

Senior and Long Term Care Division FY 2008/2009 Goals and Objectives Overview

The following are the goals and objectives for the Senior and Long Term Care Division (SLTCD) for FY2008 and FY2009. Many of the objectives reflect proposals found in the SLTCD Executive Budget request for FY2008/2009 that will require the approval of the legislature.

Goal A: 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 friend.

Objectives:

1. Increase the number of requests for information on the State Aging Hotline and AAA toll free number each year.
2. Maintain or increase the number of home delivered meals served through the Aging Network.
3. Increase the number of Information and Assistance program contacts each year.
4. Increase the number of individuals served each year by the State Health Insurance Program (SHIP).
5. Maintain the number of participants at the Governor's Conference on Aging each year.
6. SLTCD staff will conduct at least 100 public presentations each year.
7. Increase the number of visits to the SLTCD website each year.
8. Develop a coordinated continuing public education campaign to inform Montanans about long term care issues and options emphasizing the need for individual long term care planning and personal responsibility for individual health care needs.
9. Revise or update the annual State of Aging in Montana report.
10. Maintain or increase the average monthly visitation rates by ombudsmen to licensed nursing facilities, assisted living facilities and Critical Access Hospitals with swing beds each year.
11. Increase the number of counties that have Aging and Disability Resource Centers and increase the number of clients these Centers assist with eligibility for public benefits.
12. Increase the number of caregivers receiving supportive services (including respite care) and increase the project income for these services.

Goal B: Increase the number of Montanans who meet some or all of their own, or someone else's, long term care needs.

Objectives:

1. Increase the number of people with long term care insurance as measured by the number of people claiming a tax deduction for long term care insurance on their state income tax returns.
2. Increase the number of people taking the tax credit for caring for an elderly dependent.
3. Increase the average amount of daily patient contributions paid towards Medicaid nursing home care.
4. Increase the funds recovered under the Medicaid lien and estate recovery program.
5. Increase the percentage of people privately paying for nursing home care each state fiscal year.

Goal C: Ensure high quality publicly funded long term care services to Montanans.

Objectives:

1. Pursue provider rate increases and direct care wage and health insurance initiatives for providers that serve a high proportion of Medicaid consumers to maintain access to services.
2. Pursue avenues to maintain the current level of funding that is derived from provider taxes to enhance and stabilize Medicaid nursing facility price based reimbursement system.
3. Continue to assist financially strapped rural county affiliated nursing homes by increasing their Medicaid reimbursement rates through the use of intergovernmental transfers of matching funds to the SLTCD.
4. Maintain or increase the current percentage of reasonable costs per day reimbursed by the Medicaid nursing home program.

Goal D: Support Montanans in their desire to stay in their own homes or live in smaller community based residential settings for as long as possible.

Objectives:

1. Increase the total amount of the Senior and Long Term Care Division budget that goes to home and community services.
2. Increase the percentage of Montanans age 65 or older who live at home or in small residential alternatives.
3. Increase the number of people served under the Medicaid Home and Community Based Services (HCBS) Waiver by at least 100 over the biennium.
4. Reduce the percentage of nursing facility residents under age 65.
5. Pursue grants to improve services to underserved populations and solidify quality assurance practices.
6. Maintain the average length of stay for an individual on the HCBS Waiver waiting list at less than one year.

Goal E: Enhance the ability of the state to protect senior citizens and people with disabilities who are at risk of abuse neglect and exploitation while ensuring maximum independence and self-determination.

Objectives:

1. Work, within budgetary constraints, to maximize services to vulnerable individuals through continuing to pursue additional discretionary monies to support abuse prevention activities over the next biennium.
2. Continue to support the development of Chapters affiliated with the National Committee for the Prevention of Elder Abuse and other, similar, prevention organizations.
3. Work to effectively decrease the number of guardianships of incapacitated adult individuals held by state agencies by assisting in the development of private, non-profit guardianship provider entities (e.g., councils, individuals and other groups) and transferring appropriate guardianships to those entities. A goal for reduction of state-held guardianships will be 5% (approximately 10 individuals) per year over the next biennium.
4. Maintain and utilize the Operation Protect Montana (OPM) protective services data management and reporting system to address ongoing issues of workload/caseload, referrals, guardianships and other protective service needs for the protection of vulnerable adults.

Goal F: Provide efficient, effective, high quality nursing facility services to Montana veterans, at the Montana Veterans Home (MVH) and Eastern Montana Veterans Home (EMVH).

Objectives:

1. Meet the annual state standards necessary for licensure and certification of nursing facilities at MVH and EMVH during each year in the coming biennium.
2. Achieve and maintain occupancy rates equal to, or greater than, those of other nursing facilities in the region of the state in which each facility is located.
3. Continue to assess and address direct care staff recruitment and retention difficulties at MVH and EMVH by developing alternative compensation proposals and wage incentives to attract and retain direct care staff at both facilities.
4. Request funding to upgrade physical plant at EMVH by replacing roof on building.
5. Request funding for remodeling and expansion projects at MVH, which would add additional dining/lounge space, remodel existing nursing station, add three (3) private rooms in order to improved dining capacity, improved nurse supervision of residents, improved quality of care and increased staff efficiency.
6. Request additional staffing resources to better meet the needs of residents with dementia/Alzheimer's residing in MVH special care unit.
7. Continue to evaluate the operations of both facilities and assess the feasibility of contracting versus direct operation of Montana's State Veterans facilities in light of Veterans Study data.
8. Continue to utilize "School to Work" programs in Dawson County to further enhance and improve the grounds at the EMVH facility.

Goal G: Operate an efficient and cost effective long-term care system.

Objectives:

1. Maintain the total long-term care expenditures of the SLTCD within the budget established by the legislature for each year of the 2008/2009 biennium.
2. Pursue additional federal funding opportunities to enhance or expand services without the need for additional state dollars.

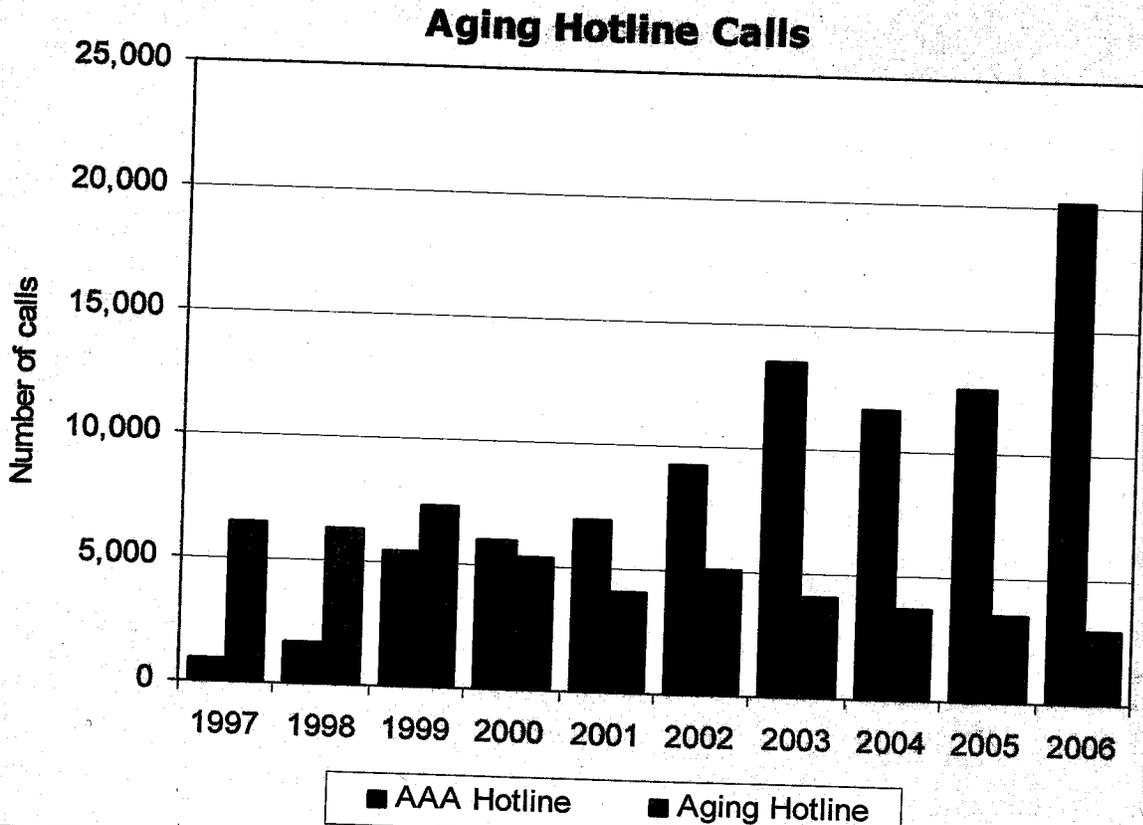
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES SENIOR AND LONG TERM CARE DIVISION

OBJECTIVE A

INCREASE THE ABILITY OF MONTANANS TO PREPARE TO MEET THEIR OWN LONG TERM CARE NEEDS OR THE LONG TERM CARE NEEDS OF A FRIEND OR RELATIVE

OBJECTIVE 1

INCREASE THE NUMBER OF REQUESTS FOR INFORMATION ON THE AGING HOTLINES EACH FISCAL YEAR



COMMENT AND NOTES: Calls to the Area Agency on Aging (AAA) toll free number are routed to the AAA serving the county that the call originates from. Calls to the State Citizens Advocate toll free number are routed to the Aging Services Bureau. Increases in 2006 are largely attributable to changes in Medicare.

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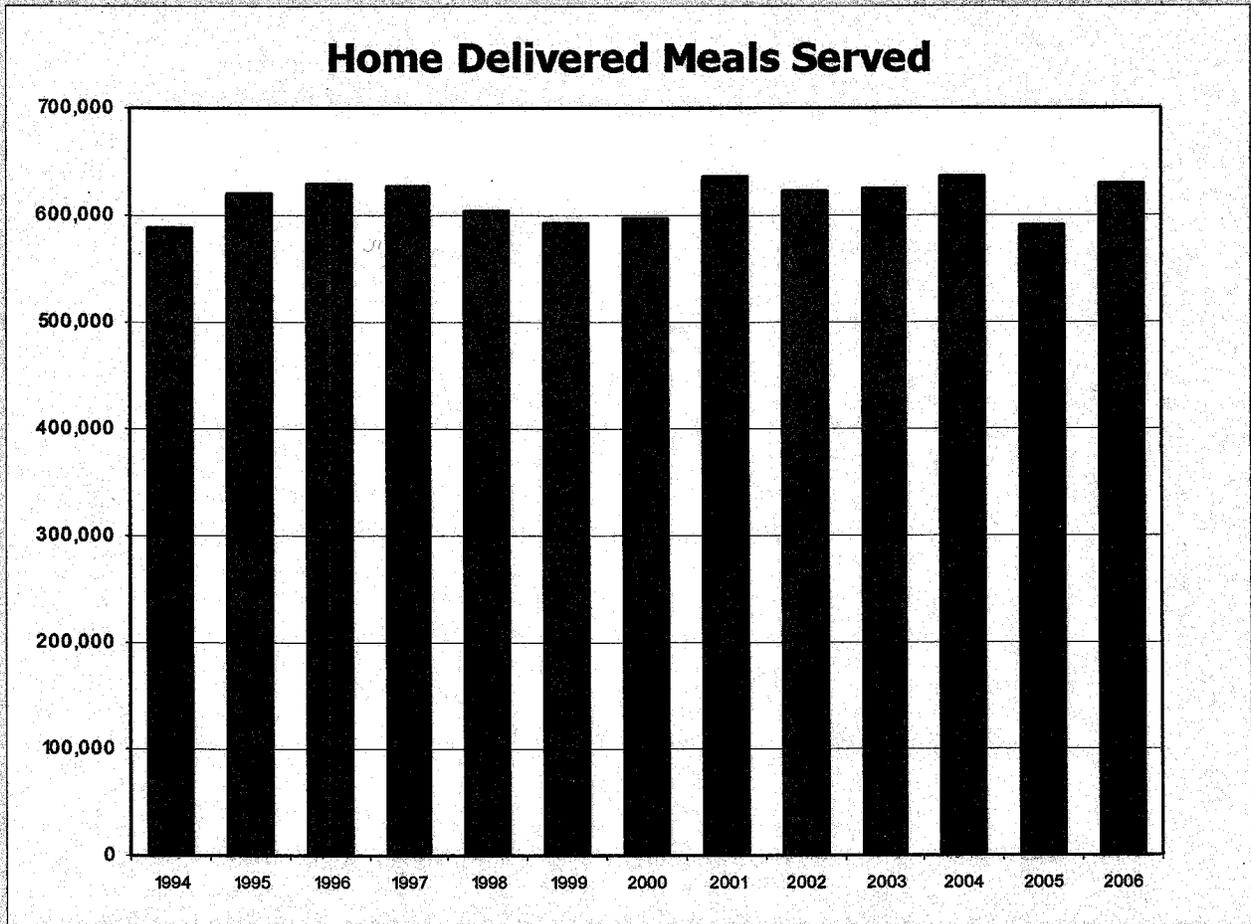
October 1, 2006

**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
SENIOR AND LONG TERM CARE DIVISION**

OBJECTIVE A

INCREASE THE ABILITY OF MONTANANS TO PREPARE TO MEET THEIR OWN LONG TERM CARE NEEDS OR THE LONG TERM CARE NEEDS OF A FRIEND OR RELATIVE

**OBJECTIVE 2
MAINTAIN OR INCREASE THE NUMBER OF HOME DELIVERED MEALS PROVIDED THROUGH THE AGING NETWORK EACH YEAR**



COMMENT AND NOTES: Home delivered meals are a crucial component of in-home services provided through the Aging Network that help seniors remain in their homes, living independently.

