Family Intensive Support

This service provides a unique set of supports to a consumer and family that includes pain and symptom management, guidance and support, and volunteer coordination.

Pain and symptom management focuses on maintaining a consumer's comfort.

Guidance and support is provided by an individual the consumer chooses to offer psychosocial support to the consumer, family, or significant others for issues relating to loss, grief, and adjustment to chronic disease, disability, or aging.

Volunteer coordination is done by an individual selected by the case management team to coordinate volunteer services prescribed by a health care professional.



SERVICES

Dietitian

Dietitian services are related to the management of a consumer's nutritional needs. A registered dietitian or a licensed nutritionist evaluates and monitors the consumer's nutritional status, provides nutritional education and counseling and discusses meal planning for consumers with medically restricted diets or for consumers who do not have healthy eating habits.

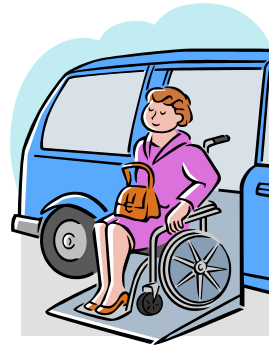
Environmental Accessibility Adaptations

Environmental accessibility adaptations are modifications to a consumer's home that are designed to maintain or improve the consumer's ability to remain at home and prevent institutionalization. Adaptations may include the installation of a ramp, grab-bars, widening of doorways, bathroom modifications, or installation of specialized electric and plumbing systems necessary to accommodate specialized medical equipment and supplies for the consumer's welfare.

SERVICES

Environmental adaptations may also include modifications to a personal vehicle if it allows more consumer independence. All services must meet applicable state or local building codes.

Exclusions: adaptations or improvements to the home that are not of direct medical or remedial benefit to the consumer such as carpeting, roof repair, central air conditioning, etc.



Habilitation

These are services designed to help persons acquire, retain, or improve self-help, social, and adaptive skills necessary to reside successfully in a home and community based setting. Services include: day habilitation, habilitation aide, prevocational services, residential habilitation, supported employment, and transportation to and from a day treatment program. Also included are: independent living evaluations and training services to enhance the consumer's ability to achieve maximum independence in homemaking, personal hygiene, money management, transportation, and use of community resources.

SERVICES

Homemaker

Homemaker services consist of general household management necessary to maintain and operate a home for consumers unable to manage their own home or when the individual normally responsible for home-making is absent. Activities may also include: general and heavy-duty housecleaning, meal preparation, minor home repairs, and chores such as yard care, wood chopping and stacking, walkway maintenance, and helping a consumer find and relocate to other housing.



Nutrition

Nutrition services include congregate meals or home-delivered meals such as "Meals on Wheels." However, a full nutritional regimen of three meals a day may not be provided through this service.

SERVICES

Personal Assistance Services

Personal assistance under the HCBS program may include supervision for health and safety reasons, socialization, escort and transportation for non-medical reasons, specially trained attendants for consumers with extensive needs, or an extension of State Plan personal assistance services.



Some consumers, because of their disability, require help caring for their children. A consumer's personal assistance time may be used to provide hands-on care for their children. However, this personal assistance must be done in the presence of and at the direction of the consumer parent.

SERVICES

Personal Emergency Response System

A Personal Emergency Response System is an electronic, telephonic, or mechanical system that enables individuals at high risk of institutionalization to summon help in an emergency. The system alerts medical professionals, support staff, or other designated parties to respond to a consumer's emergency request.

The consumer may also wear a portable "help" button to allow for mobility. The system is connected to the person's telephone and is programmed to signal a response center once a "help" button is activated.

This service is limited to individuals who live alone or who are alone for significant parts of the day, and who would otherwise require extensive routine supervision.

The device must be connected to a local emergency response system with the capacity to activate emergency medical personnel.

SERVICES

Private Duty Nursing

These are medically necessary services for consumers who require continuous in-home nursing care not available from a home health agency or from the State Plan Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children.



Psychosocial Consultation

Psychosocial consultation is limited to consultation with providers and caregivers directly involved with the consumer and development and monitoring of behavioral programs.

