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The Impact of Stagnant Provider Rates on Essential Disability Services in Montana: Challenges and Policy Recommendations

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Abstract

Montana's home and community-based services (HCBS) system, which provides critical support to individuals with disabilities and aging populations, faces a significant challenge due to stagnant provider reimbursement rates. While the last legislative session brought a much-needed increase, the Governor's current budget proposal lacks further adjustments to address inflation and rising administrative burdens such as Electronic Visit Verification (EVV). Without adequate rate increases, Montana risks provider shortages, service disruptions, and increased reliance on costly institutional care. This paper examines the economic, workforce, and policy implications of stagnant provider rates, emphasizing the disproportionate impact on rural and Indigenous communities. It highlights the need for legislative action, public engagement, and strategic reforms to ensure the sustainability and accessibility of services across the state. Drawing on policy analyses, economic data, and comparative models from other states, this study offers actionable recommendations, including annual cost-of-living adjustments, workforce incentives, and increased public awareness efforts. Ultimately, investing in provider rate adjustments is not only a fiscal imperative but also a moral obligation to uphold the dignity and independence of Montana's most vulnerable populations.



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The Impact of Stagnant Provider Rates on Essential Disability Services in Montana: Challenges and Policy Recommendations

I – Introduction

Montana, often revered for its breathtaking landscapes and wide-open spaces, faces an invisible crisis — one that isn't about geography but about access. For thousands of Montanans with disabilities and aging individuals, the ability to live independently hinges on the services provided through programs like Community First Choice (CFC), the Big Sky Medicaid Waiver, and Personal Assistance Services (PAS). These programs aren't just support services; they're a declaration of dignity and autonomy. However, in the Governor's latest proposed budget, there's a glaring omission — no increases in provider rates. This absence, while seemingly a simple omission of numbers, carries real-life consequences that ripple across the state, particularly in rural and Indigenous communities.

Let's take a step back. Just a year ago, the Montana Legislature approved a much-needed provider rate increase, a breath of fresh air after years of stagnation. But here's the problem: inflation doesn't take a break, and the administrative demands on providers — such as the federally mandated Electronic Visit Verification (EVV) system — continue to pile on. Without a sustained commitment to rate increases, Montana runs the risk of falling behind once again. What does that mean for our communities? It means caregivers stretched too thin, agencies closing their doors, and consumers left in limbo, struggling to find reliable support.

The heart of the issue lies in the numbers. Montana's rural landscape presents unique challenges in delivering these services — vast distances, limited workforce availability, and higher operational costs. For Indigenous populations, who disproportionately rely on these programs due to systemic healthcare disparities, the stakes are even higher. When rates don't keep up with reality, it's not just about numbers; it's about people — about their ability to stay in their homes, care for themselves, and remain active participants in their communities.



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As we move forward, this paper will explore how stagnant provider rates threaten the future of these essential services. We will delve into the economic, workforce, and policy implications of failing to increase rates, and provide tangible recommendations to ensure Montana's most vulnerable populations are not left behind. The goal? To bridge the gap between budgetary decisions and the everyday lives they impact — because, at the end of the day, numbers should never come at the expense of human dignity.

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1. Montana Department of Public Health and Human Services. *Senior and Long-Term Care Division Budget Overview*. Helena, MT: DPHHS, 2023.
2. National Association of States United for Aging and Disabilities. *Medicaid-Funded Home and Community-Based Services: Challenges and Solutions for Rural America*. Washington, D.C.: NASUAD, 2022.
3. Fox-Grage, Wendy, and Kathleen Ujvari. *Rural Aging in America: Policy Considerations*. AARP Public Policy Institute, 2021.

II – Provider Rates and Their Role in Montana’s Disability Services

Provider rates might not make headlines, but they are the silent backbone of Montana’s long-term care system. When we talk about provider rates, we’re talking about the reimbursement amounts that agencies and individual caregivers receive for delivering essential services — services that allow Montanans with disabilities and older adults to stay in their homes, maintain their independence, and participate in their communities. Without adequate provider rates, the entire system begins to crumble, leaving consumers stranded and providers unable to meet growing demands.