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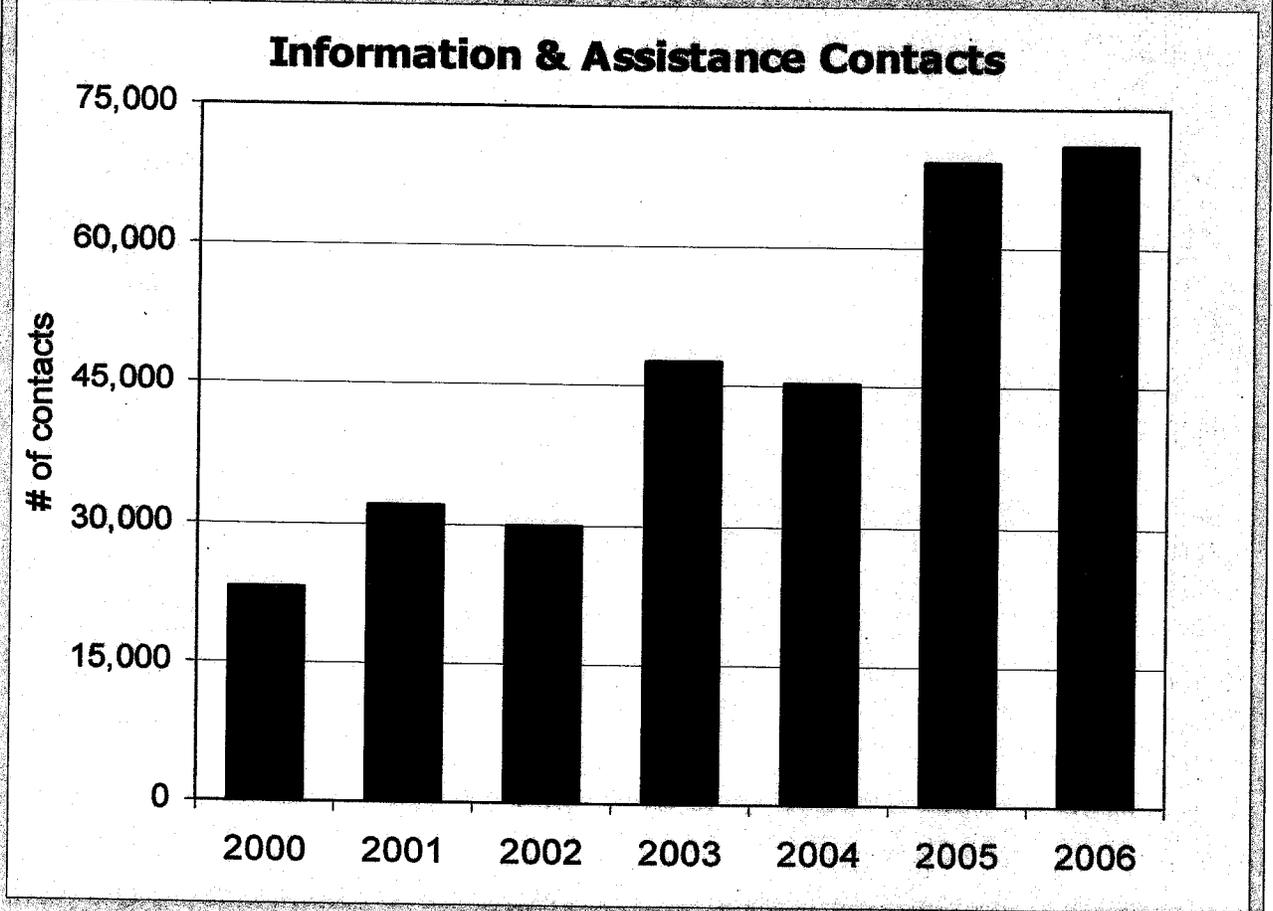
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**OBJECTIVE 3
INCREASE THE NUMBER OF INFORMATION AND ASSISTANCE PROGRAM CONTACTS EACH FISCAL YEAR**



COMMENT AND NOTES: Data reflects the total phone and personal contacts with Information and Assistance Technicians. These contacts provide information on a wide range of aging services as well as assistance in resolving caller concerns. The increased contacts in 2005 and 2006 are largely attributable to changes in Medicare.

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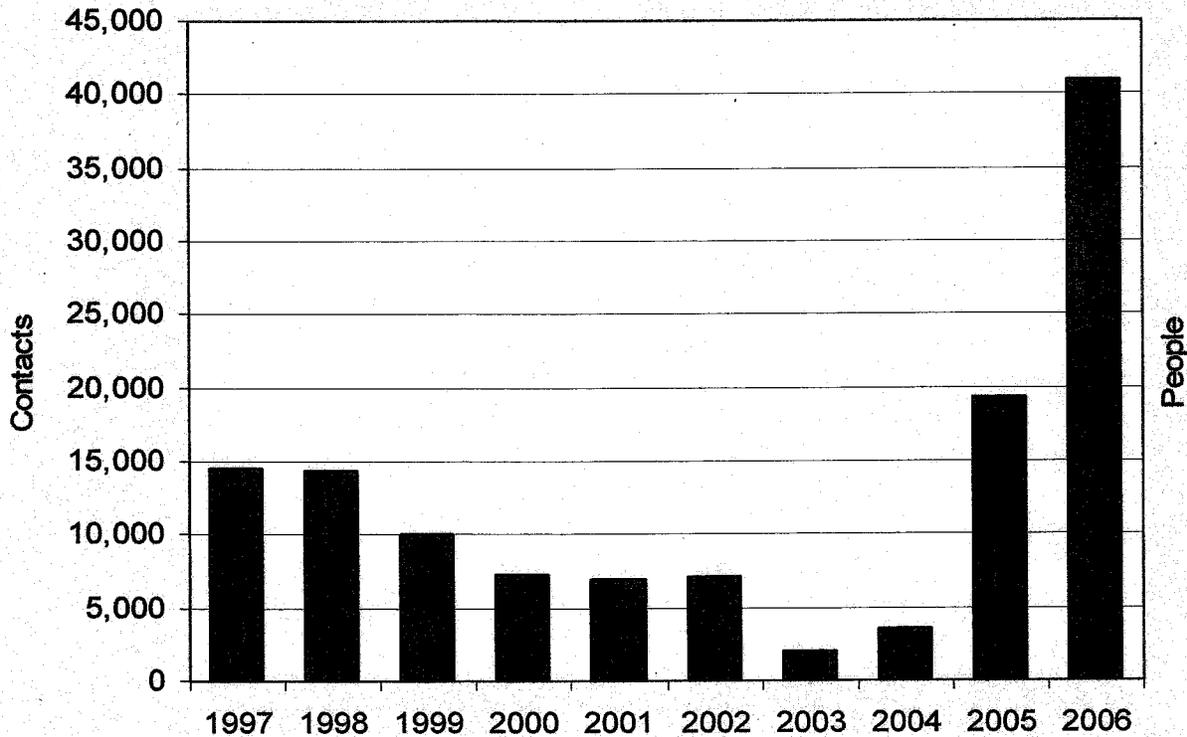
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OBJECTIVE 4

INCREASE THE NUMBER OF STATE HEALTH INSURANCE PROGRAM CONTACTS EACH FISCAL YEAR

SHIP Contacts



COMMENT AND NOTES: There are about 150 SHIP counselors around the state. Prior to 2003, units of service represented total statewide phone contacts. In 2003, the Centers for Medicare and Medicaid Services (CMS) implemented a new reporting program that just counts individuals served. The increases in 2004 and 2005 are a result of changes in the Medicare Modernization Act of 2003.

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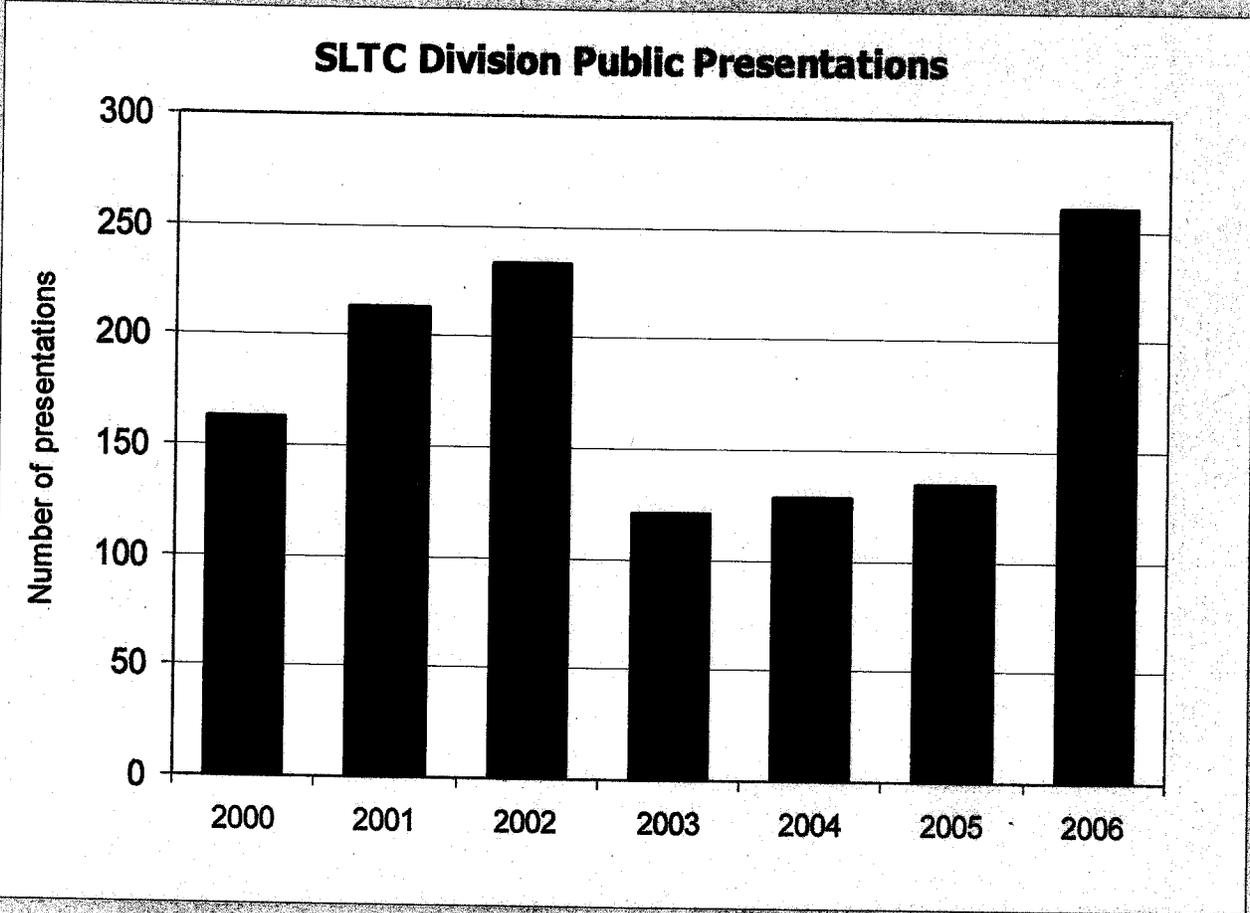
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OBJECTIVE 6

SENIOR AND LONG TERM CARE STAFF WILL CONDUCT AT LEAST 100 PUBLIC PRESENTATIONS EACH YEAR



COMMENT AND NOTES: Public presentations include educational seminars, presentations at nursing homes, conference presentations, etc. They do not include training to SLTC staff or contractors.

