



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Presentation to the 2017 Health and Human Services
Joint Appropriations Subcommittee

SENIOR AND LONG TERM CARE DIVISION

Medicaid and Health Services Branch

DPHHS Mission: To improve and protect the health, well-being, self-reliance of all Montanans.

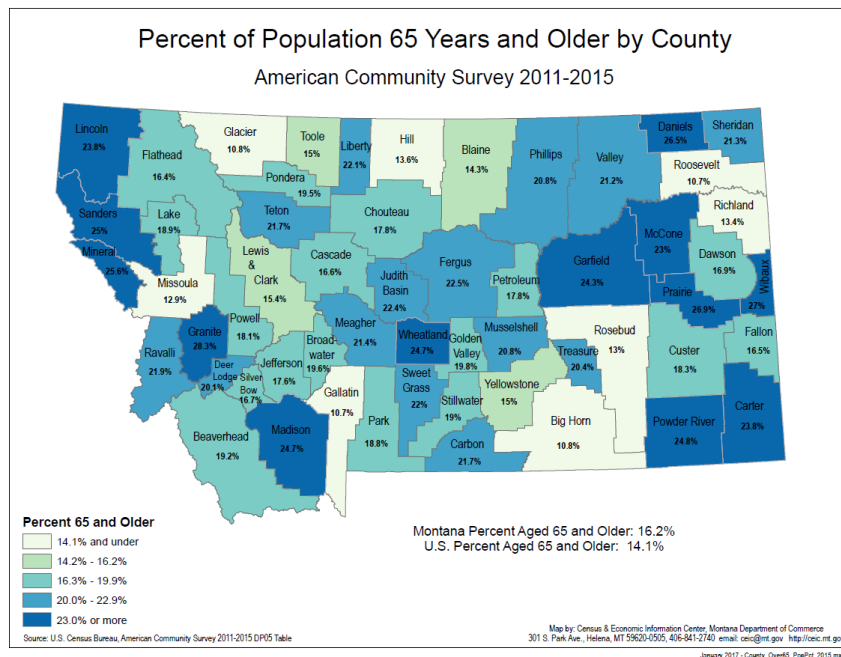
Division Mission: To advocate and promote dignity and independence for older Montanans and Montanans with disabilities by:

Providing information, education, and assistance;
Planning, developing and providing for quality long-term care services; and
Operating within a cost-effective service delivery system.

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OVERVIEW:

Montana is aging at a faster rate than most of the other States in the Union. The 2010 U.S. Census showed that Montana's 65 and older population was at 13.4% while the United States is at 12.1%. By 2011, Montana's 65 and older population had already increased to 16.7%. Over the next 18 years, 12,775 Montanans will turn 65 years of age every year. U.S census projections indicated that by 2030, Montana is expected to rank at least 5th in the nation in the percentage of people over the age of 65. Montanans are also living longer; currently there are 175 centenarians in Montana based on the 2010 census. Addressing the needs of an aging Montana will continue to be an issue over the next 15 to 20 years.



The Senior and Long Term Care Division (SLTC) plans, administers, and provides publicly-funded long-term care services for Montana's senior citizens and persons with physical disabilities. The division does this by:

- Providing information and assistance on aging issues, delivering services, such as home delivered meals under the federal Older Americans Act, and managing respite services through the Office on Aging;
- Administering Medicaid programs including nursing facility services, the Big Sky waiver, the Community First Choice program, home health and hospice through the Nursing Facilities and Community Services Bureaus;
- Supporting aging and disabled veterans through the management of the Montana Veterans Home and the Eastern Montana Veterans Home; and

- Providing protective services to Montana’s seniors and vulnerable adults through investigative work in the areas of abuse, neglect, and financial exploitation.

SUMMARY OF MAJOR PROGRAMS

Office on Aging

The aging network provided services to over 94,000 senior citizens in FY 2016, out of approximately 243,868 people in Montana age 60 and over. The Office on Aging is responsible for the state plan on aging and including the programs developed by 10 Area Agencies on Aging (AAAs) located across Montana. Among the services provided by the AAAs are senior centers, home delivered meals, health services, transportation, public education, information and assistance, long-term care ombudsman and others. Expenditures of state and federal funds for these services totaled \$14.1 million FY 2016. The matching program rate is 85% federal funds and 15% state/local match.

