Evolving from Nursing Home to Community Life

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MONTANA DPHHS
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Community Services Bureau Mission

The mission of the Community Services Bureau is to address the needs of Medicaid eligible Montanans who require assistance and support in meeting their on-going health needs by developing, managing, funding, and ensuring quality in home-based services that foster independence and dignity, contain costs, and provide options to consumers.

Community Services Bureau

- Big Sky Waiver
- Community First Choice/Personal Assistance Services
- Home Health
- Hospice
- Nursing Facilities/Swing Beds
- Money Follows the Person (MFP)

Contact: 406.444.4077

Nursing Facilities

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

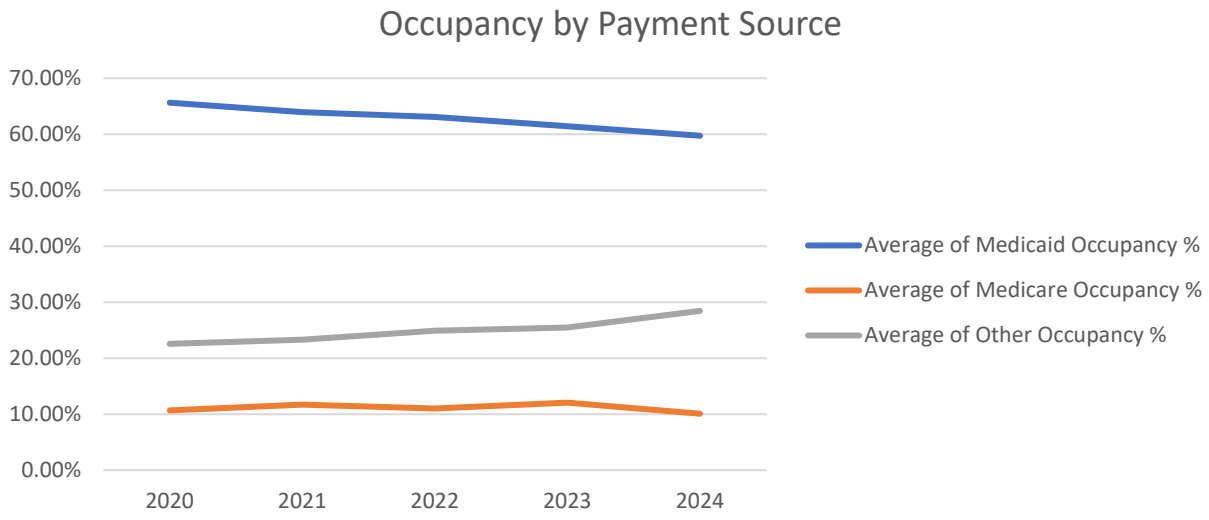
Montana Medicaid Nursing Facilities

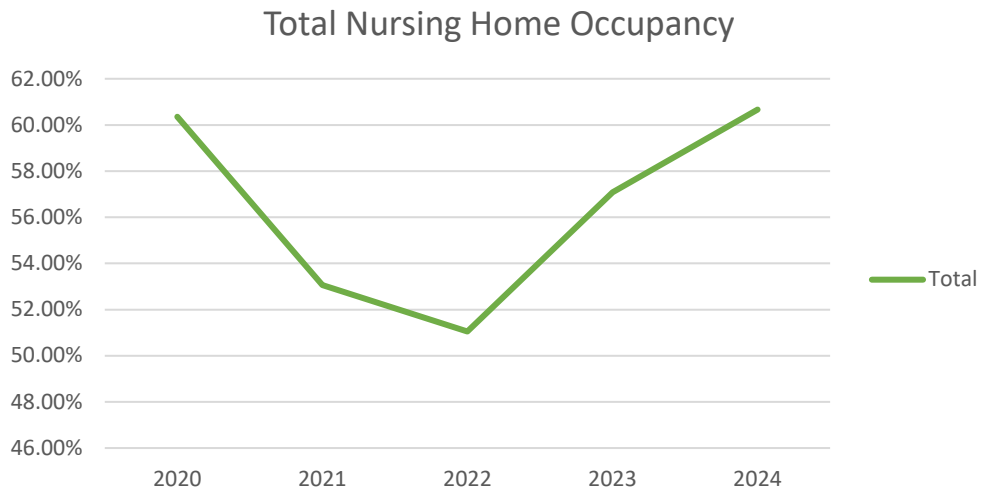
Nursing Facility Services are provided by Montana Medicaid certified nursing homes, which primarily provide the following types of services:

- Skilled Nursing Facility (SNF) Services and Other Required/Related Medical Interventions
- Post-Acute Rehabilitation Services
- Custodial Long Term Care Services

And by extension:

- Swing Bed Services delivered within Montana's rural and frontier Critical Access Hospital (CAH) systems





*Data self reported from nursing facilities

Preadmission Screening and Resident Review

- Need for nursing facility services is established by a resident meeting level of care criteria by method of the Preadmission Screening and Resident Review. Level of care requirements must provide access to individuals who meet the coverage criteria defined in federal law and regulation
- Individuals with serious mental illness or intellectual disability must also be evaluated by the state's Preadmission Screening and Resident Review (PASRR) program to determine if Nursing Facility admission is needed and appropriate.

Complex Care Add-on Structure

- The Complex Care Add-on structure is intended for residents with “above and beyond” the normal scope of care needed for nursing home residents. The request is for extreme cases based on the complex care levels that are medically necessary and relate specifically to the resident’s diagnosis and documented plan of care. The program is intended for temporary assistance for these extreme cases; however, we do realize that it can be longer than short term help in some cases.
- https://medicaidprovder.mt.gov/26

Complex Care Level	Description	Rate
Level I **Minimal Assist-Infrequent Intervention**	**Behavioral**: Low level of care and need for occasional assistance and support in one or more ADLs with conditions that require limited additional assistance. Have a diagnosed health disorder with history of demonstrated disruptive behaviors that occur on an infrequent basis of 1-4 times per week and require staff intervention.	$75.00
Level II **Stand-By Assist-Moderate Intervention or Assistance Care**	**Behavioral**: Moderate level of care with need for more assistance with ADLs compared to Level I. Level of assistance varies depending on resident needs. Have a diagnosed health disorder with history of demonstrated disruptive behaviors that occur on a regular basis of more than 4 times a week. Greater assistance is required to redirect and assure safety of the resident. **Bariatric**: Residents **over 350 pounds** but under 650 pounds who require ADL assistance from more than one staff member. May include wound care associated with skin breakdown due to weight. **Wound Care**: Interventions for residents with a stage 3 wound. Full thickness tissue loss. Subcutaneous fat may be visible, but bones, and tendons are not exposed. May include some undermining or tunneling. Dressing changes up to 2 times a day, pain management, pressure reductions and increased infection control.	$150.00
Level III **Total Assist-Direct Intervention and Assistance Care**	**Behavioral**: High level of care and extensive and frequent assistance. Residents with diagnosed severe mental or physical ailments that impact their ability to live independently. May need around-the-clock assistance from multiple caregivers to support them. Assistance needed with administering medications, performing medical treatments, help with all ADLs, and management of daily difficult behavior changes. Intense assistance is required to redirect and assure safety of the resident. **Bariatric**: Residents who are **over 650 pounds**. Require major assistance with ADLs and repositioning that require more than one staff member. May include some wound care associated with skin breakdown due to weight. **Wound Care**: Interventions for residents with stage 4 wound. Full thickness tissue loss. Subcutaneous fat, bones, tendons, and muscle are exposed. Eschar and slough are present. Greater than 2 dressing changes or use of wound VAC, frequent monitoring and pain management, pressure reduction and increased infection control.	$225.00

The following situations are not eligible for assignment to Levels II and III:

- Individuals at risk of elopement without aggressive or assaultive behaviors
- Individuals enrolled in Hospice care.