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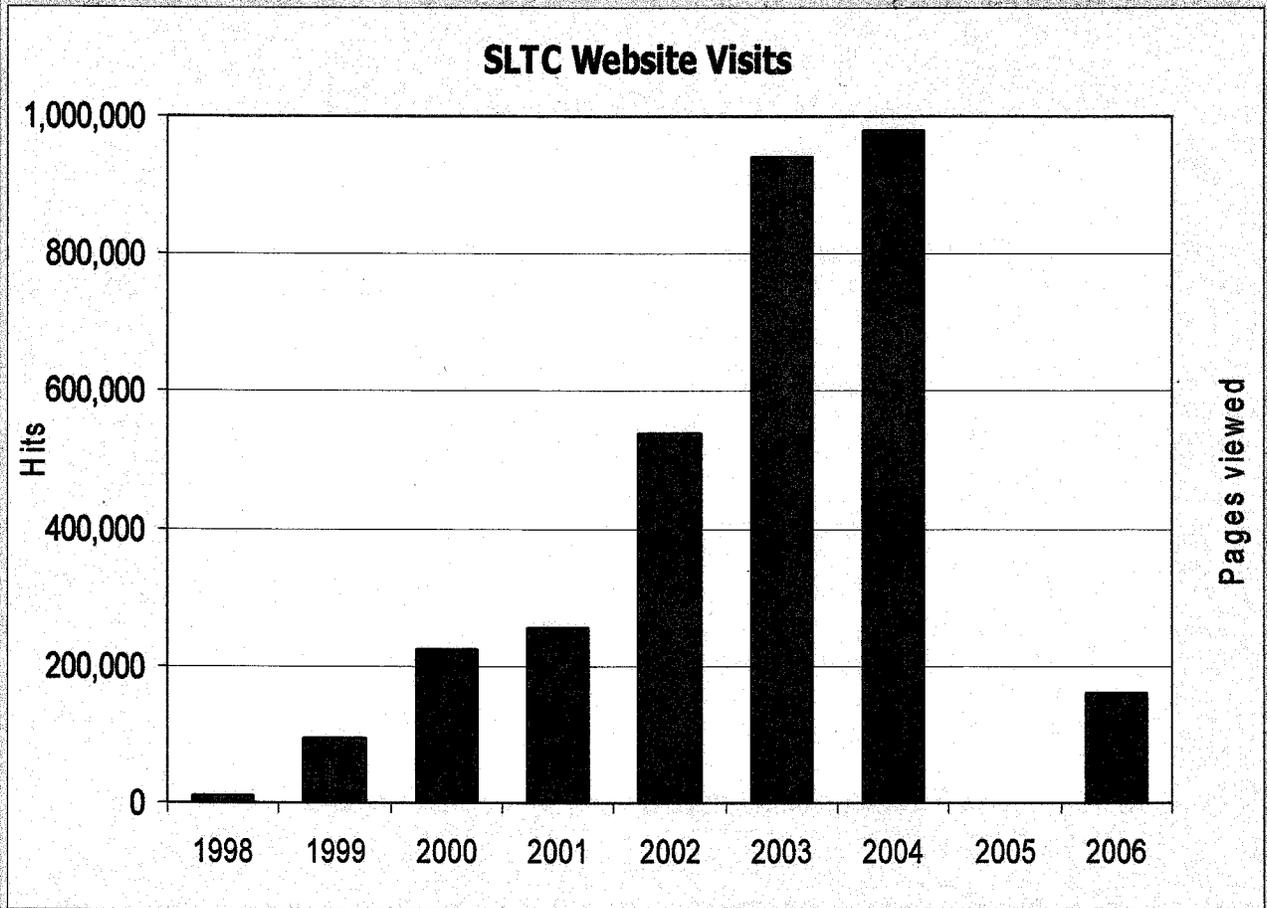
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OBJECTIVE 7

INCREASE THE NUMBER OF VISITS TO THE SENIOR AND LONG TERM CARE DIVISION WEBSITE EACH YEAR



COMMENT AND NOTES: The SLTCD maintains an extensive website of long term care resources. The website is being used by consumers, out-of-state individuals and family members and SLTCD staff looking for services. Prior to 2005, data were for search hits. Current data is for people actually accessing the SLTCD site.

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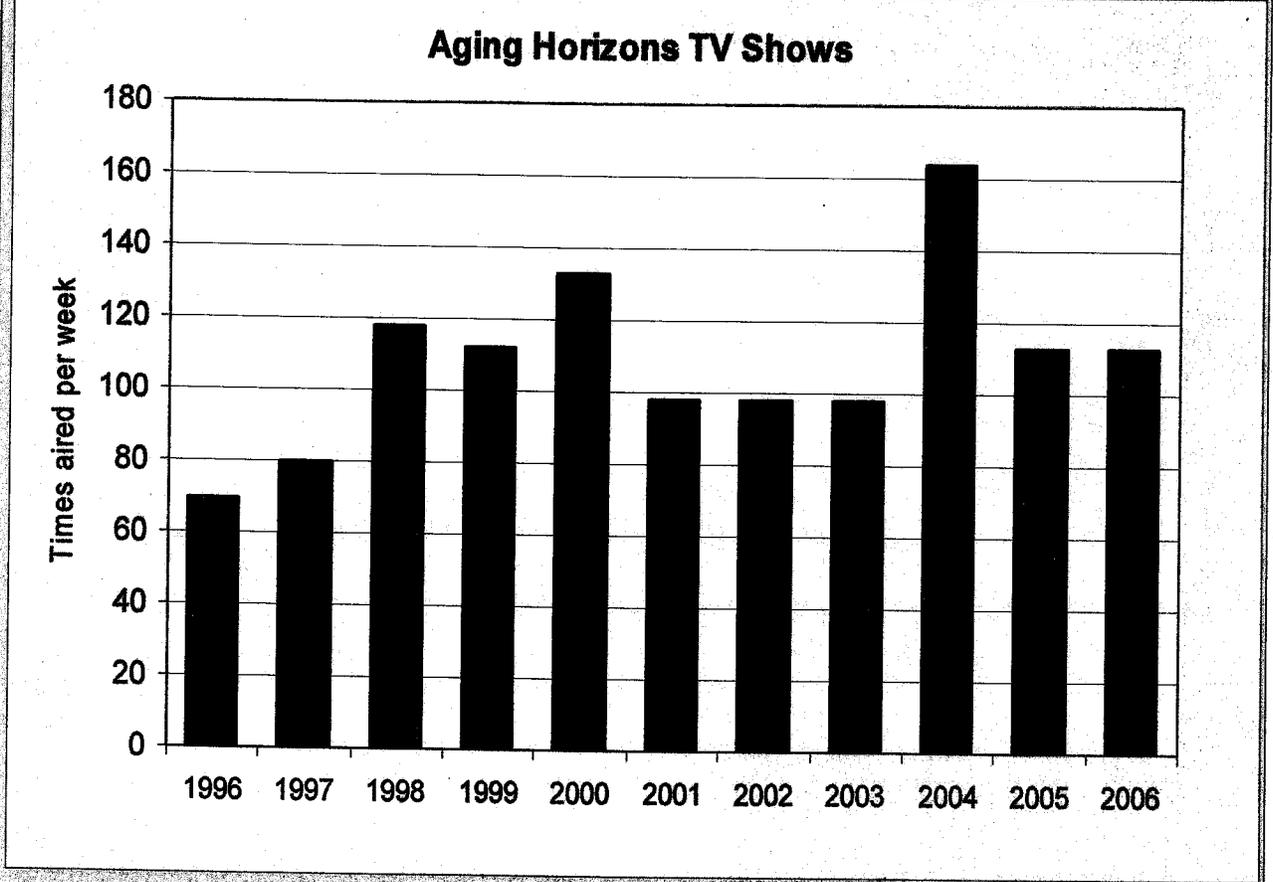
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OBJECTIVE A

INCREASE THE ABILITY OF MONTANANS TO PREPARE TO MEET THEIR OWN LONG TERM CARE NEEDS OR THE LONG TERM CARE NEEDS OF A FRIEND OR RELATIVE

**OBJECTIVE 8
INCREASE THE TOTAL AIR TIME FOR THE 52 AGING HORIZONS TV SHOWS AIRED EACH YEAR**



COMMENT AND NOTES: The data reflects the total number of times that Aging Horizons is aired per week. The show is 30 minutes long and is aired twice a day for a week in 8 markets over the Bresnan Cable Network. The show is also now aired on Helena Community TV.

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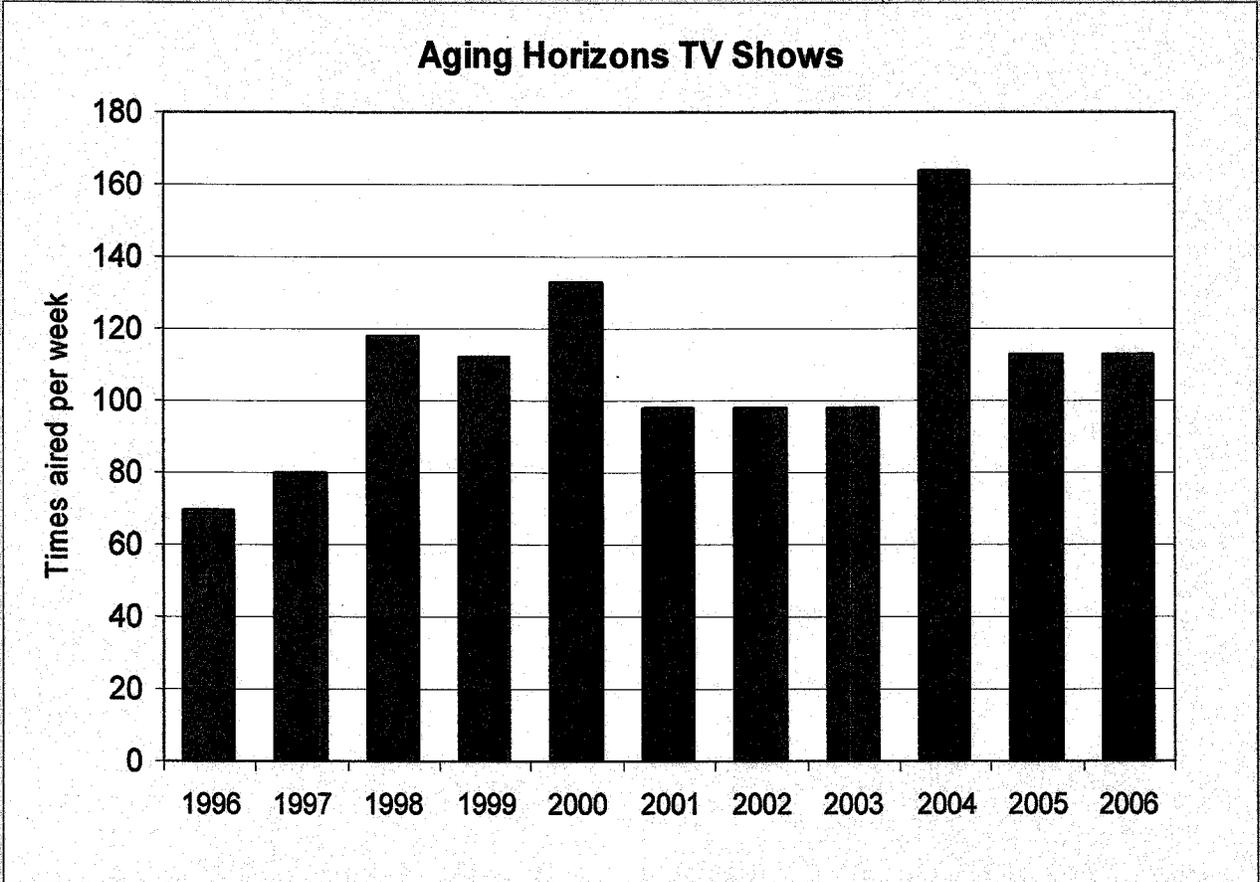
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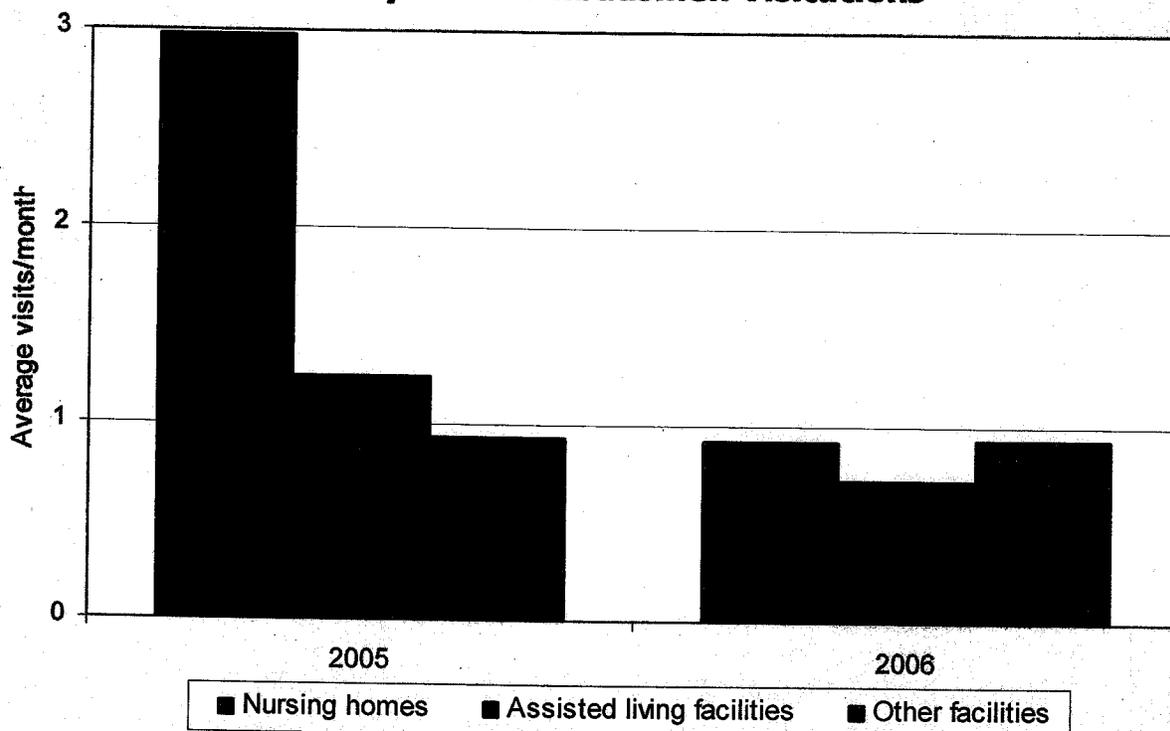
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OBJECTIVE 10

