

# Montana State Legislature

**Exhibit Number:** 50

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## COMMUNITY BRIDGES

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### An Overview of FY 2003-2004



### The importance of Bridges' Mission

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- \* We are the **ONLY** hospital in Montana, Idaho, Washington, Oregon, the Dakotas, and Wyoming that has a **RESIDENTIAL** brain injury program.
- \* We provide a crucial step in the continuum of brain injury rehabilitation services that no one else in the region has.
- \* Montana is 2<sup>nd</sup> highest in the nation for frequency of brain injuries per capita, followed by Wyoming.



### Bridges Service Lines

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- \* Residential Rehabilitation in an "outpatient" setting
- \* Comprehensive Day Treatment
- \* Individual outpatient therapy (Speech/Language, Occupational, and Physical Therapy) specializing in brain injury rehabilitation and community living skills.



### Serving Montana and the Northwest region

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- \* Over 175 individuals received services from at least one of the programs at Bridges in FY 03-04
- \* Out of state referrals increase in FY 03-04
- \* Individuals were from over 20 different Montana counties
- \* Individuals from Illinois, Colorado, Alaska, California, Idaho, and Washington were served at Bridges.



### Service with compassion yields positive outcomes

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- \* 97% of clients increased their level of independence in the community, 3% remained at baseline.
- \* Overall stakeholder satisfaction was 95%, client satisfaction was 90%, and family satisfaction was 94%.
- \* Over 65% of clients moved to a higher level of independent living after Bridges.



### Customer feedback

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- \* "The paramedics saved my life, Community rehab gave me a new life, and Bridges showed me how to **LIVE** my new life positively! Thank you for all your help!"
- \* "I would not have been able to take my husband home and care for him had it not been for Bridges. He would not be where he is today if he was discharged home directly from the rehab. unit. You connected me with resources we needed so I could return to work, and handle this new life ahead of us."
- \* "Staff was always patient with answering my questions, no matter how many times I asked them! I gained self esteem while I was there and accomplished things I never thought possible."



"Thanks Bridges for helping me find out that I'm not the only one with a brain injury and for taking me to the Brain injury "Puzzle Club" support group."



- \* "My rapid recovery would not have improved without the excellent treatment at Bridges. I am back at work and thankful for the strategies you taught me."
- \* "I was pleased with the outcome. This woman should never have been in a nursing home all these years. Due to your program, you have given her back a life!" (From a payer)
- \* "As a nurse case manager in Washington, I am so happy to learn of your excellent program. I'll definitely use your program again!"



### Who provides the specialized services?

- \* An interdisciplinary team of rehabilitation professionals dedicated to this complex population makes up the Bridges team.
- \* Team members represent the following disciplines: rehabilitation nursing, speech/language pathology, physical and occupational therapy, social work, counseling, neuropsychology, and recreation therapy. Life skills trainers are also essential team members.



### Primary referral sources

- \* A significant decline in referrals from physiatrists that specialize in brain injury was experienced in FY 03-04 due to Dr. Stone's departure in July of '03.
- \* Referrals from case managers, CMC Rehab. Nursing Unit, and general medical providers were the primary referring agents during the '03-'04 FY.



### Reimbursement Sources

- \* Payor sources included Medicaid Waiver, State Fund/Worker's Compensation, Blue Cross (MT, Idaho, Illinois), Other private insurers, and Veteran's Administration Vocational Rehabilitation.
- \* Medicaid Waiver- 73.50%
- \* Various private insurers - 12.00%
- \* BCBS - 9.50%
- \* State Fund- 2.50%
- \* VA Vocational Rehabilitation- 2.50%



### Challenges facing Bridges:

- Lack of awareness among local and regional referral sources.
- Physiatry services specializing in brain injury are limited.
- A new legislative session and the impact it may have on Medicaid Waiver funds, the primary payer source for over half of our patients.
- The overhead expense of renting apartments vs ownership of a home environment.





## *Community Bridges*

*A small program making a big difference in the lives of individuals with brain injury!*



EXHIBIT \_\_\_\_\_

DATE Fri Feb 4 2005

HB

February 3, 2005

Dear Chairman Hawk and Committee Members,

My name is Diana Mitchell and I am a Home Health Caregiver and a temporary employee of Express Personnel. My client base comes through Home and Community Based Services, (HCBS), for whom I provide Hab Training duties. Regretfully, I am unable to be in Helena today as I am recovering from a work related injury.

