

## Montana's Provider Rate Study – Why Participate? Minutes

May 17, 2022

7:00 PM (MST) – 8:30 PM (MST)

### 1. Welcome

Jamin Barber welcomed attendees to the meeting, presented the agenda for the meeting, and began facilitating.

### 2. Background on Why the Rate Study is Happening

Guidehouse presented a background on the rate study.

### 3. How the Rate Study Impacts You

Guidehouse presented on “How the Rate Study Impacts You”

- Attendee: How does this relate to the 0208 waiver?
  - Lindsey: The DD waiver is a 1915c waiver

### 4. Participant Feedback

Guidehouse opened the floor for feedback from the audience.

- Attendee: Regarding how it affects me: I receive HCBS services because I am paralyzed and use a wheelchair and need help getting up and getting into bed. Is this how we can provide feedback in order to get our PCAs a higher wage?
  - GH: Yes, that is the purpose of the rate study. To determine whether or not the people you bring in your home to help with ADLs are being paid appropriately. If they're not, the rate study will help to illustrate the difference between what they are being paid and what they should be paid based on many factors, including market value.
    - Attendee: Medicaid pays for this for me so I would not be able to personally do that, therefore it would be set at a higher wage that Medicaid would pay?
      - GH: That's correct. Let's say you have a support staff who is paid a certain wage through the Medicaid program. You would not pay anything out of pocket. But the rate study may find this staff needs

to be paid more. So, if that's the recommendation, the state would take the recommendation back to CMS with the proposed new rates.

- Attendee: As a targeted case manager, it has become almost impossible to find caregivers. I have quite a few clients who qualify but trying to find caregivers at the current rate - nobody wants to work for those wages. So, this is giving me hope to be able to find services I need for my clients
  - GH: You're absolutely correct. Workforce shortage was an issue pre-pandemic, but the pandemic has really shed a much brighter light on this so the intent is to look at how can we get people to come into the industry and one of the ways to do that is to make a more competitive wage.
- Attendee: Does the rate study include employee benefit packages or mostly wage?
  - GH: It includes benefits as part of the rate: the revised rates are divided between many different variables, but benefits are a major influencing part of what that new rate might be.
- Attendee: It's not a living wage. Yes, benefits are important.
- Attendee: Completely agree, high turnover now due to low wages. Unfortunately, this can mean low quality work as well.
- Attendee: My son is in a group home managed by DD. They have given two raises to DSPs in the past 2.5 months and have gotten minimal interest – so it's going to take significant raises to make any kind of impact on what we are seeing.
  - GH: We are on the same page there. There is a huge gap right now. Providers are stretched thin. The whole intent behind this is to identify where are we at and where do we need to be to really be competitive and pull more people in.
- Attendee: It's not even just about paying better wages to keep the status quo, but part of HCBS is that people with disabilities should have choices. In MT it's not even about offering choices, it's just can we have the one service for the person who doesn't have it. Even with a significant increase, the person doesn't get to choose between three group home providers we have one person with a proposal, and everyone works together. We have a long way to go.
  - GH: Choice is the foundation of HCBS, and rates do impact this but as you stated it's not the only variable. And we need to recruit the right people who understand the type of work they are doing and are passionate about it. There are many variables to consider in order to improve choices.
- Attendee: Are agencies considered? As in what they are provided or does that fall into the wage portion? Since this is direct care wage focused, but for other services – is the rate the company being paid also going to be addressed? Or is the point that if

providers get more money, they can pay their staff better? Are we requiring providers to pay DSPs more?

- GH: Just because we pay providers more doesn't mean it trickles down to DSPs. The intent is that we ensure to the best of our abilities that recruitment and retention efforts happen, and the rate study impacts all of those. My answer to you would be there is flexibility with what providers can and can't do, we're talking about margins, and they all have to operate their businesses the way they want to operate them. But the intent of the rate study is for those funds to trickle down to the people actually performing the work so those services can continue.
- Attendee: Is there a cap on the potential rate/wage raises?
  - GH: There will be a cap as there's only so much the state can do. The legislature has to approve all the rates. The rate changes may occur over a couple of years depending on how the legislature interprets and implements it. We are trying to be as unbiased as possible. That said, we are also trying to make sure there is a methodology in place moving forward so when another rate study needs to be completed, it's not as heavy as a lift as this one is. We could potentially see rebasing happening more often and keeping better pace with the economy. We can't promise this, but it is the hope by developing this process.
- Attendee: I agree that choice is important! Will there be any consideration of the vast geographic area in the state? For example, the low number of service options available in eastern Montana.
  - GH: Geography in MT is unique, and we have discussed this at length with DPHHS and in our workgroup and steering committee meetings. It's a factor in the algorithms we are using, and how that plays out is still to be determined. But it is a factor we are keeping in mind that there can be drastic differences across the state
    - Lindsey: We are in eastern MT right now meeting with rural providers. Sometimes our urban areas get a lot of attention because of the cost-of-living challenges, however meeting with some of our providers in the rural areas of our state has been so enlightening to understanding the costs that impact them. For example, higher costs of food at their smaller groceries stores, the high price of gas, etc. It's been an eye-opening experience for me, and I know we will continue to have conversations to best appreciate the unique nature of Montana and incorporate those details into the rate recommendations.
- Attendee: I have clients right now that are completing new waiver selects and that can't find providers because most providers aren't taking new clients due to staff shortages. I have one client right here in Missoula that had an unfortunate situation occur with a particular provider but there's no option for him to go anywhere else, so he's not using his waiver because he doesn't want to go back to the place