Food and Nutrition:

- **Home Delivered Meals or Meals on Wheels** focus on seniors who are unable to get to a meal sites for a congregate meal. It is one of many important programs that helps allow people to stay at home rather than moving to a higher level of care. In 2016 there were 768,752 meals delivered to about 7,100 persons across Montana by 137 home delivered meal providers.
- **Congregate Meal Program** sites are mostly senior centers, although churches, fraternal organizations, nursing homes, and restaurants can serve as meal sites. In 2016, 1,070,250 congregate meals were served to about 19,623 Montanans through 196 congregate meal sites.
- **USDA Community Supplemental Food Program** provides food to Montanans aged 60 years or over who earn less than 130% of the federal poverty level. This translates to \$1,316 for an individual and \$1,775 for a couple. The program provides a 30 pound box of food each month.

Information and Advocacy:

- **Aging and Disability Resource Centers (ADRCs)** The goal of the Aging and Disability Resource Center Program is to empower individuals to make informed choices, to streamline access to long-term support and organize the long-term support system. The vision is to have Resource Centers in every community serve as where Montanans can turn for information on the full range of long term support options and a single point of entry to public long term support programs and benefits. ADRCs are a resource for both public and private-pay individuals. Reaching people before they become Medicaid eligible, and exposing them to low-cost options and programs such as long term care insurance, allow individuals to make better informed choices about utilizing their resources and help prevent and/or delay spend-down to qualify for Medicaid. ADRCs serve individuals age 60 and older and people with disabilities over the age of 18. Currently 9 of the 10 Area Agencies on Aging are ADRCs covering 49 of our 56 counties. The ADRCs launched the Options Counseling program in FY 2015. This

program is person-centered and provides assistance to all people interested in planning for their long term services and supports. Trained counselors provided 56 sessions in FY 2016.

- **Long-Term Care Ombudsman** is the advocate for all residents of long-term care facilities (assisted living facilities, nursing facilities, and critical access hospitals with swing beds). Ombudsmen support consumers by providing information or direct assistance, with a focus on the health, safety and rights of residents. Services are provided at the local level by 44 individuals including certified Ombudsmen, Regional Ombudsmen, and Friendly Visitor volunteers. These individuals are hired and directly supervised by local Area Agencies on Aging or the County Councils on Aging. Ombudsmen made 6,449 visits to long term care facilities, responded to 2,239 complaints and provided 1,664 consultations to persons requesting assistance and 1,884 consultations to facilities in state fiscal year 2016.
- **State Health Insurance Assistance (SHIP) Program** - The Montana State Health Insurance Assistance Program (SHIP) is a free health-benefits counseling and advocacy service for Medicare beneficiaries and their families or caregivers. Its mission is to educate, advocate for, counsel and empower people to make informed benefit decisions. This program is based and operated through Montana's Area Agencies on Aging (AAA). The 120 plus local SHIP counselors are specialists trained in Medicare eligibility, benefits and options, health insurance counseling and related insurance products. The Office on Aging provides training and support for this program. In Fiscal Year 2016, SHIP counselors handled over 18,464 contacts. Through face to face meetings SHIP counselors assisted 8,875 individuals in Montana regarding Medicare, Medicare Prescription Drug plans, and other beneficiary issues.
- **Information, Assistance and Referral (I&A) Program** is a service designed to link seniors, their family members, and caregivers with services. There are approximately 110 I&A Technicians statewide who work through AAAs to provide information about services, make proper referrals, and provide public education and outreach within their communities.
- **Elderly Legal Services Assistance Program** provides training on elder law to senior citizens, family members, professionals, and providers. The program responds to a wide array of legal issues to assist persons 60 years of age and older. The program provides printed legal information, assistance with legal services, and legal education. Limited pro-bono services are available based on income guidelines and case types. In addition, the program works with Justice Served to help seniors who have been a victim of financial exploitation and attempts to recover assets and prevent further loss of funds.
- **Montana Lifespan Respite.** Montana DPHHS, in collaboration with the Statewide Lifespan Respite Coalition and Aging and Disability Resource Center network, is working on the sustainability of the Lifespan Respite (LSR) program. In this last year of the grant, the network will finalize plans to sustain the momentum of the program. Achievements of increasing caregiver awareness of the purpose, need and availability of respite, and options for caregiver training. The program received additional funding of \$120,000 for services in early September 2016, but did not receive an extension of time. This grant will expire at the end of August 2017.