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Let's put it in perspective. Montana's Medicaid-funded programs, such as Community First Choice (CFC), Big Sky Medicaid Waiver, and Personal Assistance Services (PAS), provide critical in-home support for daily activities like bathing, dressing, and meal preparation. These services aren't just convenient; they are essential to preventing costly institutionalization and promoting self-sufficiency. However, providers are struggling to keep up with rising costs. In 2023, the Montana Legislature approved a much-needed rate increase, but with inflation continuing to rise and administrative burdens mounting — thanks to mandates like Electronic Visit Verification (EVV) — those gains are rapidly being eroded.

2.1 What does stagnation look like on the ground?

Caregivers are forced to juggle multiple clients across vast rural areas, often traveling long distances without adequate mileage compensation. Small provider agencies, which form the backbone of Montana's service network, are stretched to their limits, often unable to offer competitive wages to recruit and retain staff. This shortage directly impacts consumers, who face long wait times, inconsistent care, and in some cases, the inability to access services altogether.

And then there's the rural factor. In a state as vast as Montana, geographic isolation adds another layer of complexity. Rural providers have unique operational challenges, such as fuel costs, difficulty recruiting caregivers willing to work in remote areas, and unreliable broadband connectivity that complicates compliance with digital reporting requirements. Indigenous communities, in particular, face systemic barriers, with provider shortages disproportionately affecting reservations where services are already scarce.

2.2 Equity and Sustainability

At its core, this is a question of equity and sustainability. Without periodic rate adjustments, Montana risks not only falling behind national standards but also creating a landscape where only the wealthiest or most connected



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individuals can access consistent, high-quality care. A failure to raise provider rates jeopardizes the very foundation of the home and community-based service (HCBS) model that Montana has worked so hard to build.

Looking ahead, if the state fails to act, we can expect increased provider burnout, a decline in service quality, and greater reliance on institutional care — exactly the opposite of what programs like Community First Choice and the Big Sky Waiver were designed to prevent. The time for incremental solutions is over; we need bold, forward-thinking policies to ensure that Montana’s most vulnerable residents can continue to live with dignity and independence.

2.3 Bibliographical References for Section II

1. Montana Department of Public Health and Human Services. *Senior and Long-Term Care Services Annual Report*. Helena, MT: DPHHS, 2023.
2. National Council on Disability. *The Impact of Medicaid Managed Care on People with Disabilities*. Washington, D.C.: NCD, 2021.
3. AARP Public Policy Institute. *Increasing Access to Home and Community-Based Services in Rural America*. Washington, D.C.: AARP, 2020.

III – Economic Implications of Stagnant Provider Rates in Montana

Let’s talk dollars and sense. The economic landscape of Montana is unique — characterized by wide open spaces, small-town economies, and a growing aging population that increasingly relies on Medicaid-funded home and community-based services (HCBS). When provider rates remain stagnant, the ripple effects are felt not only by service providers and consumers but also across the entire economic fabric of the state. Without periodic rate increases to keep up with inflation and rising operational costs, Montana faces a cascade of economic consequences — workforce



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shortages, service gaps, and increased reliance on expensive institutional care.

3.1 Inflation is Not Just a Buzzword; It's a Relentless Reality.

First, inflation is not just a buzzword; it's a relentless reality. Over the past few years, the cost of living in Montana has surged, driven by rising fuel prices, housing costs, and wage demands. However, provider reimbursement rates have remained relatively static, creating a situation where agencies and caregivers are left scrambling to make ends meet. The result? Many agencies are forced to operate on razor-thin margins, some even closing their doors, leaving consumers without vital services. For those providers who do remain in business, attracting and retaining qualified caregivers has become a Herculean task — why would someone choose caregiving at a low wage when higher-paying opportunities exist in retail or hospitality sectors? Without competitive compensation, caregivers are leaving the field, creating a dangerous service vacuum.