SERVICES

Respiratory Therapy

Services include direct treatment, ongoing assessment of medical condition, equipment monitoring and up-keep, pulmonary education, and rehabilitation.

Respite Care

Respite care is temporary, short-term care provided to consumers in need of supportive care to relieve unpaid persons who normally provide care. Payment for room and board may be included.

Respite can be provided in the consumer's home, another residence, foster home, hospital, nursing facility, group home, licensed personal care facility, residential hospice, or therapeutic camp for children or adults with disabilities.

SERVICES

Special Child Care for Children with Severe Medical Conditions

This service provides day care for medically fragile children who, because of their disability, cannot be served in traditional child care settings. At a minimum, the service consists of supervision and socialization. At a maximum, it consists of hands-on, intensive, specialized personal care.

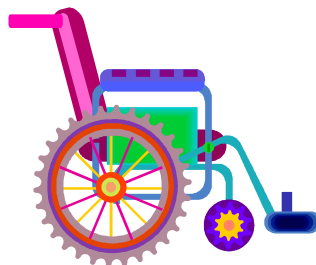


SERVICES

Specialized Medical Equipment and Supplies

These items are designed to maintain or improve an individual's ability to remain at home and function in the community and includes the provision of adapted vans and service animals.

Items must be functionally necessary and relate specifically to the consumer's disability; provide for the consumer's accessibility, increased independence, health, or safety; and be the most cost-effective item that can meet the consumer's needs.



Specially Trained Attendant

Specially trained attendants are employees of a personal assistance agency who have received an additional 20 hours of training to meet the specific needs of a consumer.

SERVICES

Therapies: Occupational, Physical, Speech and Audiology

Therapy provided under the HCBS program differs from those available under the Medicaid State Plan because they are restorative or palliative and are not limited in number.



Transportation

This covers transportation for social or other nonmedical reasons by common carrier or private vehicle.

SERVICES

Family Training and Support

This service is provided to families of children with disabilities ages 0 to 21 who are ineligible for Developmental Disabilities waiver. An agency employee under contract with the Disability Services Division:

- Teaches families and others who work or play with the child about the child's disability and how best to meet the child's needs;
- Teaches activities that families can do with their child to help promote the child's development;
- Collaborates with case managers and families regarding environmental modifications or adaptations benefiting the child;
- Assesses the child for unmet needs, determines progress, and identifies areas of strength;
- Provides emotional support to families and suggests resources for additional support;
- Advocates for the family for other supports and services; and
- Assists the family and case management team with the child's transition and referral to special education.

SUPPORTED LIVING SERVICES

This is a comprehensive habilitation service designed to assist individuals with severe disabilities such as a traumatic brain injury, late stage multiple sclerosis, severe cerebral palsy, or those who are partially ventilator dependent who require 24-hour supervision.

Supported Living is specifically intended to transition individuals from an institutional setting to a more independent living situation. Services help consumers to acquire, retain, or improve self-help, socialization, and adaptive skills necessary to reside successfully in their own homes or in a shared living situation.

Specific services include: independent living evaluation, service coordination, homemaking, habilitation aides, behavioral programming, nonmedical transportation, day habilitation, residential habilitation, prevocational training, supported employment, and 24-hour availability of staff for supervision and safety, and specially trained attendants.

Slots for this services are limited and require Department prior authorization.

TRAUMATIC BRAIN INJURY (TBI) SERVICES

Cognitive Rehabilitation

This is a short-term program designed to teach individuals with a brain injury to function with their injury by reinforcing, strengthening, or reestablishing previously learned behaviors or by establishing new behavioral patterns or compensatory mechanisms at home, work, or in the community.



Behavioral Programming

This short-term service provides continuous in-depth assessment of behaviors and interactions of an individual with a traumatic brain injury with others to develop an appropriate behavioral program. The assessment may be in the consumer's home, workplace, community, or an outpatient setting.

TRAUMATIC BRAIN INJURY (TBI) SERVICES

Comprehensive Day Treatment

Comprehensive day treatment is a nonresidential program for persons with a traumatic brain injury or another severe cognitive disability. There are two hospital-based facilities in Montana: Headways in Billings and Bridges in Missoula. These programs try to maximize the consumer's functional independence through intensive therapies three to five days a week.