COMMUNITY SERVICES BUREAU

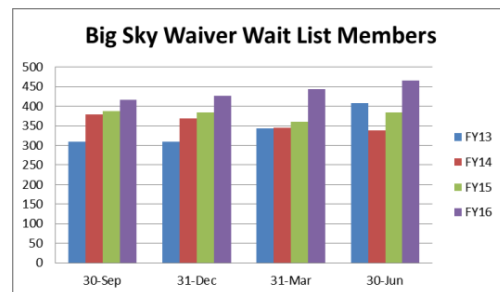
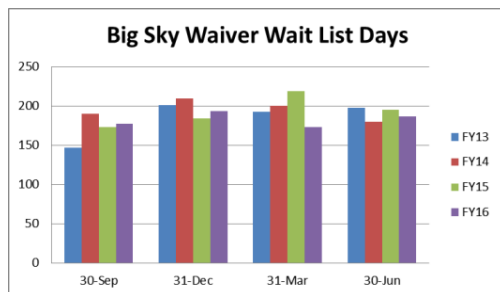
The Division manages Medicaid support services to keep qualified members in their homes and communities as an alternative to nursing facility care. Programs provide assistance with activities of daily living such as bathing, dressing, meal preparation, instrumental activities of daily living such as grocery shopping, limited housekeeping and an array of specialized services. Most of the following services can be received through an agency or self-managed by the member.

- **Community First Choice (CFC)** program is part of a federal incentive to devote an increasingly larger share of long term care resources to community service options. Often referred to as balancing the long term care system of supports. CFC has a federal share of reimbursement 6% higher than the standard rate. The majority of the increase from the enhanced matching rate is used to pay for the additional requirements of CFC. Montana's program covers supports to assist members with activities of daily living (ADLs), instrumental activities of daily living (IADLs), health maintenance tasks, and related support services, like transportation assistance to medical appointments. Health maintenance activities include administration of medications, wound care, and bowel and bladder care. Expenditures in FY 2016 are expected to be \$57.1 million including direct care wages and health care for health care workers. Approximately 3200 members were served in the CFC program in FY 2016.
- **Personal Assistance Services.** This entitlement program is designed to prevent or delay institutionalization by providing medically necessary maintenance or supportive care in the home to Medicaid members whose health problems cause them to be functionally limited in performing activities of daily living. In FY 2016, approximately 800 people received personal assistance services across Montana at a total cost of \$7.1 million, when direct care wages and health care for direct care workers funding is included. As an entitlement program, there are no restrictions based on age or disability; rather services are authorized based on functional limitations resulting from a discernible diagnosis.
- **Big Sky Waiver** program began in 1982 and has adapted to the changes in service delivery preferences over time. To be eligible for the Big Sky program an individual must be elderly or disabled, Medicaid eligible, require nursing facility level of care and be in need of a service available only through the program. To receive services, funding or a "slot", must be available or the individual is placed on the waiting list. Slots are managed by type of services.

	Big Sky Waiver Slot Allocation						
	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17 YTD
Assisted Living Slots							
AL Prior Year Slots	594	617	636	635	575	613	644
NF Transition, Expansion, Conversion	<u>23</u>	<u>19</u>	<u>-1</u>	<u>-60</u>	<u>38</u>	<u>31</u>	<u>23</u>
AL Total Slots	617	636	635	575	613	644	667
Basic Slots							
Basic Prior Year Slots	1109	1124	1155	1159	1236	1236	1237
NF Transition, Expansion, Conversion	<u>15</u>	<u>31</u>	<u>4</u>	<u>77</u>	<u>5</u>	<u>1</u>	<u>-5</u>
Basic Total Slots	1124	1155	1159	1236	1241	1237	1232
Other slots							
CC3 slots - Heavy Care/TBI Specialized	119	125	129	137	135	130	130
AL AT Risk Diversion Slots	12	12	6	9	9	14	14
CSB NHT/Diversion Slots	0	0	0	0	25	0	0
BSB Option slots	25	25	31	33	34	32	32
Money Follows the Person Slots	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>13</u>
Total other slots	156	162	166	179	203	177	189
HCBS Waiver Total slots	1897	1953	1960	1990	2057	2058	2088
HCBS Waiver Total Members Served	2409	2498	2393	2446	2536	2600*	2774 est.

*claims may not be complete

Services available to members include case management, homemaker, personal care, adult day care, respite, habilitation, medical alert monitor, meals, transportation, environmental modification, respiratory therapy, nursing services, adult residential care provided in a personal care or assisted living facility, or adult foster home, as well as a number of specialized services for recipients with a traumatic brain injury. The Department contracts with seven agencies to provide case management services to members. During FY 2016 approximately 2600 people were served. As of June 30, 2016 there were 466 individuals waiting for services and the average length of stay on the waiting list was 187 days. Expenditures of state and federal funds for FY 2016 are \$44.3 million.