MAINTAIN OR INCREASE THE AVERAGE LOCAL OMBUDSMAN MONTHLY VISITATION RATE TO LICENSED NURSING HOME, ASSISTED LIVING FACILITIES, AND DESIGNATED LICENSED FACILITIES

Monthly Local Ombudsmen Visitations



COMMENT AND NOTES: Under state and federal requirements, local ombudsmen are required to routinely visit all long term care facilities. During SFY 2006, decreases in monthly visitations are directly related to increased workload associated with enrolling seniors in Medicare Part D. The majority of Ombudsmen in the Aging Network are also employed as SHIP counselors and Information and Assistance technicians

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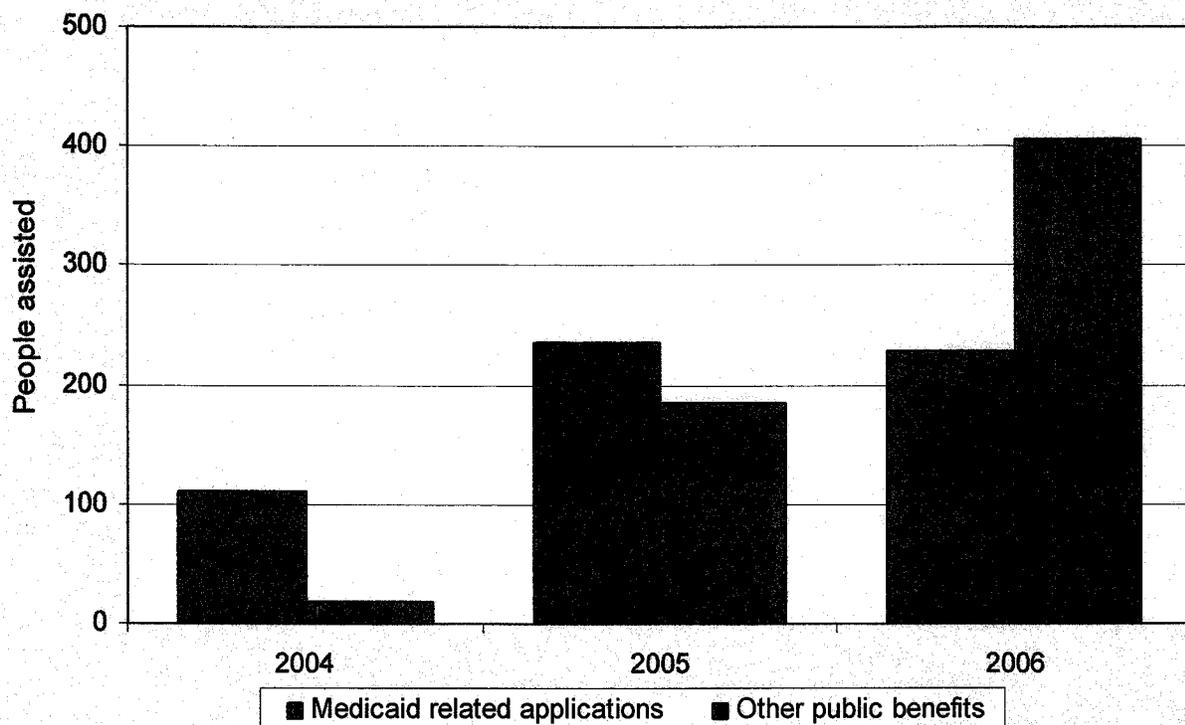
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OBJECTIVE 11

INCREASE THE NUMBER OF CLIENTS ASSISTED BY AGING AND DISABILITY RESOURCE CENTERS IN OBTAINING MEDICAID PUBLIC BENEFITS

ADRC Assistance with Application Process



COMMENT AND NOTES: The first Aging and Disability Resource Center was established in Yellowstone County in 2003 with a grant from the Administration on Aging and the Centers for Medicare and Medicaid Services (CMS). Assistance is provided with Medicaid medical assistance, long term care assistance or Waiver, SLMB, QMB and QI1. Other public assistance includes Food Stamps, SSI/SSDI, Section 8, Reverse Annuity Mortgages, LIEAP, and Energy Share Assistance.

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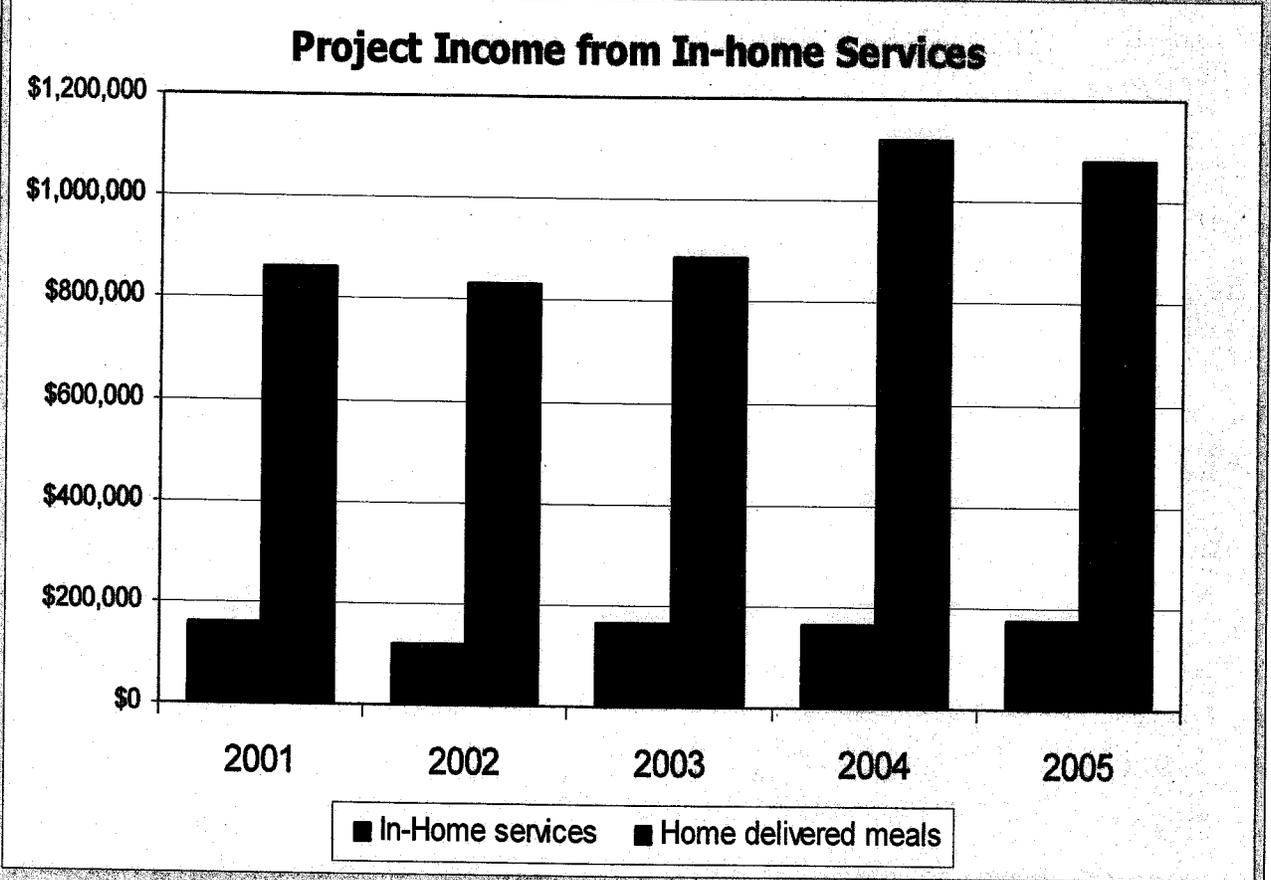
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OBJECTIVE 12 INCREASE THE PROJECT INCOME FOR AGING IN-HOME SUPPORTIVE SERVICES



COMMENT AND NOTES: Aging in-home services consist of personal care, homemaker, home chore and respite services. Project income for in-home services is done on a voluntary contribution basis. Providers set a suggested donation price and clients contribute based on their personal ability to pay.