The Medicaid Waiver program which funds HCBS is a shining star in the Public Assistance arena. Everybody should have the option and opportunity to take part in this program. The ability to coordinate clients' services is invaluable. By engaging the client, the providers, and the caregivers in the management of a person's services, a more accurate overall picture of a person's needs can be achieved. This contributes to better continuity and improved quality for the client. I would like to encourage you to do all you can to not only continue your support of this program, but to expand it to include all who are on the waiting list.

Before I get started on some of the negative aspects of being a professional Caregiver, I would like to tell you why I do it, and what I love about it.

I came to Montana in 1973 and went to work at what was then Boulder River School and Hospital. Warehousing the residents was the standard at the time, and most distasteful it was. After the required 6 months in my assigned area, I transferred to the Deaf/Blind unit where the focus was more on training than on subsistence. Although an improvement to my first assignment, it still wasn't enough. Thankfully, this model is no longer utilized.

In my current capacity as a Hab Trainer, I help my disabled clients maximize their ability to integrate into their community. In addition to dealing with the routine paperwork such as applications and renewals, I help them access what they want to access, to recognize that they have choices and opinions. I seek to inspire curiosity and encourage independence. It is most rewarding to no longer be needed as the person experiences successes and gains confidence. In becoming more of a sounding board than an initiator, my clients can then use me to bounce off ideas instead of asking me what they should do. Independence and the recognition of choices are integral to our humanity, and I derive enormous satisfaction in helping people achieve these goals.

There are a number of issues that affect Caregivers that I wish your Committee would try to address. Currently, the Medicaid reimbursement rate is too limited to provide for the needs of the Caregivers.

I took a vacation two years ago, (unpaid), and because I didn't work the minimum hours required to maintain my medical insurance, it was cancelled. This will occur again while I'm out on Workman's Compensation, as the Cobra is beyond the means of the benefits.

As a rule, Caregivers receive no benefits. This means little to no insurance, and certainly no dental or eye coverage. We have no sick leave or paid vacation time to accrue, no retirement fund with employer contributions. We provide transportation for our clients at the paltry reimbursement rate of .13 cents per mile, and to add insult to injury, our personal vehicle insurance would be claimed against in the event of an accident.

The absence of realistic wages forces many Caregivers to avail themselves and their families to the same Public Assistance as their clients. (I currently have to use Partnership Health Center for my medical and dental needs as they use a sliding scale). There is something most shameful about this scenario. Raising the Medicaid Reimbursement rate to a level where Caregivers are paid a more livable wage would render them ineligible for Public Assistance, thereby reducing the pressure on those costs.

Caregivers provide an invaluable service and yet they are woefully underpaid. They need to be recognized for what they do and how they do it, and have that reflected in their wages and benefits. By assisting clients to live independently in their own homes, caregivers allow for the pressure on nursing home facilities to be reduced. There is not enough compensation for this value.

Thank you for your attention and the opportunity to address you,

Diana J. Mitchell  
7055 Lolo Creek Road  
Lolo, MT 59847  
(406) 273-0182  
E-mail: di-etc@lolocreek.myrf.net

*Diana Mitchell*



DATE *Fri Feb 4 2005*

### Senior Helping Hands Program, Inc.

Senior Helping Hands Program, Inc.; is a state-licensed, not-for-profit home health agency, established in 1977. **Our mission is to provide senior citizens with the services they need to remain in their homes, regardless of their ability to pay.**

We provide homemaking services, transportation, shopping, socialization and assistance with personal care. Our nurses monitor our clients' overall health and provide medication management services, communicating with their clients' physicians on a regular basis.

**Our services are proven to reduce hospitalizations and incidents of depression, and they provide a safety network to our clients. We also delay, and sometimes prevent, nursing home admissions, allowing these elders to remain part of their community longer, paying property taxes, shopping in local stores and interacting with neighbors.** In addition, our staff members are trained to be watchful for incidents of abuse, exploitation and neglect, to which so many vulnerable elders fall prey. We work closely with staff from the Prevention of Elder Abuse, and with Adult Protective Services, to keep our clients safe.