The Division has employed a proactive strategy with a “Money Follows the Person” approach to rebalancing the long term care system. This approach identifies nursing facility residents

who want to move into community placements, and for whom appropriate, cost effective, community services could be developed allowing them to return to their own homes or move into small residential settings such as Assisted Living Facilities. Since FY 2004, over 300 people have transitioned from nursing facilities into community services; with dollars for services following them from the nursing facility into the community.

- Money Follows the Person.** The Centers for Medicare and Medicaid Services (CMS) awarded a Money Follows the Person (MFP) grant to Montana in 2012 to augment existing community-based long term services and supports and to increase home and community based services. The MFP grant has targeted individuals in the Montana Developmental Center (MDC), individuals in nursing homes with Severe Disabling Mental Illness (SDMI), persons with physical disabilities, the elderly, and persons with complex health care needs. Eligible individuals receive demonstration grant services and waiver services for 365 days, after which funding for the members are transferred to the appropriate Medicaid waiver program. All waiver and demonstration services provided through MFP receive an enhanced federal rate of 82.6% for a period of 365 days of service. Transitions will continue through calendar year 2017 with services under the MFP grant continuing into early 2019. However original benchmarks for persons to transition were reduced from 235 to 141 due to federal budget re-allocations.

Number of transitions per service system					
Year	Elderly	Physically Disabled	ID/DD	Mental Illness	Total
CY2012	0	0	0	0	0
CY2013	0	0	0	0	0
CY2014	2	3	9	1	15
CY2015	20	22	3	8	53
CY2016	19	15	11	8	53
CY2017	<u>6</u>	<u>9</u>	<u>0</u>	<u>5</u>	<u>20</u>
Total	47	49	23	22	141

The individual transitions listed under ID/DD are transitions from the Montana Developmental Center to community providers.

- Hospice** is a program that provides health and support services to the terminally ill and their families. This approach to treatment recognizes the patient’s impending death and as a result, palliative/comfort care, rather than curative care, is delivered. When a person enters hospice, they waive all Medicaid benefits related to curative care. The hospice benefit covers both the standard hospice services, such as pain management, nursing and therapies, as well as nursing facility room and board payments when needed. In FY 2016, 380 members utilized the hospice benefit expending approximately \$3.1 million.
- Home Health** services are medically necessary nursing and therapy services provided in the residence of Medicaid members. The program also covers medical supplies and minor equipment used in the home in conjunction with the delivery of services. Services are designed to be delivered on a part-time or intermittent basis to prevent or delay institutionalization. These services must be ordered by a physician and provided by a licensed and certified home health

agency. In FY 2016, approximately 408 people utilized home health services. Home health expenditures for FY 2016 are approximately \$0.5 million.

NURSING FACILITY SERVICES BUREAU

Despite the preferences of people in need of services, their family members, and the Department to keep people in their homes and in their communities, nursing facility services are often necessary and appropriate. The Nursing Facility Program pays for short and long-term nursing care to people who are Medicaid-eligible and in need of the level of care provided by the 77 Montana nursing facilities located in 41 of Montana's 56 counties. In FY 2016 about 956,000 Medicaid funded days of nursing facility care were delivered to approximately 4,291 Montanans. At any given time, about 65% of the state's 6,503 nursing facility beds in the state are occupied. Nursing facilities are reimbursed under a case mix, price-based system where rates are determined annually, effective July 1. Each nursing facility receives a facility specific rate, composed of an operating per diem rate, which is 80% of the statewide price and a direct resident care component, which is 20% of the statewide price adjusted for each facility based on Medicaid resident acuity using the minimum data set (MDS). On average, Medicaid pays sixty one percent (61%) of all nursing facility services, private payers twenty-seven percent (27%) and Medicare/Other the remaining twelve percent (12%). The two tribal nursing facilities are 100% federally funded through Indian Health Services.

Nursing facilities are the largest portion of the long-term care budget, with total FY 2016 expenditures of almost \$197 million dollars when Intergovernmental Fund Transfer (IGT) and direct care wages are included. Montana has had an Intergovernmental Fund Transfer program since 2001, which provides additional financial support to at-risk facilities by utilizing local county revenues as match in the Medicaid program. This augments funding to nursing facilities without the commitment of additional state dollars. In FY 2016 of the 23 county providers, 17 participated in the program providing \$4.9 million and matched with \$7.6 million in federal funds. In addition, Montana has had a nursing facility provider fee or tax since 1991. The rate is currently \$8.30 on each nursing facility day of care. \$2.80 of the fee is deposited in the general fund and \$5.50 is deposited as state special revenue account to fund nursing facilities.