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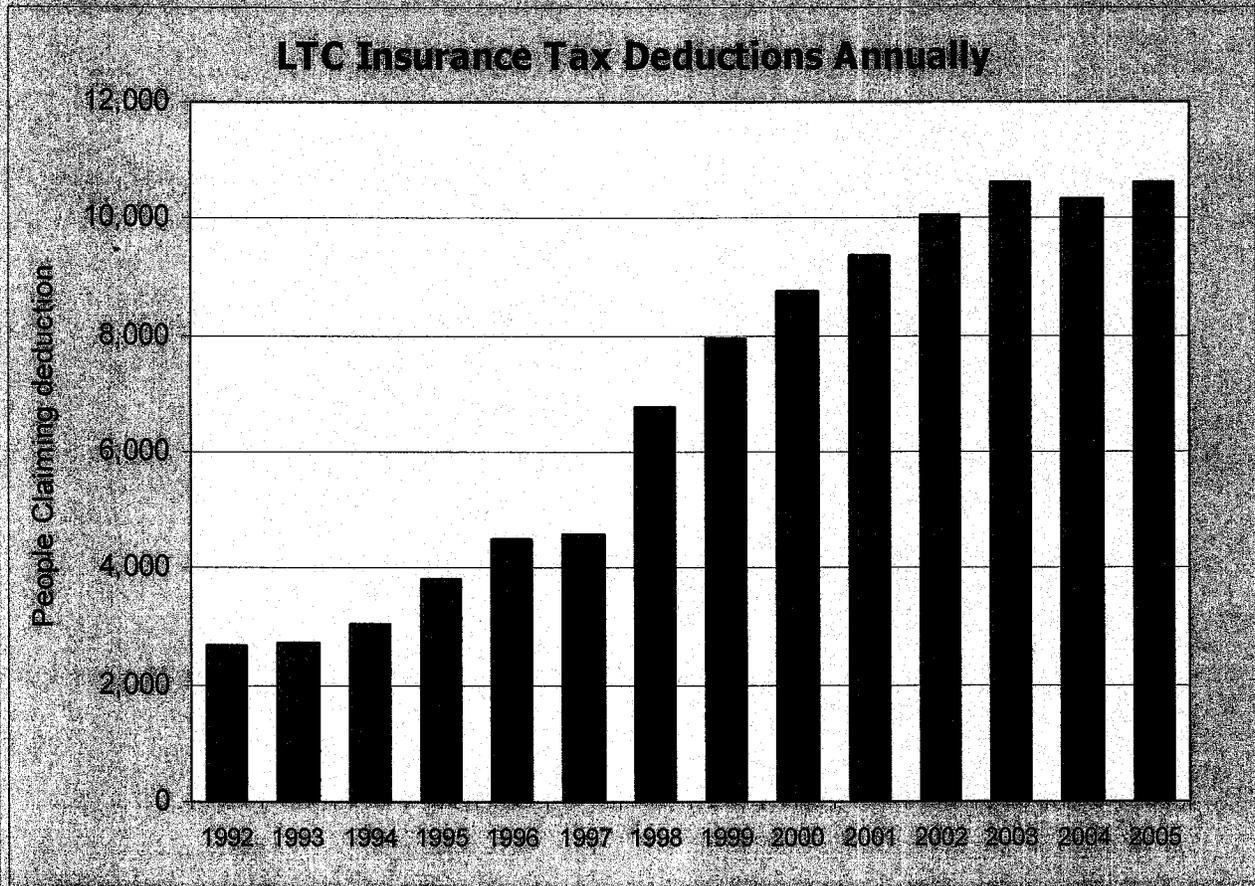
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES SENIOR AND LONG TERM CARE DIVISION

OBJECTIVE B

INCREASE THE NUMBER OF MONTANANS WHO MEET SOME OR ALL OF THEIR OWN, OR SOMEONE ELSE'S, LONG TERM CARE NEEDS

OBJECTIVE 1

INCREASE THE NUMBER OF PEOPLE WITH LONG TERM CARE INSURANCE AS MEASURED BY THE NUMBER OF PEOPLE CLAIMING A TAX DEDUCTION FOR LONG TERM CARE INSURANCE ON THEIR STATE INCOME TAX RETURNS



COMMENT AND NOTES: Data provided by the Montana Department of Revenue, Tax Policy and Research Bureau. Tax year for 2006 data is not available until November 2007.

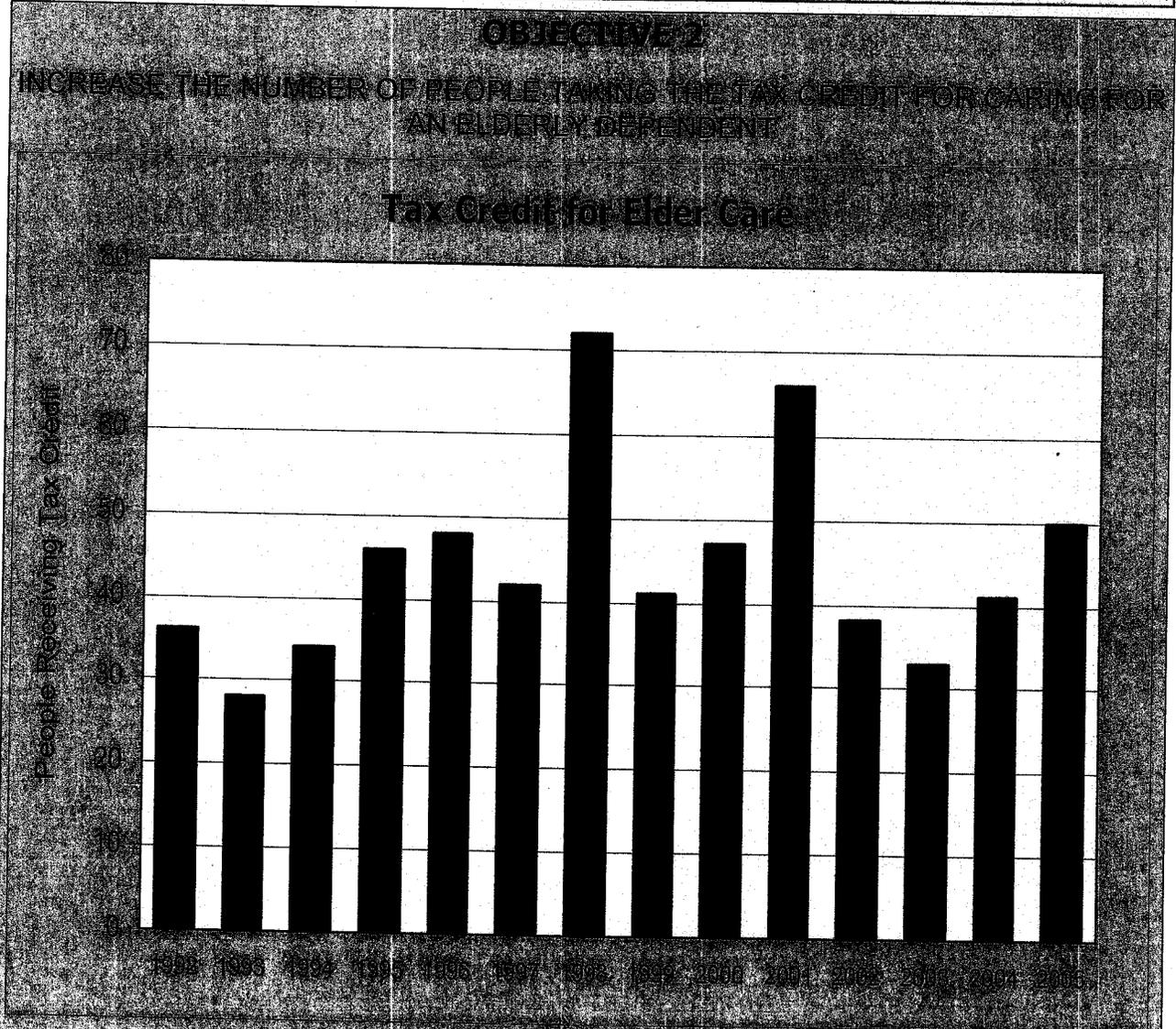
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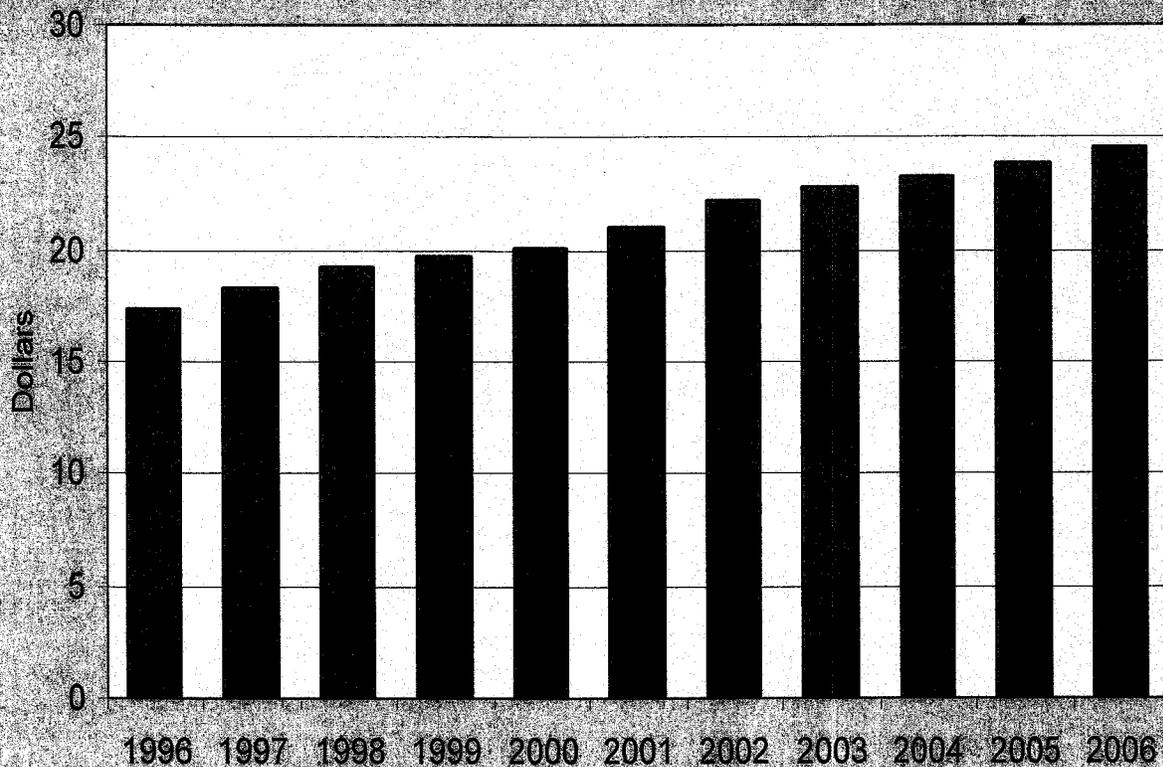
OBJECTIVE B

INCREASE THE NUMBER OF MONTANANS WHO MEET SOME OR ALL OF THEIR OWN, OR SOMEONE ELSE'S, LONG TERM CARE NEEDS

OBJECTIVE 3

INCREASE THE AVERAGE AMOUNT OF DAILY PATIENT CONTRIBUTION PAID TOWARDS MEDICAID NURSING HOME CARE

Average Daily Patient Contribution Towards Nursing Home Cost



COMMENT AND NOTES: Average Daily Patient Contribution is computed by dividing the total Nursing Facility Third Party Liability payments for each year by the number of Medicaid days of care for the given year.

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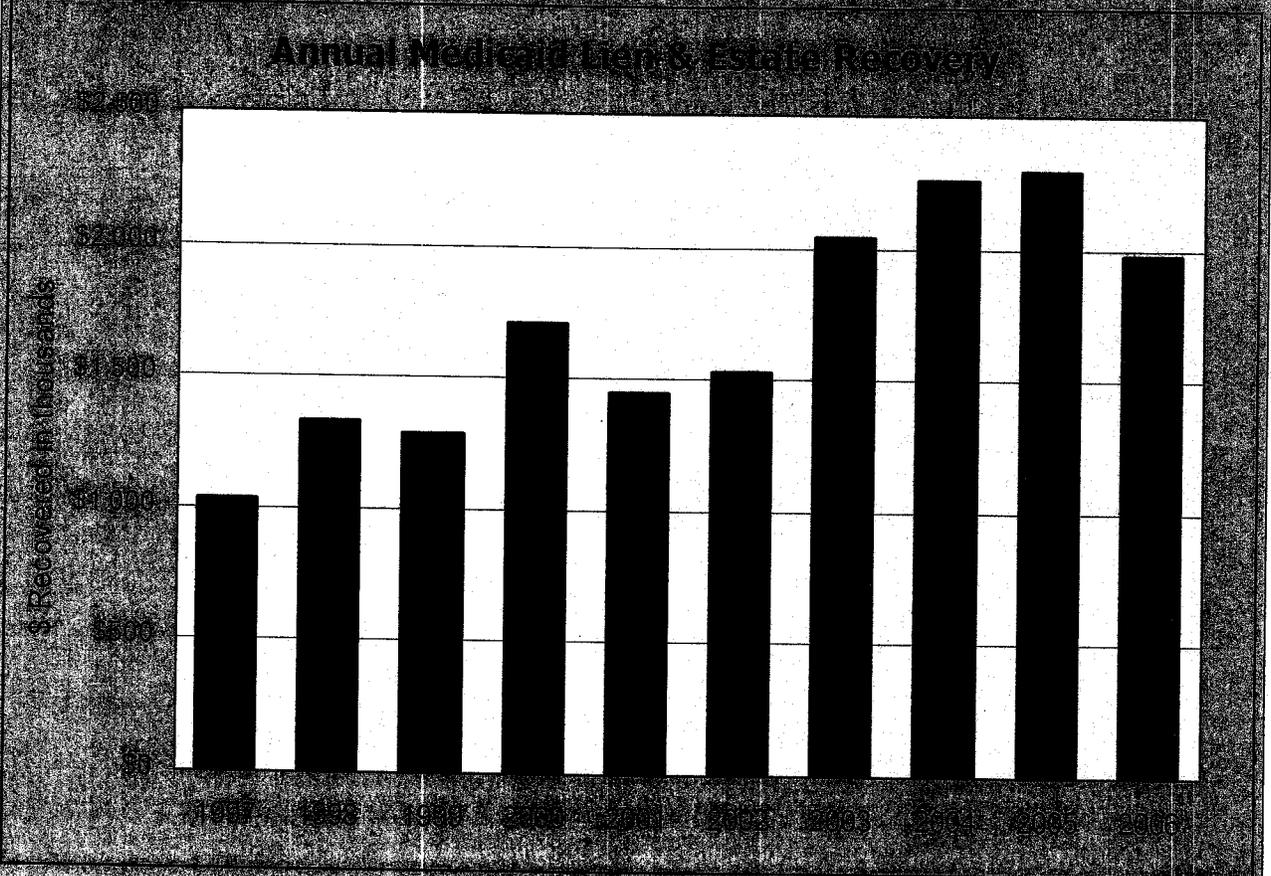
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OBJECTIVE B