3.2 Hidden Costs

Consider the hidden costs of stagnant provider rates. As wages stagnate, turnover rates skyrocket, leading to higher training costs and disruptions in service continuity. Frequent staff turnover also impacts consumers, many of whom rely on consistent caregivers who understand their needs and preferences. The loss of these relationships is more than an inconvenience; it directly affects the quality of care and overall well-being of consumers. Moreover, the administrative burden of Electronic Visit Verification (EVV) — a federal requirement aimed at reducing fraud and increasing accountability — has placed additional financial strain on providers, many of whom lack the resources to implement the necessary technology without additional funding.



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3.3 Long Distances, Travel Expenses, and Low Population Density

Rural communities, which make up the vast majority of Montana’s landscape, bear the brunt of these economic challenges. Long distances, travel expenses, and low population density make service provision inherently more expensive in places like Dawson County, Treasure County, and Rosebud County. The lack of adequate provider rates further discourages caregivers from serving these areas, exacerbating an already critical shortage of healthcare workers. Indigenous communities face compounded challenges, as systemic underfunding and geographic isolation make it even harder to recruit and retain providers on reservations.

3.4 Broader Fiscal Implications of Stagnant Provider Rates

At the state level, stagnant provider rates also have broader fiscal implications. When individuals can’t receive services at home, they often end up in more costly institutional settings, such as nursing homes or hospitals. This shift not only reduces personal independence but also significantly increases Medicaid expenditures. Home and community-based services (HCBS) are widely recognized as a cost-effective alternative to institutional care, yet without proper investment in provider rates, the state could see an uptick in costly institutional placements — ultimately driving Medicaid costs higher over time.

3.5 Montana Can’t Afford to Ignore This Issue

To put it simply: Montana can’t afford to ignore this issue. A short-sighted approach that fails to adjust provider rates could lead to a financial and social crisis that extends beyond the disability services sector. Investing in home and community-based services now means cost savings in the long run, a stronger workforce, and better quality of life for Montanans who rely on these essential programs.



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The economic argument is clear — ensuring adequate provider rates isn't just about fairness; it's about smart fiscal policy that benefits the entire state.

3.6 Bibliographical References for Section III

1. Montana Budget & Policy Center. *Investing in Home and Community-Based Services: A Cost-Effective Approach for Montana's Aging Population*. Helena, MT: MBPC, 2022.
2. U.S. Department of Health and Human Services. *The Economic Value of Home and Community-Based Services*. Washington, D.C.: HHS, 2021.
3. National Association of Medicaid Directors. *State Strategies for Addressing Workforce Shortages in Medicaid HCBS Programs*. Washington, D.C.: NAMD, 2020.

IV – Policy and Legislative Analysis in Montana

Policy decisions aren't made in a vacuum, and Montana's provider rate stagnation is a direct consequence of competing legislative priorities, fiscal constraints, and systemic underinvestment in long-term care services. The state's current budget proposal, which fails to include a provider rate increase for Medicaid-funded services like Community First Choice (CFC) and the Big Sky Medicaid Waiver, underscores a critical gap in understanding the long-term economic and social benefits of investing in home and community-based services (HCBS).

4.1 A Short-Term Fix with Long-Term Consequences

Montana's policymakers are no strangers to the challenges of balancing a budget with limited resources, but the decision to forego a rate increase this fiscal year is a short-term fix with long-term consequences. Without adequate rates, service providers struggle to meet demand, caregivers



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leave the workforce, and consumers are left with fewer options, ultimately increasing state expenditures in institutional care.

4.2 A Historical Perspective on Legislative Action

In the 2023 legislative session, Montana took a positive step forward by implementing a long-overdue provider rate increase, recognizing the rising cost of service delivery. This increase provided temporary relief, but the landscape has shifted significantly since then. Inflation, regulatory changes, and a growing aging population have outpaced those adjustments, leaving providers once again in a precarious financial position. Historically, legislative efforts have prioritized short-term solutions rather than adopting sustainable, long-term funding mechanisms for HCBS.