STATE VETERANS NURSING HOMES

- **Montana Veterans Home (MVH)** in Columbia Falls was established in 1896 and is a one hundred five (105) bed licensed and certified skilled nursing facility, which includes a 15 bed special care unit for Alzheimer or dementia care. The Medicaid and Medicare eligible facility provides the same care typically found in a community nursing home. It is funded in part by charging members for their care at the facility based on their ability to pay. In addition to the nursing facility, MVH operates a twelve (12) bed domiciliary unit. This unit known as the "Dom" provides supervision and assistance in a residential setting to Veterans who are able to meet their own self-care needs. Montana veterans are admitted if they are over 55 years of age, or in need of care, and have had active service in the armed forces. Spouses of veterans may also be admitted if space is available. As of December 2016, the facility was home for 107 veterans and their spouses, including 97 nursing facility residents and 10 residents in the Dom.

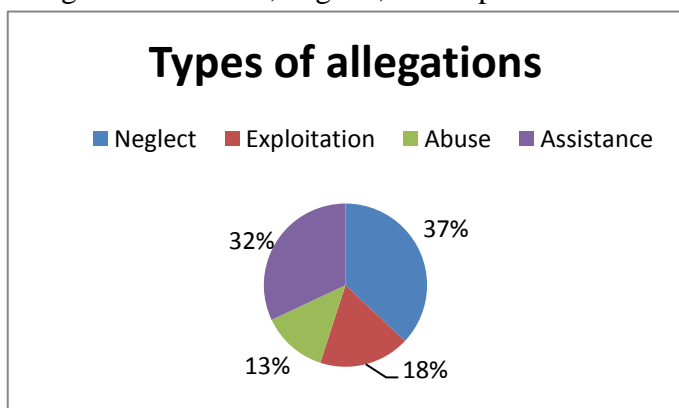
- Eastern Montana Veterans Home (EMVH)** in Glendive was built in 1994 and opened its doors for admissions on July 17, 1995. It provides 80 skilled and intermediate nursing facility beds, including 16 beds dedicated to Alzheimer or dementia care residents. As of December 2016 the facility was home to 60 Montanans. The 16 bed Special Care Unit had a waiting list throughout FY16. The facility's average occupancy for 2016 was 61 residents or 75.37%, slightly higher than the average occupancy rate for other nursing facilities in that geographic area. The Division contracts for the day-to-day operation and management of the EMVH facility. The Glendive Medical Center (GMC) has been the contractor responsible for management and operation of the facility since 1995. The total cost of operation of the EMVH to the state during FY 2016 was about \$2.5 million, \$266,000 was from state special revenues, and \$2.2 million was from per diem payments that the federal government that passes through to the contractor for the operation of the facility. As with the MVH, the Federal Department of Veterans' Affairs contributes \$106.10 for each day of the nursing home care provided to a veteran.

ADULT PROTECTIVE SERVICES (APS)

The Adult Protective Services Act establishes the program designed to meet the needs of vulnerable adults who have been abused, neglected, or exploited. It places authority and responsibility for investigations and interventions in situations of abuse, neglect, and exploitation of vulnerable adults with Adult Protective Services. The Act requires the least restriction possible in the exercise of personal and civil rights consistent with the person's need for services, while supporting individuals in maintaining control over their lives and in making informed choices without coercion.

During FY 2016, APS provided some form of assistance to 6,925 persons across Montana, including court ordered guardianship services for 173 Montanans. Montana law establishes DPHHS as the last resort to take on guardianship cases.

The number of vulnerable adults living in Montana communities has grown rapidly over the past few years, increasing the demand for the investigative services provided by APS workers. Investigations of allegations of abuse, neglect, and exploitation have increased from 6,079 in 2011, to 6,925 in 2016.



Of the 6,925 allegations received and investigated, roughly 37% were related to neglect, 18% to exploitation, 13% to abuse concerns, and 32% were requests for assistance for vulnerable adults. Total funding spent on services in FY 2016 was approximately \$3.0 million which is funded at approximately 3.5% federal funds and 96.5% state general funds.

Services aimed at protecting vulnerable adults from abuse, neglect, and exploitation include but are not limited to receiving investigating reports

of abuse, neglect, and exploitation and intervening when necessary. APS workers coordinate with law enforcement officials and tribal entity when suspected criminal activity occurs. To prosecute offenders, APS works with the local county attorneys who determines the disposition of the case.

