



## **GLOBAL Section B Subcommittee Requests for Information Senior Long-Term Care**

### **Inflation Impacts:**

The primary impacts of inflation include the following:

- Some provider rates adjust based on CPI, e.g. Physicians Rate or federal requirements (hospice)
- Changes in lease agreements in field offices and Helena with additional cost escalators.
- Cost increases in longstanding contracts. For example, technology contracts M&O increases for existing systems.
- Healthcare for Healthcare Workers program adjusts payments based on rising costs of healthcare insurance premiums.

### **DPHHS 2025 Annual Plan:**

Describe goals, 2025, and performance measures and how your division is captured in the department's annual plan.

SLTC is not currently represented in the DPHHS Annual Plan. SLTC is eager to include outcomes and key measures moving forward. Some potential ideas include:

Support efforts to reduce Medicaid expenditures by facilitating the transition of members from nursing facilities and other higher cost settings into community-based services.

#### Key Measure:

Using the 2024 baseline target of 40 transitions, drive an 8.5% annual increase in transitions from nursing facilities to community-based living throughout each year of the biennium, effectively reducing overall costs. Transitions to be reviewed monthly.

Ensure that people with disabilities and older adults enrolled in Medicaid have access to high-quality home and community-based services.

#### Key Measure:

Achieve and maintain a satisfaction rate of 80% or higher, as measured by the Consumer Assessment of Healthcare Providers and Systems survey, across all key domains of home and community-based services, including patient experience.



## **Efficiencies and Cost Savings:**

### **ADULT PROTECTIVE SERVICES**

The Adult Protective Services (APS) bureau has undertaken several significant initiatives to enhance its operations and better serve the vulnerable adult population in Montana.

#### **Streamlined Process for Referring Cases:**

A streamlined process for referring cases to the Elder Justice Prosecutor and Law Enforcement has resulted in a significant reduction in staff hours previously designated to redacting reports. Meetings with the Office of Legal Affairs (OLA) determined that cases referred to Law Enforcement did not need redactions if the intent was to pursue criminal charges. Additionally, a shared folder was created with the Elder Justice Prosecutor to facilitate easy sharing of cases through the state system.

#### **Reduction in Leased Office Space:**

The amount of leased office space throughout the state was significantly reduced. APS went from 13 office spaces down to 6, saving approximately \$8,000 per month. Because the majority of APS employees work in the field conducting investigations, the office space was not needed.

### **AGING SERVICES BUREAU**

Aging Services Bureau (ASB) collaborates closely with the Area Agencies on Aging (AAAs) to support Older Americans Act (OAA) programs. These efforts focus on maximizing available resources and enhancing service provision to older adults in Montana.

#### **Legal Services Developer Program Restructuring:**

The Legal Services Developer program was restructured to comply with OAA requirements and maximize funding for services. By cutting one paralegal position and reducing hours for attorney and paralegal contracts, the SUA generated a savings of \$67,993. These funds were reallocated to the AAAs for service provision.

#### **AmeriCorps Partnership:**

The ASB partnered with the Montana Legal Services Association through the AmeriCorps program to provide direct services to recipients of the Legal Services Developer program. This position facilitates intakes for eligible individuals, helping determine how to efficiently provide services through referrals or consultations with contracted attorneys or paralegals.



## COMMUNITY SERVICES BUREAU

The Community Services Bureau (CSB) has implemented a range of initiatives aimed at improving services and supporting individuals with disabilities and older adults in Montana. These efforts focus on enhancing operational efficiency and fostering greater community integration.

### Money Follows the Person:

The Money Follows the Person (MFP) demonstration project is part of a comprehensive, coordinated strategy by the Centers for Medicare and Medicaid Services (CMS) to assist states in transforming their long-term care services. The goal is to reduce reliance on institutional care while developing community-based, long-term care opportunities.

In Montana, substantial progress has been achieved over the past two years. Further efforts will continue in the next two years to decrease the dependence on institutional care.

### MFP COST SAVINGS

	CY2022	CY2023	CY2024
ANNUAL COSTS			
Skilled Nursing Facility cost per member	\$77,380	\$86,323	\$99,280
Assisted Living Facility cost per member	\$51,830	\$54,750	\$58,400
COST SAVINGS			
Cost difference per transition	\$25,550	\$31,573	\$40,880
Number of transitions to Assisted Living Facilities	24	12	38
<b>TOTAL SAVINGS</b>	<b>\$613,200</b>	<b>\$378,870</b>	<b>\$1,553,440</b>

Over the next biennium, the CSB plans to monitor all emergency room visits and hospitalizations of MFP members that could lead to re-institutionalization. To support this effort, the bureau will implement Pulselight’s Aura incident-detection module, using real-time admission, discharge, and transfer data to provide early identification and analyses of all inpatient and emergency room stays for individuals enrolled in MFP.



Immediate notifications of hospitalizations will allow for prompt intervention and reduce the risk of re-institutionalization. Semiannual reviews will be conducted in the upcoming biennium to assess the number of cases successfully prevented.

**Evaluation of Health Care for Health Care Workers Program:**

The Health Care for Health Care Workers (HCHCW) Initiative, implemented in 2007, is designed to assist provider agencies in recruiting and retaining direct care workers. The Department aims to conduct a thorough evaluation of the program to determine its success in meeting these goals. If the study indicates that the HCHCW program meets its intended goals, existing processes will be revised to reduce the burden on providers and state agencies. If the study does not validate the program’s success, outcome-based suggestions for improvement will be provided.

Over the next biennium, the CSB plans to analyze existing recruitment and retention efforts in the following ways:

- Interviewing 10% of current and previous participating direct care workers regarding the effectiveness of the HCHCW program and determining reasons previous participants are no longer participating.
- Reviewing information garnered through the interview process and existing data to determine the efficacy of the current HCHCW Initiative, developing four recommendations for improvement and/or four strategies for alternative, more effective methods of recruitment and retention.
- Implementing interventions to improve recruitment and retention of direct-care workers, as evidenced by annual surveys post-implementation of revised or new initiatives.

**Describe any direct or indirect interactions your division has with justice-involved individuals.**

SLTC does not currently have an intersection with justice-involved individuals.