Montana’s legislative history reveals a pattern of reactive policymaking in the realm of disability and senior care services. Previous rate adjustments, such as those implemented in 2019, were primarily driven by advocacy efforts and crisis-level service shortages. However, the absence of an indexed approach — tying provider rates to inflation and workforce demands — has resulted in recurring funding shortfalls.

4.3 Current Budget Realities and Policy Gaps

The Governor’s proposed budget for the current fiscal year presents a sobering reality: while funds have been allocated to other critical areas such as infrastructure and education, Medicaid provider rates have remained stagnant. This omission signals a fundamental misunderstanding of the economic and social benefits that adequately funded HCBS programs provide to the state.

4.4 Failure to Account for the Rising Administrative Burden Placed on Providers

One of the most significant policy gaps lies in the failure to account for the rising administrative burden placed on providers, particularly with the rollout



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of Electronic Visit Verification (EVV). While EVV aims to enhance accountability and reduce fraud, its implementation requires financial resources for staff training, technological infrastructure, and ongoing compliance monitoring. Without additional funding, these administrative costs are absorbed by providers, further stretching their already limited budgets.

4.5 Geographic Disparity in Service Provision

Another major policy concern is the geographic disparity in service provision. Legislative policy does not adequately reflect the unique challenges of providing services in Montana's rural and Indigenous communities. Funding formulas and reimbursement models do not take into account the additional costs associated with travel, staff shortages, and the need for culturally competent care. The failure to address these disparities perpetuates inequalities and limits service availability in the regions that need it most.

4.6 Comparative Policy Approaches: North Dakota, Wyoming and Oregon

Other states facing similar challenges have implemented innovative policy solutions that Montana can learn from. For example, North Dakota and Wyoming have adopted automatic rate adjustments tied to inflation, ensuring that provider rates keep pace with economic realities. Additionally, states like Oregon have established incentive-based funding models that reward providers who meet quality and efficiency benchmarks, creating a sustainable and performance-driven service environment.

Montana has the opportunity to adopt a more proactive approach by introducing legislation that includes the following:

1. Annual cost-of-living adjustments for provider rates.
2. Dedicated funding to support EVV implementation.



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3. Enhanced rural service incentives to attract and retain caregivers.

4.7 The Legislative Path Forward

Montana’s policymakers must recognize that investing in provider rate adjustments is not just a matter of financial necessity — it’s an ethical and social obligation. Moving forward, legislators must prioritize long-term funding strategies that align with the state’s commitment to supporting aging and disabled populations. Advocacy efforts from stakeholders, including organizations like the four Montana Centers for Independent Living, Living Independently for Today and Tomorrow – LIFTT, Summit Independent Living, North Central Independent Living Services - NCILS, and Ability Montana, will be instrumental in ensuring that these issues remain at the forefront of policy discussions.

As the 2025 legislative session approaches, stakeholders must push for comprehensive solutions that address both providers' immediate financial needs and the structural policy gaps that have long hindered Montana’s HCBS system.

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2. National Conference of State Legislatures. *State Medicaid Strategies for Enhancing Home and Community-Based Services*. Washington, D.C.: NCSL, 2021.
3. Disability Rights Montana. *Ensuring Equitable Access to Home and Community-Based Services for Montana’s Rural and Indigenous Populations*. Helena, MT: DRM, 2022.



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V – Advocacy and Policy Recommendations for Montana

Montana’s current approach to provider rates calls for more than passive concern — it demands strategic, well-informed advocacy and decisive legislative action. The future of home and community-based services (HCBS) in the state hinges on a concerted effort by stakeholders, advocacy groups, and policymakers to push for sustainable solutions that ensure caregivers and providers can continue delivering essential services to Montanans who need them most.

5.1 Funding These Programs Adequately is Not a Luxury; It’s a Necessity

At the heart of this advocacy effort is a simple truth: funding these programs adequately is not a luxury; it’s a necessity. Without timely and appropriate provider rate increases, Montana risks exacerbating workforce shortages, limiting consumer choice, and ultimately increasing overall healthcare costs due to greater reliance on institutional care. So, what’s the way forward? A multi-pronged approach is needed — one that combines legislative advocacy, public engagement, and targeted policy reforms.