Adult Protective Services Work Load by Fiscal Year													
	FY 2011		FY 2012		FY 2013		FY 2014		FY 2015		FY 2016		
Abuse Allegations	861	14%	901	13%	850	12%	843	12%	765	11%	908	13%	
Neglect Allegations	3129	51%	3518	51%	3562	52%	3309	47%	2600	38%	2592	37%	
Exploitation Allegations	1019	17%	1145	17%	1045	15%	1084	15%	1100	16%	1234	18%	
Information and Referral	741	12%	956	14%	1001	15%	1576	22%	2046	30%	2030	29%	
Protective Cases	88	1%	83	1%	190	3%	70	1%	106	2%	161	2%	
Guardianships	<u>241</u>	<u>4%</u>	<u>242</u>	<u>4%</u>	<u>232</u>	<u>3%</u>	<u>214</u>	<u>3%</u>	<u>191</u>	<u>3%</u>	<u>173</u>	<u>2%</u>	
Total APS Workload	6079	100%	6845	100%	6880	100%	7096	100%	6808	100%	7098	100%	

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2017 BIENNIUM

- **Health Care for Health Care Workers**

Funding has been available for Health Care for Health Care Workers in the form of Medicaid provider rate increases when health insurance is provided for direct care workers in personal assistance and private duty nursing programs. The funds must be used to cover premiums for health insurance that meets defined benchmark criteria. As of January 1, 2017, thirteen (13) providers were enrolled in the program and they estimated provider over 575 workers across the state with quality health insurance coverage in the coming year.

- **Community Involvement/Volunteerism at State Veterans' Facilities**

Both of the veterans home enjoy the benefit of community support through volunteers, local schools and private veteran foundations. Volunteers have logged over 10,800 hours of service at the MVH alone. At both facilities volunteers help with recreational activities, book groups, birthdays, outings and provide companionship. The foundation for each organization raises funds and purchases items to enhance the quality of life for the residents such as improvement to outdoor areas with flowers and shrubs, newspaper subscriptions, barbecues, personal items for those in need, and holiday celebrations. At EVMH, the foundation provided furniture for the day use room in the secure care unit.

- **Eastern Montana Veterans Home Special Projects**

Several larger facility projects were completed in the 2017 biennium. The outdoor, secure, fenced yard for the Special Care Unit and the main campus yard were both expanded to meet the growing need for more outdoor resident accessible areas. Walking paths have been extended to provide residents with the opportunity to navigate the expansive yard. A covered outdoor seating provides gathering space for residents, their families and staff to enjoy. Inside the facility in the hall of one wing, new flooring was added to complete the whole facility common area carpeting project. The resident rooms now boast a modern oak floor look.

- **Montana Lifespan Respite.** The program received additional funding of \$120,000 for services in early September 2016, but did not receive an extension of time. This grant will expire at the end of August 2017. Achievements in this program included increasing caregiver awareness of the purpose, need for and availability of respite, and options for caregiver training.

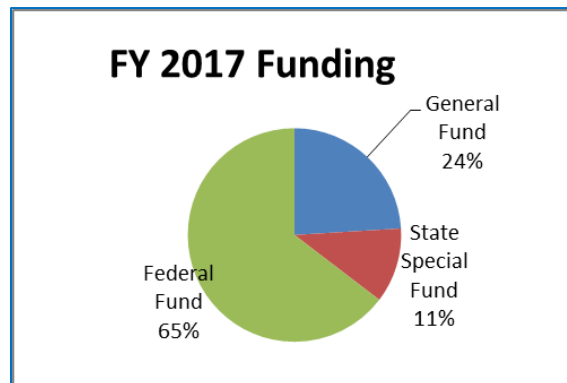
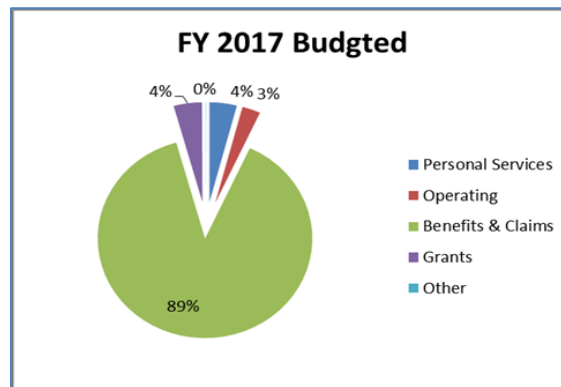
- **Aging Horizons**

The Office on Aging produces a magazine style television show to highlight issues important to seniors. This show has been in existence for over 15 years and continues to cover relevant topics of the day for seniors, their families and caregivers.