Civil Monetary Penalty

- CMS returns a portion of the funds to the states where the civil monetary penalties (CMPs) are imposed. These funds are reinvested via a grant process to support activities that benefit nursing home residents by improving their quality of care and their quality of life.
- https://dphhs.mt.gov/sltc/CMP/index

Nursing Facility Contacts

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https://dphhs.mt.gov/sltc/CMP/index

Money Follows the Person (MFP)

Moving from Institutional Settings back to the Community

October 2024

All information is accurate as of 10/2024. Please contact MFP Project Director for updated information.

MONTANA DPHHS

DEPARTMENT OF
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History of MFP

In 2005, in response to the historic Olmstead decision, a demonstration grant called Money Follows the Person was authorized by the Deficit Reduction Act.

2010 extended by the Affordable Care Act through September 2016.

2016-2021 several short-term extensions granted.

2021 extended by the Consolidated Appropriations Act through 2023.

2022 extended through the Omnibus Appropriations Bill through 2027.

Currently, 43 states are participating in MFP and over 107,128 individuals have moved out of an institutional setting back into their communities nationwide.

MFP in Montana

- Since its inception in Montana in 2014, MFP has assisted approximately 285 people move back into their communities.
  - From March 2023 to current, the dollars saved by providing care to individuals in the community allows Montana to re-invest over $350,000 into Home and Community Based Services.

YEAR	TRANSITIONS
2014	15
2015	53
2016	56
2017	11
2018	28
2019	05
2020	15
2021	12
2022	33
2023	19
2024	36

What are the goals of MFP?

Reduce	Reduce reliance on Institutional care.
Develop	Develop community based long term care opportunities.
Enable	Enable those who are elderly or disabled to participate fully in their community.
Enable	Enable those who are elderly or disabled to improve their quality of life.
Enact	Enact procedures to improve Home and Community Based Services.

Who is eligible for MFP?

Medicaid recipients who have resided in an institutional setting 60 or more consecutive days. One of those days has been paid for by Medicaid.

- Institutional settings = inpatient hospital, inpatient rehabilitation, skilled nursing facility.

The individual must meet eligibility criteria of one of the Montana Waiver programs.

- Big Sky Waiver (BSW)
  - Must meet Social Security's definition of disabled or be aged (over 65 years old).
  - Meets institutional level of care.
  - Have an unmet need that can only be resolved through the Big Sky Waiver program.
- Severe Disabling Mental Illness (SDMI)
  - At least 18 years of age.
  - Meets institutional level of care.
  - Meets SDMI level of impairment and SDMI requirements.
- Developmental Disabilities Program (DDP)
  - Eligibility determined as early as age 6.
  - Meets institutional level of care.
  - Needs to formally meet DDP eligibility by age 8.

Who is eligible for MFP?

The individual must be willing to move into a qualified residential setting based on person centered planning.

- Home or apartment owned by the individual or their family member.
- Community based residential setting with no more than four unrelated residents (group homes).
- Assisted Living Facilities that:
  - Have a lease,
  - Provide the participant with living, sleeping, bathing, and cooking areas over which they have domain and control,
  - Lockable access and egress,
  - Cannot require that the participant notify the facility of absences, and
  - Provides the participants with the ability to refuse a change in apartment or roommate.

What is the benefit of MFP?

Creates Transition Coordination teams.

- Consists of the individual, existing case managers, social workers, nursing staff and others involved in facilitating transitions.
- MFP staff.

Demonstration Services (can be made available prior to transition)

- Environmental and vehicle modifications.
- Deposits (Rent/Utilities).
- Past due credit that impacts the ability to obtain housing.
- Limited furnishings.

Other benefits of MFP

Once an individual moves out of the institutional setting and into community living, MFP covers 365 days of Waiver services as well as other associated services based on person centered planning.

- Home Health
- Hospice
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Community First Choice/Personal Assistance Services

During the 365 days, MFP monitors the status of each participant.

After the 365 days, qualified services continue based on individual's needs and program requirements.

Referrals

Anyone can make a referral to MFP

- Individuals living in an institutional setting are encouraged to refer themselves.

How to contact MFP

- DPHHS.MT.GOV/SLTC/MFP
  - Select the Make a Referral tab and complete the secure form.
- Email: MoneyFollowsThePerson@mt.gov
- Phone: 406.439.6870
- Fax: 406.655.7646

MFP Staff

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