5.2 Legislative Advocacy: A Call for Systemic Change

Legislative advocacy efforts must focus on securing annual cost-of-living adjustments (COLAs) for provider rates to ensure they keep pace with inflation and economic fluctuations. Several states, including North Dakota and Minnesota, have already implemented mechanisms to automatically adjust provider rates based on inflation indices, providing stability and predictability for providers. Montana can adopt a similar approach by introducing legislation that:

- 1. Establishes a statutory requirement for annual rate reviews and adjustments based on inflation data and workforce trends.**



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2. Allocates dedicated funding to offset administrative costs tied to new regulatory requirements such as Electronic Visit Verification (EVV).
3. Expands funding opportunities for workforce development programs, providing incentives to attract and retain caregivers, particularly in rural and Indigenous communities.

To achieve these goals, it is imperative that stakeholders collaborate with Montana’s legislators, particularly those on key committees such as the House Appropriations Committee and the Senate Public Health, Welfare, and Safety Committee. Advocacy efforts should include presenting compelling data, personal testimonies from caregivers and consumers, and economic projections that highlight the cost-effectiveness of investing in HCBS.

5.3 Public Engagement: Mobilizing Community Support

Effective advocacy extends beyond the halls of the legislature—it requires active community engagement and public awareness campaigns. Many Montanans remain unaware of the critical role that HCBS programs play in supporting independence and reducing healthcare costs. A statewide campaign should focus on the following:

1. **Raising awareness** through public forums, town hall meetings, and social media outreach to educate the public on how stagnant provider rates impact their communities.
2. **Engaging local media** to highlight personal stories from individuals who rely on these services, emphasizing the human cost of underfunding.
3. **Building coalitions** with other organizations, such as the Montana Hospital Association and aging advocacy groups, to present a united front in lobbying efforts.



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By mobilizing public support, advocates can exert pressure on policymakers to prioritize provider rate adjustments in future budget cycles.

5.4 Workforce Solutions: Addressing Montana's Caregiver Shortage

One of the most pressing challenges facing Montana's HCBS system is the chronic shortage of caregivers. The solution lies in both immediate and long-term workforce strategies. Policymakers should consider the following:

- 1. Incentive programs**, such as tax credits and loan forgiveness for individuals who enter the direct care workforce.
- 2. Increased training opportunities**, offering paid apprenticeships and certification programs to encourage more people to join the field.
- 3. Improved wages and benefits**, ensuring that caregiver salaries are competitive with other industries and reflective of the vital work they perform.

Montana should look to successful models in other rural states that have implemented recruitment and retention strategies, such as tuition reimbursement for caregiving training and transportation stipends for caregivers serving remote areas.

5.5 Targeted Policy Reforms: Improving Service Delivery

Beyond funding increases, meaningful reform is necessary to enhance the efficiency and accessibility of HCBS programs. Policy recommendations include the following:

- 1. Simplifying the provider enrollment process**, making it easier for agencies to participate in Medicaid programs.



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- 2. Expanding telehealth services**, which can reduce travel burdens and make service delivery more efficient, particularly in Montana’s rural and Indigenous communities.
- 3. Developing culturally competent care models** to address the unique needs of Indigenous populations and ensure equitable service provision.

5.6 Strategic Partnerships: Leveraging Federal and State Resources

Montana should explore opportunities to leverage federal funding initiatives to enhance HCBS funding. The American Rescue Plan Act (ARPA) and other federal programs offer potential funding sources that could be used to supplement state budget allocations. Building strategic partnerships with federal agencies and nonprofit organizations can provide technical assistance and additional funding streams.