CURRENT BUDGET/EXPENDITURES

FUNDING AND FTE INFORMATION

Senior and Long Term Care			
	FY 2017	FY 2018	FY 2019
	Appropriated	Request	Request
FTE - HB2	217.55	217.55	217.55
Personal Services	13,486,268	13,443,158	13,482,371
Operating	9,047,976	9,030,493	9,503,087
Equipment	111,093	31,093	31,093
Capital Outlay	0	0	0
Grants	13,996,597	14,866,597	14,866,597
Benefits & Claims	291,392,893	271,931,396	274,391,348
Transfers	4,000	4,000	4,000
Debt Service	76,284	76,284	76,284
TOTAL	\$328,115,111	\$309,383,021	\$312,354,780
General Fund	80,248,619	74,144,424	73,630,237
State Special Fund	36,291,959	35,164,572	35,206,696
Federal Fund	211,574,533	200,074,025	203,517,847
TOTAL	\$328,115,111	\$309,383,021	\$312,354,780



2019 BIENNIUM GOALS AND OBJECTIVES

<p>Department of Public Health and Human Services Senior and Long Term Care Division</p>	
<p>Goals and Objectives for the 2019 Biennium</p>	
<p>GOAL: Advocate for and promote dignity and independence for older Montanans and Montanans with disabilities.</p>	
Objective	Measurement
Increase the ability of Montanans to prepare to meet their own long term care needs, or the long term care needs of a relative or a friend.	Maintain a coordinated continuing education program to inform Montanans about long term care issues and options emphasizing the need for planning and personal responsibility.
Ensure high quality publicly funded long term care services are available.	Maintain the number of home delivered meals and caregivers receiving support services, such as, respite through aging services network.
Support Montanans in their desire to stay in their own home or live in smaller community based residential settings for as long as possible.	The number of Montanans age 65 or older who live at home or in small community alternatives is maintained through Medicaid rebalancing efforts using home and community based services.
Protect senior citizens and individuals with disabilities who are at risk of abuse, neglect, and exploitation while maintaining maximum independence and self-determination.	Abuse prevention activities are supported through community based entities on prevention of elder abuse while reducing number of state held guardianships.
Develop and provide efficient, effective, high quality nursing facility services to Montana veterans.	Licensure and certification standards for nursing facility services under federal and state, as well as, veterans' administration guidelines, are met.

DECISION PACKAGES

PRESENT LAW ADJUSTMENTS

PL-22112	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$23,579	\$0	\$60,219	\$83,798
FY 2019	<u>\$48,264</u>	<u>\$0</u>	<u>\$123,437</u>	<u>\$171,701</u>
Biennium Total	\$71,843	\$0	\$183,656	\$255,499

PL - 22112 - Contractual Adjustments -

This present law adjustment requests \$255,499 total funds over the biennium, including general funds of \$23,579 in FY2018 and \$48,264 in FY 2019. This request reflects the anticipated increase in three Senior and Long Term Care Division contracts: utilization review contract, traumatic brain injury contract, and case management contract to recognize growth. The contract for utilization review is also increased to recognize caseload growth to cover the expected increases in contractor time for level of care screens, utilization review, and prior authorizations. Contracts for the utilization review contractor are funded at 75% federal and 25% general funds. The traumatic brain injury contract is 100% general funded and the case management contract is 50% general funds and 50% federal funds.

PL-22115	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$0	\$0	\$18,437	\$18,437
FY 2019	<u>\$0</u>	<u>\$0</u>	<u>\$188,683</u>	<u>\$188,683</u>
Biennium Total	\$0	\$0	\$207,120	\$207,120

PL - 22115 - MVH Per Diem PLA -

This present law adjustment is requesting an increase in federal authority for funds from the Veterans Administration (VA) for per diem rates that will be reimbursed for the domiciliary and the nursing facility days of care at the Montana Veterans Home in the Senior and Long Term Care Division. The VA per diem rates change on October 1st of each year, and this adjustment assumes the 70%-Disabled, service connected veterans per diem payments and DOM per diem payments will increase approximately 2% and nursing will increase approximately 1.84%. This funding shifts expenses from state special revenue (cigarette taxes) to federal funds. This change package requests \$18,437 in FY 2018 and \$188,683 in FY 2019 in federal funds for the biennium.