INCREASE THE NUMBER OF MONTANANS WHO MEET SOME OR ALL OF THEIR OWN, OR SOMEONE ELSE'S, LONG TERM CARE NEEDS

OBJECTIVE 4
INCREASE THE FUNDS RECOVERED UNDER THE MEDICAID LIEN AND ESTATE RECOVERY PROGRAM



COMMENT AND NOTES: The Omnibus Reconciliation Act of 1993 requires each state to recover the costs of nursing facility and other medical care from the estates of Medicaid recipients who receive services at age 55 or older, or are in a nursing home. Starting 2001, the data comes from SABHRS

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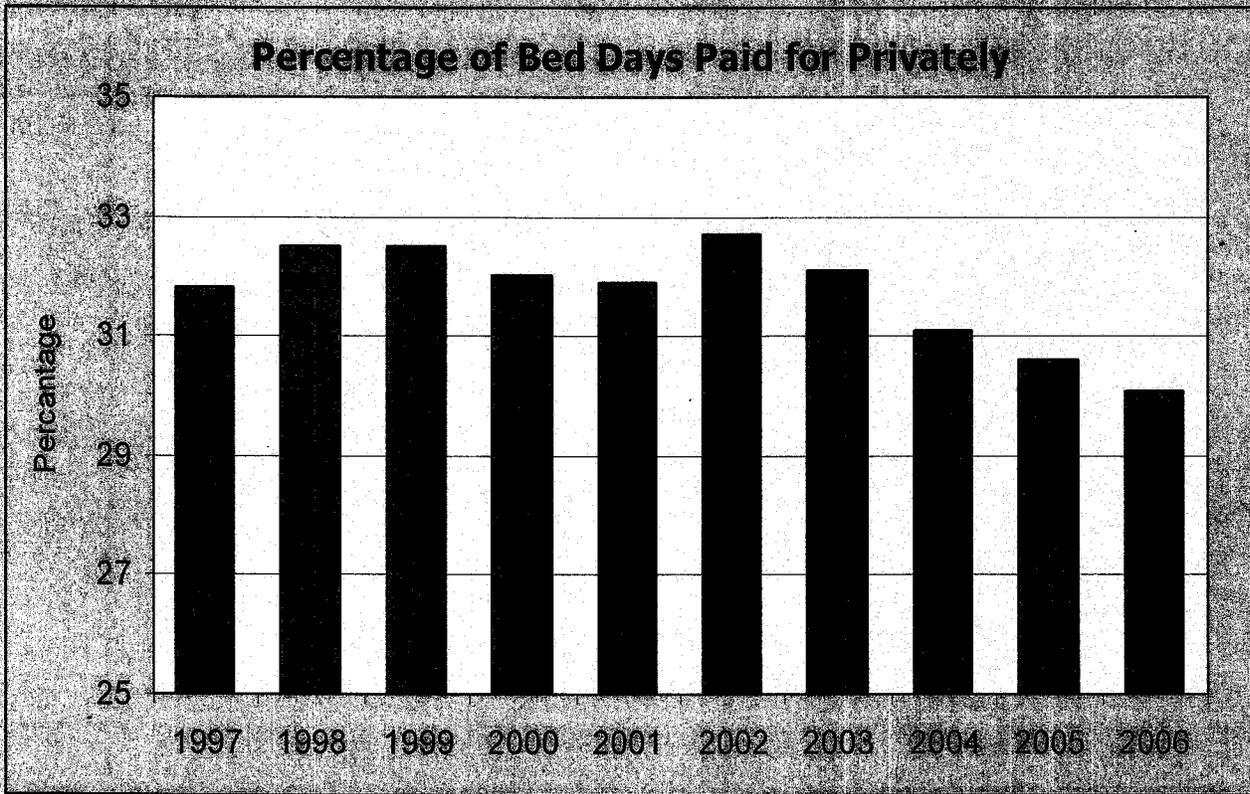
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OBJECTIVE B

INCREASE THE NUMBER OF MONTANANS WHO MEET SOME OR ALL OF THEIR OWN, OR SOMEONE ELSE'S, LONG TERM CARE NEEDS

OBJECTIVE 5
INCREASE THE PERCENTAGE OF PEOPLE PRIVATELY PAYING FOR NURSING HOME CARE EACH STATE FISCAL YEAR



COMMENT AND NOTES: The data is a comparison of Private Pay Bed Days as reported on Nursing Facility Staffing Reports to Total Bed Days occupied. In addition to Private Pay Bed Days, approximately 60% of all bed days are paid by Medicaid. Medicare pays for approximately 9% of all bed days. Statewide occupancy rate was 74.8% in 2006.

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**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
SENIOR AND LONG TERM CARE DIVISION**

OBJECTIVE C

ENSURE HIGH QUALITY OF PUBLICLY FUNDED LONG TERM CARE SERVICES TO MONTANANS

**OBJECTIVE 1
INCREASE THE AVERAGE ANNUAL REIMBURSEMENT RATE FOR ALL SENIOR AND LONG TERM CARE DIVISION PROVIDERS**

PROGRAM	YEAR	EXPENDITURES	PERCENTAGE CHANGE
Aging Services Total annual expenditures	2001	\$5,144,769	
	2002	\$5,802,996	12.9%
	2003	\$6,292,794	8.4%
	2004	\$6,610,617	5.1%
	2005	\$6,196,968	-6.3%
	2006	\$6,691,749	8.0%
Home Health Cost/visit	2001	\$62.56	
	2002	\$63.50	1.5%
	2003	\$63.50	0%
	2004	\$63.50	0%
	2005	\$63.50	0%
	2006	\$65.41	3%
Hospice Cost/day	2001	\$107.93	
	2002	\$108.63	0.6%
	2003	\$111.49	2.6%
	2004	\$113.74	2%
	2005	\$117.13	3%
	2006	\$122.55	4.6%
Personal Care (Agency based) Cost/15 minutes	2001	\$3.22	
	2002	\$3.45	7.1%
	2003	\$3.45	0%
	2004	\$3.45	0%
	2005	\$3.45	0%
	2006	\$3.80	10.1%
Personal Care (Self directed) Cost/15 minutes	2001	\$3.05	
	2002	\$3.45	3.6%
	2003	\$3.45	0%
	2004	\$3.45	0%
	2005	\$3.45	0%
	2006	\$3.60	10.8%

PROGRAM	YEAR	EXPENDITURES	PERCENTAGE CHANGE
Nursing Facilities Cost/day	2001	\$99.88	
	2002	\$112.87	13%
	2003	\$118.96	5.4%
	2004	\$129.27	8.7%
	2005	\$134.74	4.2%
	2006	\$146.94	6.2%

COMMENT AND NOTES: Aging Services reimbursements are by total yearly contract dollars; Home Health is reimbursed on a per visit basis; Hospice rates are for routine home care per day; and Nursing Facilities are reimbursed on a daily rate. When the program began in FY 2001, the Intergovernmental Transfers (IGT) increased Nursing Facility reimbursement rates by \$2.15 per day. It has increased yearly and in FY2006 the IGT impact was projected to be an additional \$5.97 per day.

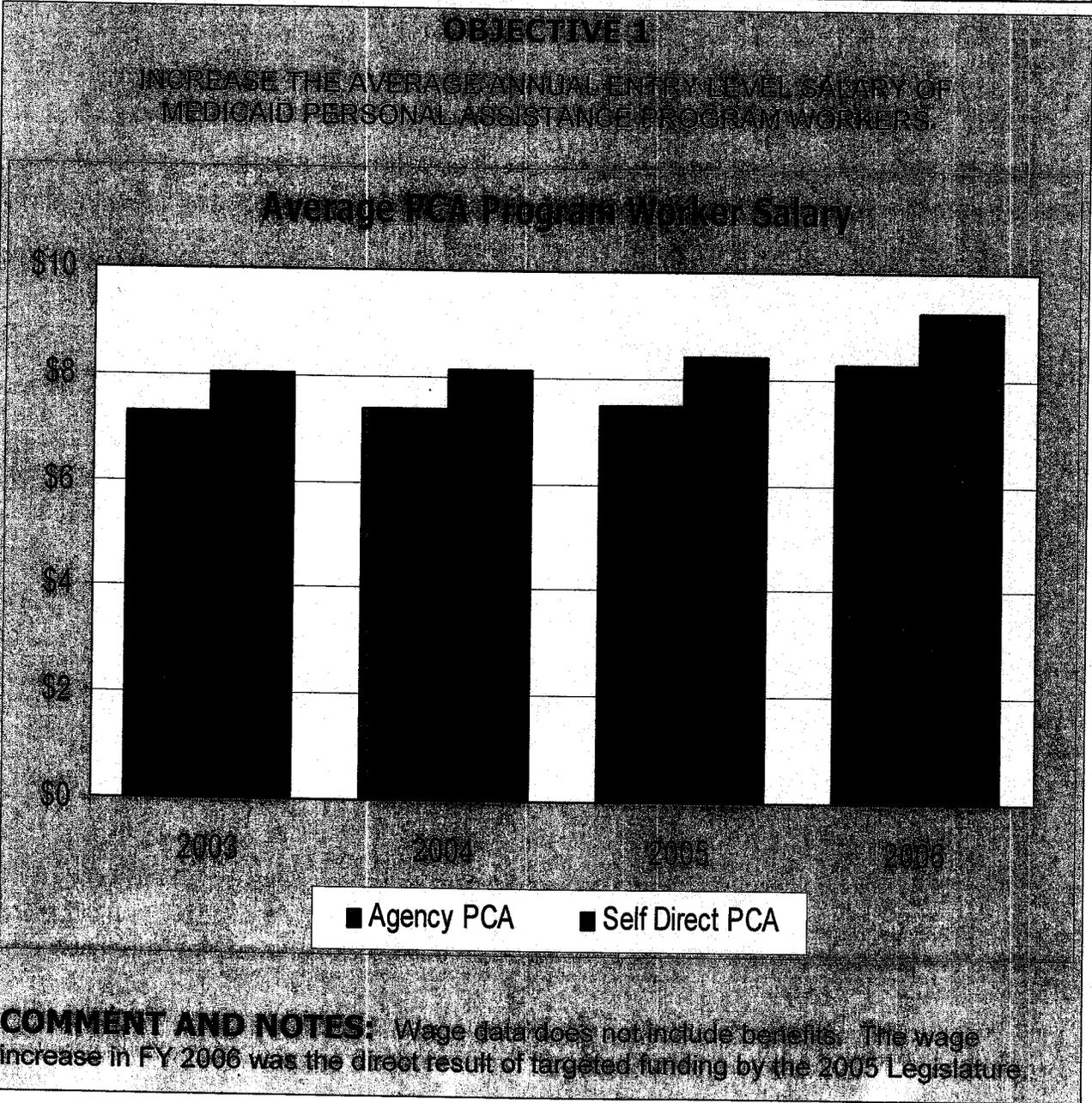
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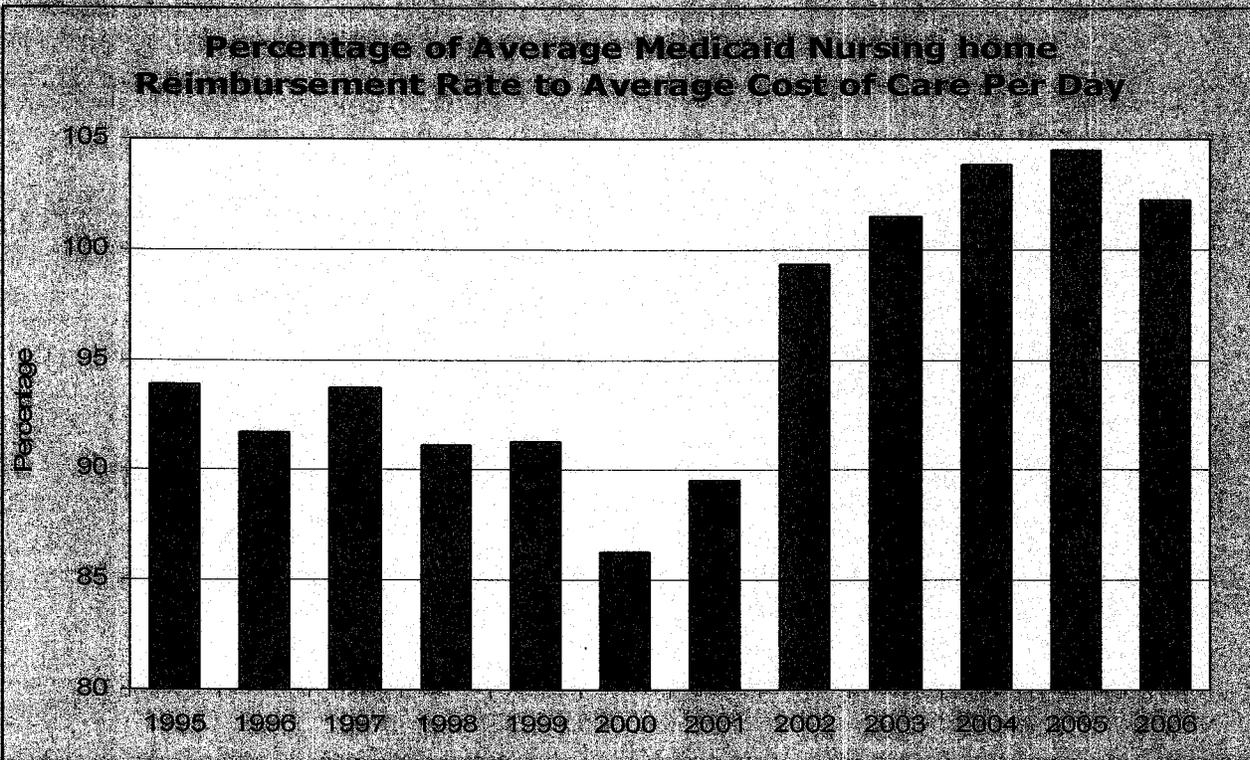
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES SENIOR AND LONG TERM CARE DIVISION