5.7 The Road Ahead: Turning Advocacy into Action

The path forward requires a sustained commitment to advocacy, strategic policymaking, and public engagement. Advocacy organizations such as the four Montana Centers for Independent Living, Living Independently for Today and Tomorrow – LIFTT, Summit Independent Living, North Central Independent Living Services - NCILS, and Ability Montana, play a crucial role in holding policymakers accountable and ensuring that provider rate adjustments remain a priority on the legislative agenda.

Montana stands at a crossroads. It can either continue down the path of underfunding, risking service cutbacks and increased institutionalization, or it can embrace forward-thinking policies that prioritize independent living and community-based care. The time to act is now — before the crisis deepens further.



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2. Montana Department of Public Health and Human Services. *Legislative Priorities for Senior and Long-Term Care*. Helena, MT: DPHHS, 2023.
3. North Dakota Department of Human Services. *Long-Term Care Workforce Development and Retention Strategies*. Bismarck, ND: DHS, 2022.
4. Disability Rights Montana. *Empowering Montanans with Disabilities: Advocacy for Change*. Helena, MT: DRM, 2022.

VI – Conclusion: Investing in the Future of Montana’s Home and Community-Based Services

Montana's commitment to supporting its aging and disabled population through home and community-based services (HCBS) has long been a point of pride. However, the current stagnation in provider rates threatens to undermine these essential services, placing thousands of vulnerable Montanans at risk. Without decisive action to adjust provider reimbursement rates in line with inflation and administrative demands, the state risks increasing reliance on institutional care, overburdening caregivers, and leaving consumers without the support they need to live independently.

Throughout this paper, we've explored the critical role provider rates play in ensuring service quality and accessibility, the economic consequences of stagnation, the policy gaps that have contributed to the current challenges, and the advocacy efforts required to bring about meaningful change. The



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message is clear: Montana must act now to safeguard the future of its long-term care infrastructure.

Failure to address this issue will not only lead to higher costs for the state in the long run but will also result in a diminished quality of life for the individuals who rely on these services. Caregivers will continue to leave the workforce in search of better-paying opportunities, service providers will struggle to remain operational, and rural and Indigenous communities — already disproportionately affected—will see further declines in service availability.

But there is hope. By implementing forward-thinking policies such as annual cost-of-living adjustments, incentive programs for workforce retention, and strategic partnerships with federal agencies, Montana can build a sustainable system that meets the evolving needs of its population. Advocacy organizations like the four Montana Centers for Independent Living, Living Independently for Today and Tomorrow – LIFTT, Summit Independent Living, North Central Independent Living Services - NCILS, and Ability Montana are already leading the charge, but they cannot do it alone. A collaborative approach that involves policymakers, service providers, and community members is essential to ensuring long-term success.

Ultimately, the call to action is simple but profound: Montana must prioritize people over budget constraints, recognizing that investing in HCBS today is an investment in the dignity, independence, and well-being of its citizens. The state stands at a crossroads — either to embrace sustainable solutions that strengthen the foundation of long-term care or to risk exacerbating the crisis and compromising the lives of those it serves.

The future of Montana's home and community-based services depends on today's choices. Let those choices reflect compassion, foresight, and a commitment to independence and dignity for all.



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6. Montana Department of Public Health and Human Services. *Future Directions for Home and Community-Based Services in Montana*. Helena, MT: DPHHS, 2023.
7. Montana Department of Public Health and Human Services. *Legislative Priorities for Senior and Long-Term Care*. Helena, MT: DPHHS, 2023.
8. Montana Department of Public Health and Human Services. *Senior and Long-Term Care Division Budget Overview*. Helena, MT: DPHHS, 2023.
9. Montana Legislative Fiscal Division. *2023 Budget Analysis for the Senior & Long-Term Care Division*. Helena, MT: Montana State Legislature, 2023.
10. National Association of Medicaid Directors. *State Strategies for Addressing Workforce Shortages in Medicaid HCBS Programs*. Washington, D.C.: NAMD, 2020.
11. National Association of States United for Aging and Disabilities. *Building Sustainable Long-Term Care Systems*. Washington, D.C.: NASUAD, 2021.
12. National Association of States United for Aging and Disabilities. *Medicaid-Funded Home and Community-Based Services: Challenges and Solutions for Rural America*. Washington, D.C.: NASUAD, 2022.
13. National Conference of State Legislatures. *State Medicaid Strategies for Enhancing Home and Community-Based Services*. Washington, D.C.: NCSL, 2021.