PL-22116	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$0	0	\$131,008	\$131,008
FY 2019	<u>\$0</u>	<u>0</u>	<u>\$327,052</u>	<u>\$327,052</u>
Biennium Total	\$0	\$0	\$458,060	\$458,060

PL - 22116 - EMVH Fed Auth Per Diem -

This present law adjustment is requesting an increase of federal authority from the Veterans Administration (VA) for per diem rates that will be reimbursed for the nursing facility days of care at the Eastern Montana Veterans Home in the Senior and Long Term Care Division. The VA per diem rates change on October 1st of each year, and this adjustment assumes the 70%-Disabled, service

connected veterans per diem payments will increase approximately 2% and nursing will increase approximately 1.84%. The federal VA payments are passed through to the contractor who operates the EMVH facility. This pass through is funded with 100% federal funds. The change package requests \$131,008 in FY 2018 and \$327,052 in FY 2019.

PL-22991	General Fund	State Special	Federal Funds	Total Request
FY 2018	(\$5,785,709)	(\$700,000)	(\$8,331,349)	(\$14,817,058)
FY 2019	(\$6,336,196)	(\$700,000)	(\$5,388,861)	(\$12,425,057)
Biennium Total	(\$12,121,905)	(\$1,400,000)	(\$13,720,210)	(\$27,242,115)

PL - 22991 - Medicaid Services SLTC -

This present law adjustment for caseload growth in the Senior and Long Term Care Division covers the increase in the number of eligible individuals in services, utilization, acuity level, and cost per services. This change package requests reductions of \$27,242,115 in total funds. The biennial funding is reduced by \$12,121,905 in general fund, \$1,400,000 in state special revenue, and \$13,720,210 in federal funds.

PL-22993	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$0	\$0	\$64,715	\$64,715
FY 2019	\$0	\$0	\$132,666	\$132,666
Biennium Total	\$0	\$0	\$197,381	\$197,381

PL - 22993 - Medicaid Federal Services SLTC -

This present law adjustment requests federal funds of \$64,715 in FY 2018 and \$132,666 in FY 2019 to fund growth for federally funded Medicaid services within the Senior and Long Term Care Division. Funding is 100% federal funds.

NEW PROPOSALS

NP-22119	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$750,000	\$0	\$0	\$750,000
FY 2019	\$750,000	\$0	\$0	\$750,000
Biennium Total	\$1,500,000	\$0	\$0	\$1,500,000

NP - 22119 - Aging Services Funding -

This new proposal requests \$750,000 in general fund each year of the biennium to be allocated to Area Agencies on Aging to provide additional services targeted at keeping individuals in their homes and communities and delaying the need for higher cost services. This funding will help address the increasing need for services, such as respite, homemaker, and meal programs for an expanding aging population in Montana.

NP-555	General Fund	State Special	Federal Funds	Total Request
FY 2018	(\$1,368,480)	(\$405,000)	(\$3,340,674)	(\$5,114,154)
FY 2019	(\$1,368,480)	(\$405,000)	(\$3,340,674)	(\$5,114,154)
Biennium Total	(\$2,736,960)	(\$810,000)	(\$6,681,348)	(\$10,228,308)

NP - 555 - Appropriation Rebase -

The Executive Budget includes targeted budget reductions across most agencies. The Executive proposes Senior and Long Term Care Division Appropriation Rebase totaling \$5,114,154 each year and was included in the agency reduction plan submitted in compliance with 17-7-111, MCA.

NP-22120	General Fund	State Special	Federal Funds	Total Request
FY 2018	\$120,000	\$0	\$0	\$120,000
FY 2019	\$120,000	\$0	\$0	\$120,000
Biennium Total	\$240,000	\$0	\$0	\$240,000

NP – 22120 – Lifespan Respite – State Funding

This new proposal requests \$120,000 general fund each year of the biennium to offer respite services and support caregivers throughout the state. (This new proposal was added by the Governor on December 15, 2016.)

Proposed Legislation

HB 139 Revise Adult Protective Services

- Financial exploitation is a fast-growing form of abuse of our vulnerable adults. Although federal law permits employees of financial institutions to report abuse and exploitation, it does not require them to do so, which leaves the reporting of this form of abuse in a legal grey area.
- The Adult Protective Services program in the Senior and Long Term Care Division investigates and protects vulnerable adults from abuse, neglect and exploitation. There are two statutes that provide APS authority in different parts of Montana Code, causing confusion and sometimes leading client representatives to call agencies other than APS, such as the Quality Assurance Division.
- Some cleanup is needed after a statute enacted last session to set the penalty for exploitation of seniors inadvertently included a definition of “seniors” as those age 65 years or older. This conflicts with other statutes which use 60 years or older, including the federal Older Americans Act and the Montana Elder and Persons with Disabilities Abuse Prevention Act.
- There is no fiscal impact.