OBJECTIVE C

ENSURE HIGH QUALITY OF PUBLICLY FUNDED LONG TERM CARE SERVICES TO MONTANANS

OBJECTIVE 4

MAINTAIN OR INCREASE THE CURRENT PERCENTAGE OF REASONABLE COSTS PER DAY REIMBURSED BY THE MEDICAID NURSING HOME PROGRAM



COMMENT AND NOTES: The data reflects the portion of Statewide Average Cost per Day reimbursed across all Nursing Facilities. Cost per Day is derived from Nursing Facility Cost Reports and includes property, direct care/nursing and operating costs. Cost per Day and Reimbursement Rates vary across all facilities. In FY2003, the IGT impact was an additional \$6.07 per day; for FY2004 it was \$6.54 per day; for FY2005 it was \$6.78 per day; and for FY 2006 the impact was \$5.97.

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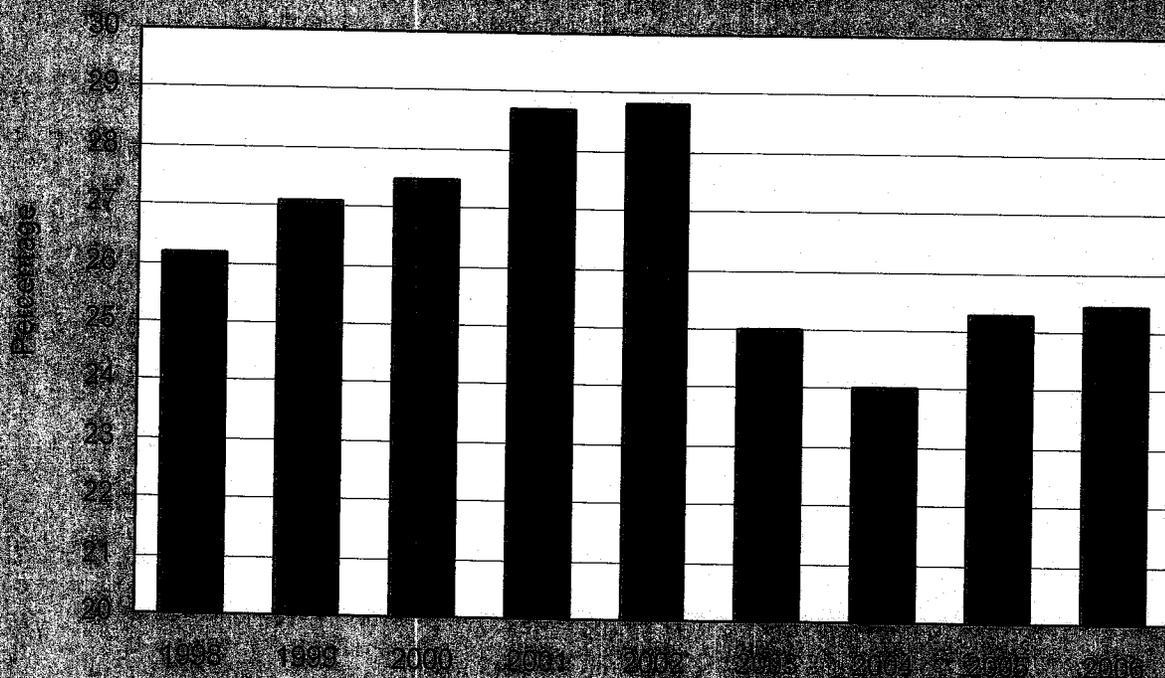
OBJECTIVE D

SUPPORT MONTANANS IN THEIR DESIRE TO STAY IN THEIR OWN HOMES OR LIVE IN THE SMALLER RESIDENTIAL SETTINGS FOR AS LONG AS POSSIBLE

OBJECTIVE 1

INCREASE THE PERCENTAGE OF THE SLTCD DIVISION BUDGET THAT GOES TO HOME AND COMMUNITY SERVICES

Home & Community Services Budget as a Percentage of SLTCD Budget



COMMENT AND NOTES: The Home and community services budget includes expenditures for the following programs: HCBS Waiver, Home Health, Personal Care Assistance (PCA), Ombudsman, Meals on Wheels, Homemaker, and State Supplemental payments. Beginning in 2000, SLTCD data also included Adult Protective Services (APS), which was moved to the SLTCD that year.

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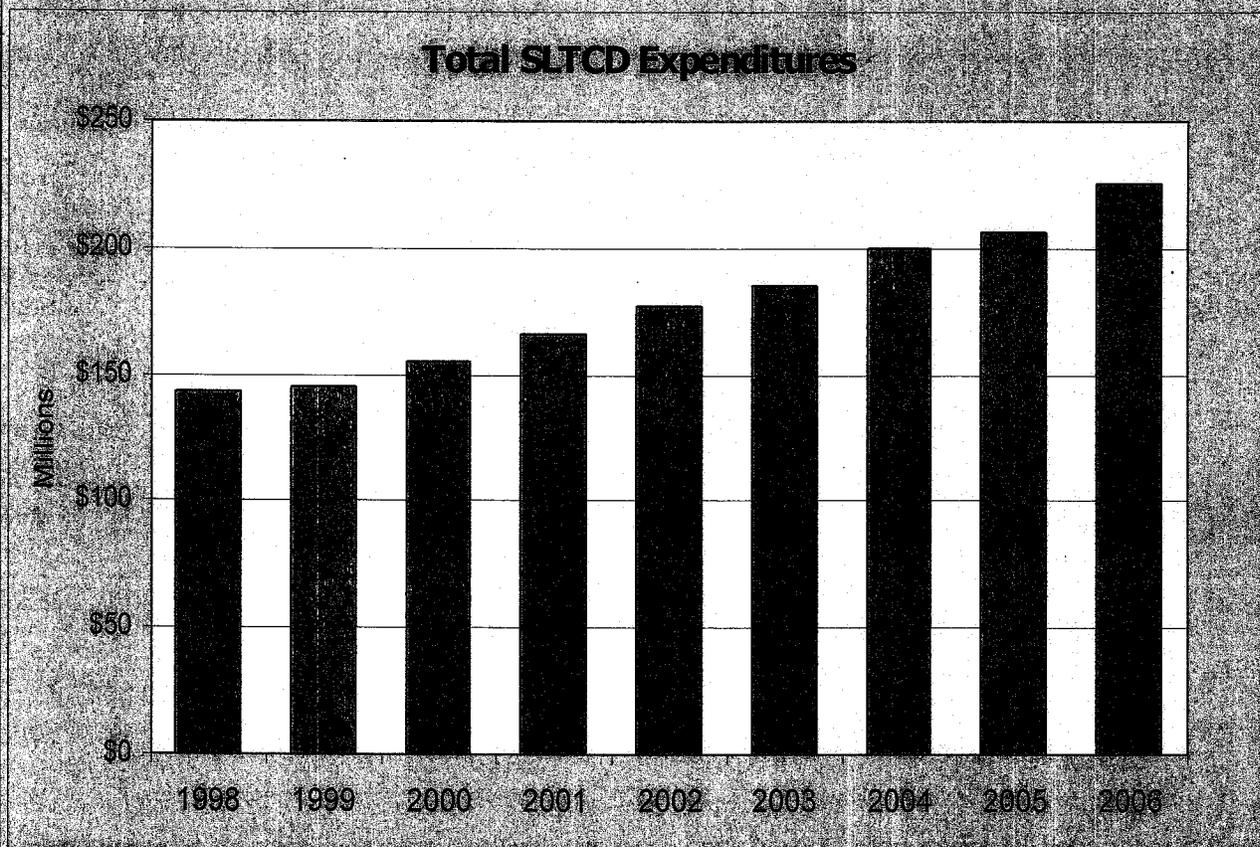
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OBJECTIVE D

SUPPORT MONTANANS IN THEIR DESIRE TO STAY IN THEIR OWN HOMES OR LIVE IN THE SMALLER RESIDENTIAL SETTINGS FOR AS LONG AS POSSIBLE

OBJECTIVE 1

INCREASE THE TOTAL AMOUNT OF THE SLTC DIVISION BUDGET THAT GOES TO HOME AND COMMUNITY SERVICES



COMMENT AND NOTES: The Home and community services budget includes expenditures for the following programs: HCBS Waiver; Home Health; Personal Care Assistance (PCA); Ombudsman; Meals on Wheels; Homemaker; and State Supplemental payments. Beginning in 2000, SLTCD data also included Adult Protective Services (APS), which was moved to the SLTCD that year.