Consumers learn strategies to overcome barriers created by their disability and compensatory techniques for memory loss or behavioral problems and relearn day-to-day living skills. The goal of this program is to facilitate integration into the community and reduce the consumer's level of disability.

This service is provided under the direction of an interdisciplinary team consisting of a board certified psychiatrist, a licensed neuropsychologist, a licensed psychologist, therapists, and other appropriate support staff.

Slots are limited and prior authorization from the Department is necessary.

TRAUMATIC BRAIN INJURY (TBI) SERVICES

Community Residential Rehabilitation

Community residential rehabilitation is comprehensive day treatment program with a residential component. It operates 7 days a week, 24 hours a day.

Prevocational Training

Prevocational training services are habilitative activities that foster a consumer's employability. Services aim to prepare an individual for paid or unpaid employment.

They include teaching such concepts as compliance, attending, task completion, problem solving, endurance, work speed, work accuracy, attention span, motor skills, and safety.

Services are provided to persons who may or may not join the general workforce or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

TRAUMATIC BRAIN INJURY (TBI) SERVICES

Supported Employment

Supported employment includes activities needed to sustain paid work by consumers, including supervision and training for persons for whom unsupported or competitive employment at or above the minimum wage is unlikely.

Supported employment occurs in a variety of settings. It may include group community employment such as crews, enclaves, or individual community employment.

Transportation may be provided between the consumer's home and the job site or between job sites in cases where the consumer works in more than one place.



Case Management Teams Counties

<p>Community Medical Center 2685 Palmer Ste D Missoula, MT 59808 Phone: 327-4585 Fax: 327-4484</p>	<p>Mineral, Missoula, Ravalli</p>
<p>Partners in Home Care Case Management 2687 Palmer, Ste B Missoula, MT 59808 Phone: 728-8848 Fax: 327-3727</p>	<p>Mineral, Missoula, Ravalli</p>
<p>RiverStone Health 123 S 27th St Billings, MT 59101 Phone: 247-3226 Fax: 247-3203</p>	<p>Big Horn, Carbon, Rosebud, Stillwater, Sweet Grass, Treas- ure, Yellowstone</p>
<p>Easter Seals Case Management 815 2nd St S, Ste 107 Great Falls, MT 59405 Phone: 771-2807 Fax: 761-1390</p>	<p>Blaine, Cascade, Chouteau, Glacier, Hill, Liberty, Pon- dera, Teton, Toole</p>
<p>Spectrum Medical, Inc. Case Management 205 Haggerty Lane Ste 240 Bozeman, MT 59715 Phone: 586-3134 Fax: 585-4885</p>	<p>Gallatin, Madison, Meagher, Park, Sweet Grass</p>
<p>L&C City-Co Health Dept Case Management 1930 9th Ave, Ste 207 Helena, MT 59601 Phone: 443-2584 Fax: 457-8990</p>	<p>Broadwater, Jeffer- son, Lewis and Clark</p>
<p>Holy Rosary Home Care Case Management 2600 Wilson St #30 Miles City, MT 59301 Phone: 233-3810 Fax: 233-7134</p>	<p>Carter, Custer, Daw- son, Fallon, Garfield, Powder River, Prair- ie, Rosebud, Wi- baux</p>

Case Management Teams Counties

<p>Sidney Health Center Case Management 216 14th Ave SW Sidney, MT 59270 Phone: 488-2193 Fax: 433-3918</p>	<p>Daniels, Dawson, McCone, Richland, Roo- sevelt, Sheridan, Valley</p>
<p>NW MT Human Resources 214 Main Street P.O. Box 8300 Kalispell, MT 59904 Phone: 758-5422 Fax: 755-4168</p>	<p>Flathead, Lake, Lincoln, Sanders</p>
<p>Spectrum Medical, Inc Case Management 3475 Monroe Ave, Ste 102 Butte, MT 59701 Phone: 723-7987 Fax: 723-4120</p>	<p>Beaverhead, Deer Lodge, Granite, Powell, Silver Bow</p>
<p>Central Montana Medical Center Case Management 408 Wendell Lewistown, MT 59457 Phone: 535-6297 Fax: 538-6267</p>	<p>Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Phillips, Wheatland</p>
<p>Area II Agency on Aging Case Management 1504 Fourth St W Roundup, MT 59072 Phone: 323-1320 Fax: 323-3859</p>	<p>Big Horn, Carbon, Fergus, Golden Valley, Judith Ba- sin, Musselshell, Petro- leum, Stillwater, Sweet Grass, Wheatland, Yel- lowstone, Northern Chey- enne and Crow Reserva- tions</p>
<p>Western Montana AAA Case Management 110 Main St Ste 5 Polson, MT 59860 Phone: 883-7284 Fax: 883-7363</p>	<p>Lake, Lincoln, Mineral, Ravalli, Sanders</p>