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14. National Council on Aging. *Advocacy Strategies for Long-Term Care Funding: A State-by-State Approach*. Washington, D.C.: NCOA, 2021.
15. North Dakota Department of Human Services. *Long-Term Care Workforce Development and Retention Strategies*. Bismarck, ND: DHS, 2022.
16. U.S. Centers for Medicare & Medicaid Services. *Medicaid Home and Community-Based Services Guidance*. Baltimore, MD: CMS, 2022.
17. U.S. Department of Health and Human Services. *The Economic Value of Home and Community-Based Services*. Washington, D.C.: HHS, 2021.

VIII – Recommended Readings

1. **Fox-Grage, Wendy, and Kathleen Ujvari. *Rural Aging in America: Policy Considerations*. AARP Public Policy Institute, 2021** — *This report provides valuable insights into the challenges faced by aging populations in rural areas, offering policy recommendations that align with Montana’s geographic and demographic realities. It is particularly useful for understanding workforce shortages and service accessibility issues.*
2. **Montana Budget & Policy Center. *Investing in Home and Community-Based Services: A Cost-Effective Approach for Montana’s Aging Population*. Helena, MT: MBPC, 2022** — *This publication provides an economic analysis of the benefits of investing in home and community-based services (HCBS), with a specific focus on Montana’s aging demographic and the fiscal impact of policy decisions.*



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3. **Disability Rights Montana. *Empowering Montanans with Disabilities: Advocacy for Change*. Helena, MT: DRM, 2022** — *This report highlights the advocacy efforts and legal frameworks that support individuals with disabilities in Montana, emphasizing the role of public policy in ensuring equitable access to services.*
4. **National Association of Medicaid Directors. *State Strategies for Addressing Workforce Shortages in Medicaid HCBS Programs*. Washington, D.C.: NAMD, 2020** — *A comprehensive guide to workforce development strategies implemented across different states to tackle caregiver shortages, with practical recommendations that can be adapted to Montana's unique needs.*
5. **National Conference of State Legislatures. *State Medicaid Strategies for Enhancing Home and Community-Based Services*. Washington, D.C.: NCSL, 2021** — *This resource explores innovative Medicaid strategies and policy frameworks that states have implemented to improve HCBS delivery, offering insights into best practices Montana could adopt.*
6. **North Dakota Department of Human Services. *Long-Term Care Workforce Development and Retention Strategies*. Bismarck, ND: DHS, 2022** — *A valuable case study of how a neighboring rural state has successfully addressed workforce shortages and improved long-term care services through legislative and administrative initiatives.*
7. **U.S. Centers for Medicare & Medicaid Services. *Medicaid Home and Community-Based Services Guidance*. Baltimore, MD: CMS, 2022** — *This federal guideline provides critical insights into compliance, funding mechanisms, and policy considerations for HCBS programs nationwide, ensuring Montana remains aligned with federal standards and funding opportunities.*



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8. **AARP Montana. *Aging in Place: Challenges and Opportunities in Montana.* Helena, MT: AARP, 2022** — *A practical resource that explores the barriers older Montanans face when trying to remain in their homes and communities, with policy recommendations to improve accessibility and affordability.*
9. **National Association of States United for Aging and Disabilities. *Building Sustainable Long-Term Care Systems.* Washington, D.C.: NASUAD, 2021** — *This document offers long-term strategic planning approaches that states can adopt to create sustainable, equitable, and efficient long-term care systems.*
10. **Montana Department of Public Health and Human Services. *Senior and Long-Term Care Division Budget Overview.* Helena, MT: DPHHS, 2023** — *An essential government report that provides an overview of funding allocations, policy priorities, and projected needs for Montana’s senior and long-term care services.*