**Senior Helping Hands focuses its services primarily on the many elders in our communities, who fall through the cracks of the system.** We serve seniors in Yellowstone, Carbon and Stillwater Counties, determining the elder's co-pay for our services by means of a sliding fee scale. We consider all of the senior's income, including savings, because we amortize any amount over \$4,500 over a 10-year period of time. We then deduct all allowable expenses from the income, including medical expenses and the cost of medications and supplemental insurance. The amount left is the senior's disposable income, which we then use to determine his/her co-pay amount. **Charges for services range from \$0 up to full price.**

- 38% of our clients live of monthly disposable incomes under \$64; which means that they are unable to pay anything at all for the services we provide.

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- 31% of the clients we serve contribute a small amount towards the cost of their care, while
- 31% pay the full cost. However, most of these "full-pay" clients opt for services once a week, or even once every two weeks only, because that is all they feel they can afford.

We currently have 24 clients waiting for services, or in need of additional services.

Altogether, Senior Helping Hands receives approximately \$30,000 annually in program income. In contrast, just two years ago, our program income was \$74,000. The drastic decline is due to the fact that more and more low-income elders are getting to the point where they require help, while many of the seniors, who can afford to pay for the help they need, move to small, privately run assisted living homes.

**None of the clients we serve qualify for in-home services covered by Medicare or Medicaid.** Senior Helping Hands is the only agency in this region that serves elders who don't have the private means to hire the assistance they need, and are not eligible for government-funded programs. Without our help in their homes, most of these elders would have to move to a nursing home, at much greater expense to the system. Senior Helping Hands assists the most vulnerable members of our senior population.

Senior Helping Hands spends approximately \$4,000 per year to help one senior to stay in his/her home. Because the elders we serve are unable to perform all the tasks daily living requires, most of them would have to enter a nursing home without our assistance. Their nursing home bill would most likely have to be paid by Medicaid, at the cost of \$121.52 per day. Even though this amount would be offset by the senior's meager social security check, the bill would still come to a staggering amount of around \$40,000 a year.

Keeping seniors in their homes also offers societal benefits. Elders remain a part of our community longer, and children have easier access to them, in an environment, which is not intimidating. They shop at local stores and pay property taxes.

All of our clients, regardless of their situation, tell us that, being able to still live in their own home makes all the difference in their outlook on and quality of life.

- 8% of our clients are over 90 years of age; 100% are women.
- 51% of our clients are over 80 years of age; 39% are women, 12% are men.
- 35% of our clients are over 60 years of age, 28% are women, 7% are men.
- 6% of our clients are over 60 years of age, 3% are women, 3% are men.

**While the need for our subsidized services is growing continually, funding is not keeping pace. Last fiscal year (July 2003 through June 2004), We received funding from the following sources:**

- 17.4% of our budget came from federal Older American's Act funds
- 26% of our budget came from the State of Montana
- 12.4 % came from Yellowstone, Carbon and Stillwater Counties, and from the Cities of Billings and Laurel.
- 12.4% came from client payments
- 31.8% Senior Helping Hands' management and staff members raised through grant writing, fundraising activities and donor solicitation.

Because we do not have the funds to have a grant writer or fundraiser on staff, we are limited in our ability to increase the monies we raise from private sources. However, we do need more funding, because we are not meeting the needs of the senior population in our service territory. The only other program, which serves seniors with essentials for survival, and regardless of their ability to pay, is Meals on Wheels. **While good nutrition is extremely important, one meal a day is not enough to keep an elder in his/ her home.**

**Please, help us to put subsidized in-home health services on the political radar screen, and please support our efforts to keep elders in their homes longer.**

**Please, pass the Soft Drink Tax this next legislative session!**

We all owe better and increased services to our elders. After all, they raised us, and they shaped the communities we now live in.

If you require any clarification regarding the information contained in this report, please do not hesitate to call Christiane Sikora at 406-259-3111.

Please, include Senior Service Providers into the rate increase. Our staff are dedicated and committed to the care of our clients, and the work they do is physically and emotionally challenging. Our professional care staff are responsible for the health and well being of vulnerable elders, yet we are unable to provide them with decent wages, not even with a living wage. Our Homemakers earn an average of \$7/hour, Home Health Aides \$8. We cannot afford to provide Health Insurance. We currently have to contract with another agency for Registered Nurse Services, because we cannot find an RN willing to work for the \$16/hour. →