Case Management Teams Counties

<p>Area VIII Agency on Aging Case Management 1801 Benefis Court Great Falls, MT 59405 Phone: 454-6990 Fax: 454-6926</p>	Cascade
<p>Area X Agency on Aging c/o Area VIII 1801 Benefis Court Great Falls, MT 59405 Phone: 454-6990 Fax: 454-6926</p>	Hill
<p>Area XI Agency on Aging Case Management 337 Stephens Ave Missoula, MT 59802 Phone: 728-7682 Fax: 728-7684</p>	Missoula, Ravalli
<p>Area IV Agency on Aging Case Management 201 S Main P.O. Box 1717 Helena, MT 59624 Phone: 447-1680 Fax: 457-7365</p>	Broadwater, Gallatin, Jefferson, Lewis & Clark, Meagher, Park, Sweet Grass
<p>Area III Agency on Aging c/o Area VIII 1801 Benefis Court Great Falls, MT 59405 Phone: 454-6990 Fax: 454-6926</p>	Blaine, Chouteau, Glacier, Liberty, Pondera, Teton, Toole
<p>Area V Agency on Aging Case Management c/o Spectrum Medical, Inc 3475 Monroe Ave, Ste 102 Butte, MT 59701 Phone: 723-7987 Fax: 723-4120</p>	Beaverhead, Deer Lodge, Granite, Madison, Powell, Silver Bow
<p>Area IX Agency on Aging c/o NW MT Human Resources 214 Main Street P.O. Box 8300 Kalispell, MT 59904 Phone: 758-5422 Fax: 752-6582</p>	Flathead

RPO Office	Phone	Counties
Billings Office 2121 Rosebud Dr. Suite D Billings, MT 59102	Phone: 655-7644 Phone: 655-7635 FAX: 655-7646	Big Horn, Carbon, Golden Valley, Musselshell, Stillwater, Treasure, Wheatland, Yellowstone
Bozeman Office 220 W. Lamme, Suite 1E Martel Building Bozeman, MT 59715	Phone: 586-4089 FAX: 782-8728	Gallatin, Madison, Park, Sweetgrass
Butte Office 700 Casey Butte, MT 59701	Phone: 496-4989 FAX: 782-8728	Beaverhead, Deer Lodge, Granite, Silver Bow, Montana State Prison
Glendive Office 218 W. Bell, Suite 205 Glendive, MT 59330	Phone: 377-6252 FAX: 377-1240	Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Valley, Wibaux
Great Falls Office 201 1st Street South Great Falls, MT 59405	Phone: 453-8902 Phone: 453-8975 FAX: 454-6084	Blaine, Cascade, Choteau, Fergus, Glacier, Hill, Judith Basin, Liberty, Petroleum, Phillips, Pondera, Teton, Toole
Helena Office 2030 11th Ave. Helena, MT 59604	Phone: 444-1707 FAX: 444-7743	Broadwater, Jefferson, Lewis & Clark, Meagher, Powell, Montana State Hospital Long Term Care Unit
Kalispell Office 121 Financial Dr Ste B Kalispell, MT 59903	Phone: 755-5420 FAX: 751-5944	Flathead, Lake, Lincoln
Missoula Office 2681 Palmer Missoula, MT 59808	Phone: 329-1312 Phone: 329-1310 FAX: 329-1313	Mineral, Missoula, Ravalli, Sanders





Department of Public Health & Human Services

Senior and Long Term Care Division

P.O. Box 42110

Helena, Montana 59620