- where he wasn't treated the way he was supposed to be but where he wants to go, they aren't taking anyone new.
- GH: And this is because they don't have the staff to provide the services?
    - Attendee: Yes, and it's not just the one provider, it's many providers that I have called.
  - Attendee: When you say provider in this question, are you talking about an individual personal care attendant, the self-direct place that you hire and get the PCA from... who is the provider?
    - GH: It's all of the above. If you're in self direction and you are hiring your own service providers, that's where this is applicable. If you're in a group home setting and you have a provider that owns the home you live in, that would be the provider. Anyone who is providing the service you are eligible for.
  - Attendee: It needs to be passed down to the DSPs or we will not see any improvement in worker shortages
  - Attendee: The options are limited in rural areas - not only are there a limited number of providers but those providers are limited in what services their programs can provide. Transportation is a huge barrier for many, and telehealth, while a valuable addition to method of delivery of services, is not an option for everyone.
  - Attendee: Our agency has given multiple raises to DSPs over the past months, to the point that we've gotten complaints about wage compression from long-term and managerial employees. Yet the number of new hires has remained stagnant. The amount has to be dramatic enough to eclipse Wendy's and Walmart...
  - Attendee: In eastern Montana, we could not even hire at a private rate/private pay as many medical facilities are having to pay for traveling support professional.
  - Attendee: I had a specific provider in my home, and I was not able to choose another one because there was no one else available. I think I am echoing everyone else's comments here, but sometimes if you're getting personal care, you'll be put in unfavorable and undesirable circumstances where somebody is rude or mean and you don't have a choice because I have to get out of bed, so I just have to go "ok..." and it becomes habitual and it leads to a lower quality of life.
    - GH: It's not just about paying providers more it's also about increasing the ability to have choice so if you're not happy with the person providing services, that you have the ability to say "this is not the person I want to do this – I want someone else to do it"
  - Attendee: You've done many of these studies – have you seen similar challenges as you have seen in Montana and what have you seen work to address these challenges other than rate increases?

- GH: I can speak from my operational experience – rates do matter but they are not the only variable. If you are trying to predict what a good provider would be, some of the other pieces are education and training. So many people get into this industry not really understanding the level of dedication or work that is required of them. When there are realistic job previews provided (produced via media or shadowing for example) to get a sense of the job before agreeing to it, this reduces instability for the individual receiving services and reduces churn for the provider.
- Attendee: I agree, not just training but ongoing training and education for the care providers is so important. Where I see that falls apart sometimes is self-directed services. A lot of providers do provide ongoing training. But when it comes to self-direct, once they turn in their packet and pass the background check, they don't have access to ongoing training.
  - GH: Absolutely, and there's broad training that needs to occur such as around abuse and neglect, but also specific training to the individual they are working with. For example, if someone has a behavior support plan, that provider needs to be trained specifically on that service to effectively carry out that plan.
- Attendee: I'm hoping for real and positive impact coming from the results of this study. But long-term, money is approved by our legislature - even the least politically inclined among us need to get relentlessly vocal with our senators and reps and rally support year-round if we're ever going to get the funding our loved ones and clients need. Fingers crossed for a united voice from our community as we head into future legislative sessions.

*Prompt: Do you think worker pay ever impacts whether your services are helpful vs not helpful?*

- Attendee: In a way, yes. The quality of life for the worker would be better, they would be happier to come to work, they would have less personal stressors if they were making ends meet without working multiple jobs. However, the training prior to and on the job as well as work experience prior to being hired plays a huge part of the quality of the work.
- Attendee: A lot of our DSPs are working two jobs because they live in Missoula and have to in order to live. We have one person who also works as a bartender and she works with us out of love, I don't know how she's sustained it for this long. More money in an agency could make it possible for an actual career track. When we are hiring basically kids and losing them in 6 months to a year, the care is not great. They don't have a chance to gain the experience, and safety is impacted. If Wendy's pays more, that's what they're going to end up doing. Workers will be more stable and energized if they aren't also working multiple jobs.
  - GH: That's a great point about developing career opportunities. This is a problem not just in Montana

- Attendee: I want to echo what was said. I think I am probably the youngest one here; starting as direct care was truly so enjoyable and as I got more education and experience it became more difficult for the company to keep me there because it was hard to grow with me. It's not all about the money, but if the providers are able to do that it makes it a lot easier and pays for the education so we can continue to be good staff.
  - GH: Agree wholeheartedly.
- Attendee: We have to invest in this workforce. The constant turnover rates have an emotional and financial impact on individuals and families. We need to increase starting wages but also invest in those who stay with regular wages increases over time. Those who gain more training and experience should be compensated more.
- Attendee: We've had the same care provider for five years, and the only way to retain her is to personally pay her a rate difference every year so that she gets a raise every year, and 99% of families can't do that - it's the only way we've been able to retain somebody with specialized experience with what my daughter needs care for.
- Attendee: The wages are one piece of the puzzle; it would be nice to be able to provide our caregivers with a career path that they can be proud of that includes a benefit's package and training
- Attendee: I think money is one of the three factors. Wages, training, and customer support.
- Attendee: My daughter also receives services. Because of low staffing, the services received don't meet her needs or preferences. It's very important for her to be out in the community and because there aren't enough staff where she is, they're not able to take people out in the community. This is one of the most important things for her to be doing and she's not able to.
- Attendee: Many of us are paying privately on top of waiver rates just to find anyone.
- Attendee: Assertive Community Treatment programs take personal preferences of consumers into account when planning goals. They also help overcome barriers like transportation, mobility, accessibility, income, and housing instability.
- Attendee: How long do we look at this as a staffing issue wherein the person with the disability is just stuck? How long do we ask the person in services to make the sacrifice?

- Attendee: It is also about the clients who struggle with stability and trust. Providing competitive wages allows more stability in the life of our loved ones/clients when staff can afford to stay.
  - Lindsey: I appreciate that comment because we are all thinking about that. Also, as I mentioned, we are doing these regional visits. Right now, we are meeting with provider agencies and executive directors who are pulling morning group home shifts, and in some of the smaller towns they are doing two other jobs for the community and trying their best to hold it all together and meet people's basic needs in some cases. Folks are tired and yet they're still committed to the people they are serving. One agency we met with hadn't had a single application since November and just this week they had five interviews, and you could see how happy and excited they were because of that hope.
  
- Attendee: Barriers in rural areas: distance/travel/transportation, cell signal/Wi-Fi/connectivity, income, housing, and food insecurities, meds management, behavioral and mental health symptom management, provider hours of availability and methods for service delivery.
  
- Attendee: Lindsey, is this going to impact non waiver services like FES or those "free to families" services?
  - Jackie: These are not included in the rate study. We are working within the Medicaid services branch, but the other branch with early childhood, child and family services division, and vocational rehab, they have just started working with Guidehouse and myself to discuss the services they'd like to target. So, it is being done it's just not part of this study right now.
  
- Attendee: My son and I have been on this journey for 23 years now. I've never felt more informed about what the DD program is doing. As uncertain as things are right now, Lindsey and her team are doing an awesome job and I really appreciate it.
  - GH: I appreciate the vulnerability in sharing that, that's where this all lies: it is a human service at the end of the day. Lindsey and her team do a great job of keeping that in perspective.
  
- Attendee: The rate study is very important especially if it's going to do the things we hope it will. Right now we all know there's a shortage of staff, there's also a shortage of case managers (CMs): we have a passion for our clients but it's hard to give our clients everything they deserve when we have huge caseloads because we don't have enough CMs. This really does give me a lot of hope that things will change in a positive direction, starting with the DSPs. Hopefully they won't need 2-3 jobs to make a living if we can give them what they need - a living wage and a career path to be proud of - maybe they would stick around longer. The same goes for CM: we need to promote the CM positions as well.
  - GH: Great point, thank you for offering the CM perspective.

- Attendee: when there is a lack of DSPs, that puts more pressure on CMs because I'm more likely to be calling my CM when things happen as a result of understaffing
- Attendee: I have clients where I'm acting as their CM and their DSP because we can't find services for them. I can't give my time equally to all my clients which is what they all deserve because I have a few clients who can't even get their basic needs met.

## 5. Answer Questions

- Attendee: Some provider contracts limit the amount of agencies per region. Is that something that has been considered or been taken into account, specifically for examples of CM – those who get those contracts, there's a limit to how many. If there could be more providers, there could be more services open to more people. My understanding was AWARE and DDP were the two agencies allowed to provide in an area.
  - Lindsey: For DD, we do a request for proposal for CM services. We could consider an open enrollment. For our waiver services, those are open enrollment so there's no contractual limits. The provider goes through a qualified provider process and then makes the decision about what services they want to contract for. For CM, it's a bit different.
- Lindsey: I'm thrilled to see this level of engagement and thankful to all of you for spending your evening talking about this. Thank you to Family to Family for being a wonderful partner to us. Thank you to Guidehouse for being so receptive of all these different asks we've thrown out to ensure we are connecting with our families and folks in services. Great presentation and conversation!

## Adjournment @ 8:30 PM (MST)

**Meeting Contact:** Jackie Jandt, PMP  
Medicaid Reform Initiative Specialist,  
Email: [jjandt@mt.gov](mailto:jjandt@mt.gov)  
Phone: (406) 444-9656