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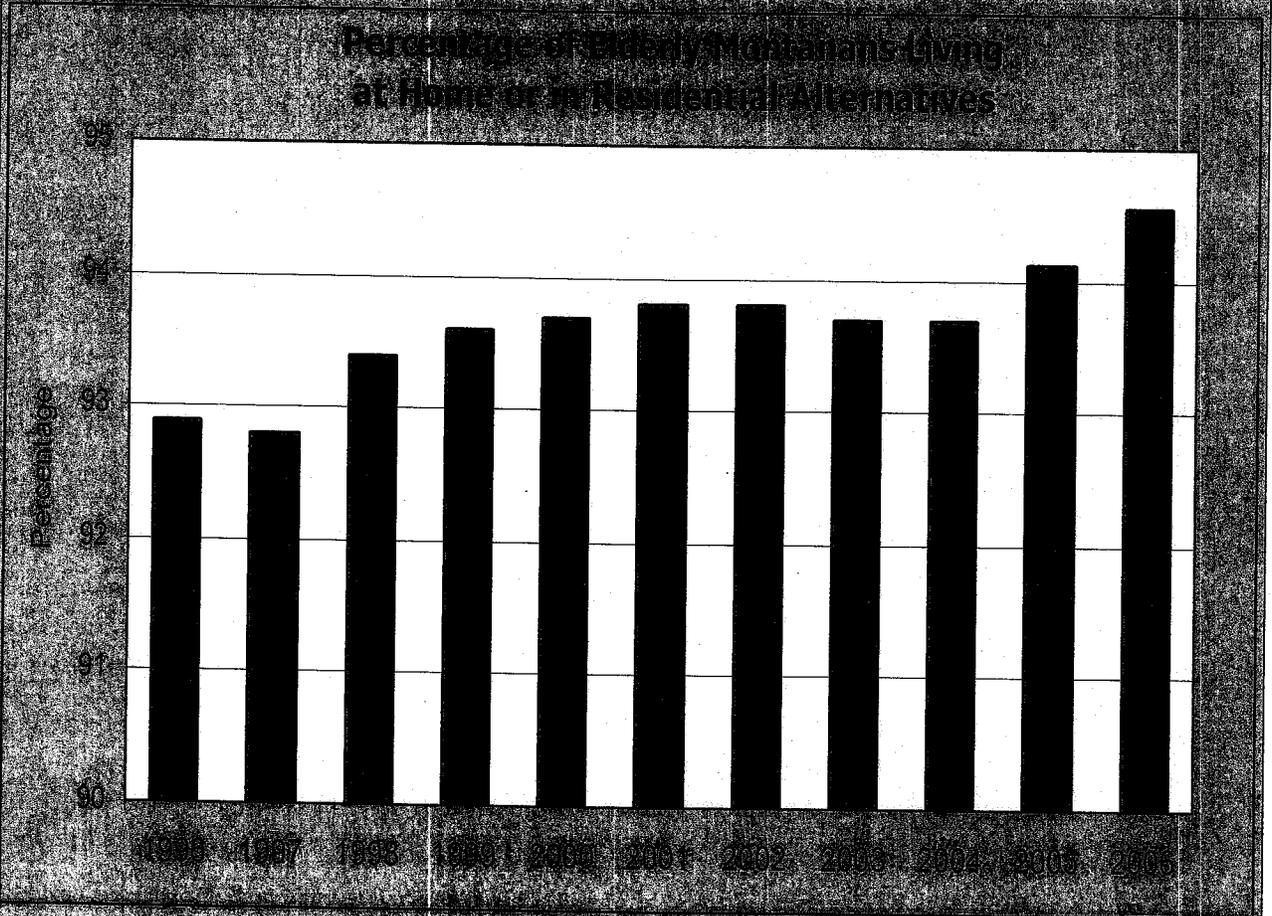
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**OBJECTIVE 2
INCREASE THE PERCENTAGE OF MONTANANS AGE 65 OR OLDER WHO LIVE AT HOME OR IN SMALL RESIDENTIAL ALTERNATIVES**



COMMENT AND NOTES: The data is derived from the difference between the estimated census data of Montanans age 65 or older for a given year and the estimated number of Montanans age 65 or older living in nursing facilities.

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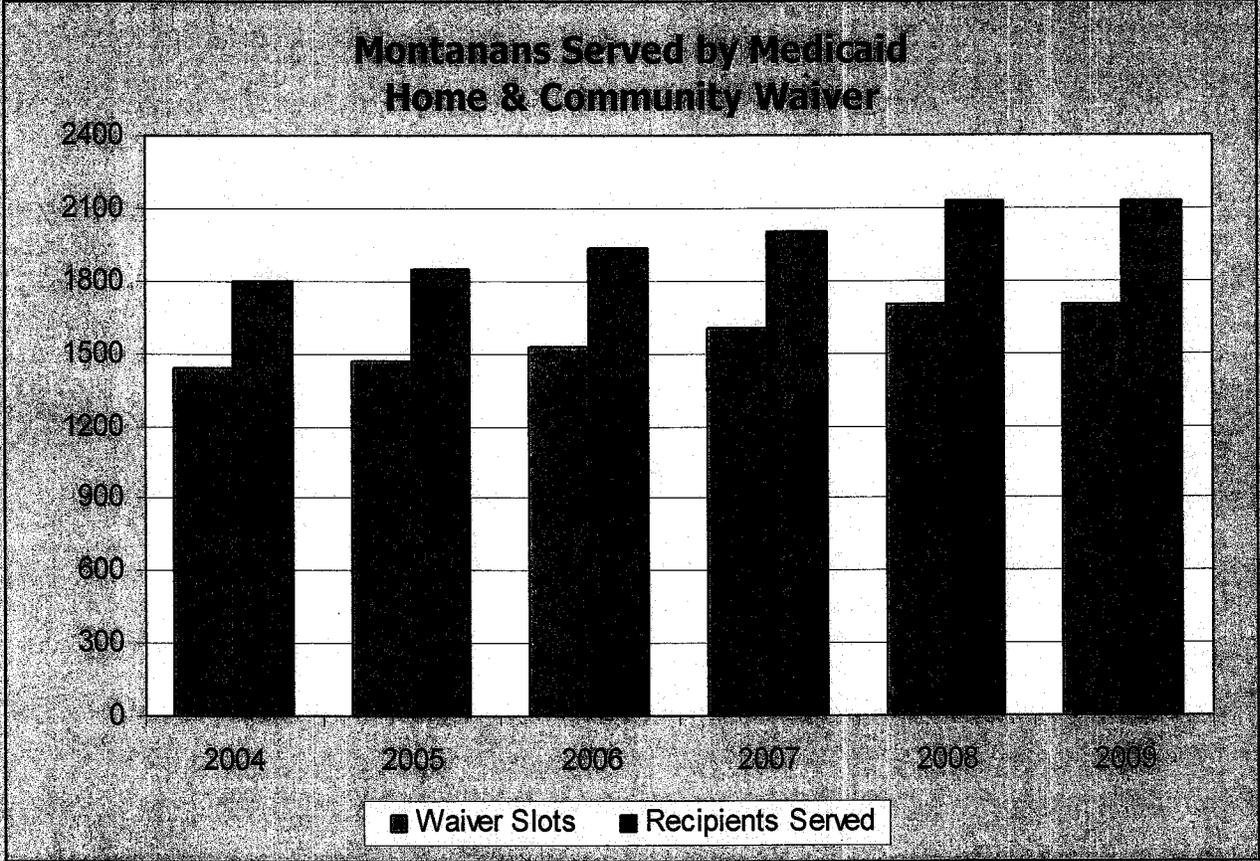
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SENIOR AND LONG TERM CARE DIVISION**

OBJECTIVE D

SUPPORT MONTANANS IN THEIR DESIRE TO STAY IN THEIR OWN HOMES OR LIVE IN THE SMALLER RESIDENTIAL SETTINGS FOR AS LONG AS POSSIBLE

**OBJECTIVE 3
INCREASE THE NUMBER OF PEOPLE SERVED UNDER THE MEDICAID HOME AND COMMUNITY SERVICES WAIVER BY AT LEAST 100 FOR THE BIENNIUM**



COMMENT AND NOTES: The number of Waiver recipients is approximately 25% higher than the number of slots.

REPORT DATE:

October 1, 2006

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES SENIOR AND LONG TERM CARE DIVISION

OBJECTIVE D

SUPPORT MONTANANS IN THEIR DESIRE TO STAY IN THEIR OWN HOMES OR LIVE IN THE SMALLER RESIDENTIAL SETTINGS FOR AS LONG AS POSSIBLE

OBJECTIVE B

MAINTAIN THE AVERAGE LENGTH OF STAY FOR AN INDIVIDUAL ON THE HCBS WAIVER WAITING LIST AT LESS THAN ONE YEAR

Average Annual Days on HCBS Waiver Waiting List



COMMENT AND NOTES: selection for the HCBS Waiver is based on need at the time of an opening rather than the length of time on the waiting list.

REPORT DATE:

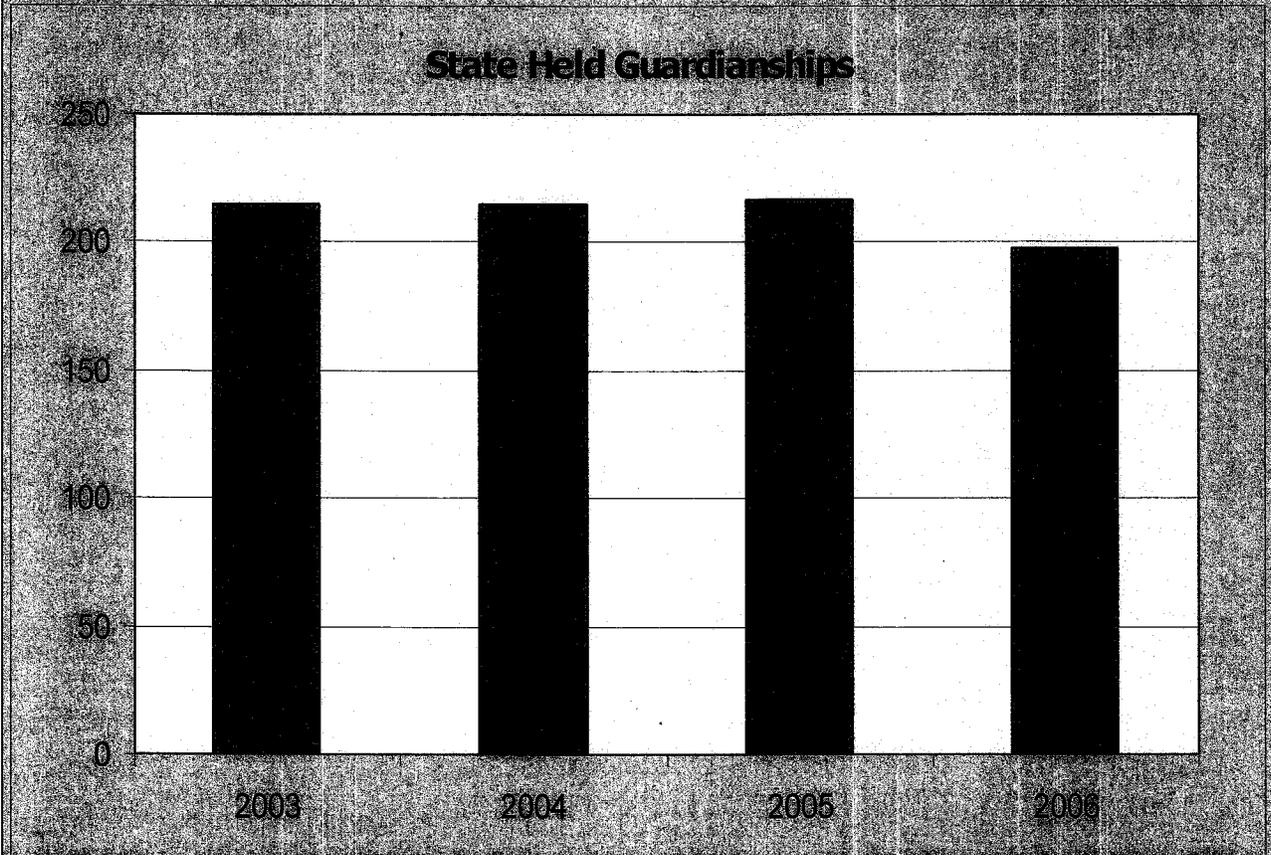
October 1, 2006

**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
SENIOR AND LONG TERM CARE DIVISION**

OBJECTIVE E

**ENHANCE THE ABILITY OF THE STATE TO PROTECT SENIOR CITIZENS
AND PEOPLE WITH DISABILITIES WHO ARE AT RISK OR ABUSE,
NEGLECT AND EXPLOITATION**

**OBJECTIVE 3
DECREASE THE NUMBER OF GUARDIANSHIPS OF INCAPACITATED INDIVIDUALS
HELD BY STATE AGENCIES**



COMMENT AND NOTES: APS is the department's guardianship of last resort. APS goal is to reduce its state held guardianships by 10 each year. There are two challenges to this objective: District Courts' unilateral ability to assign guardianships to APS; and the failure of other governmental entities and families to assume the responsibility of adult guardianships.

REPORT DATE:

October 1, 2006

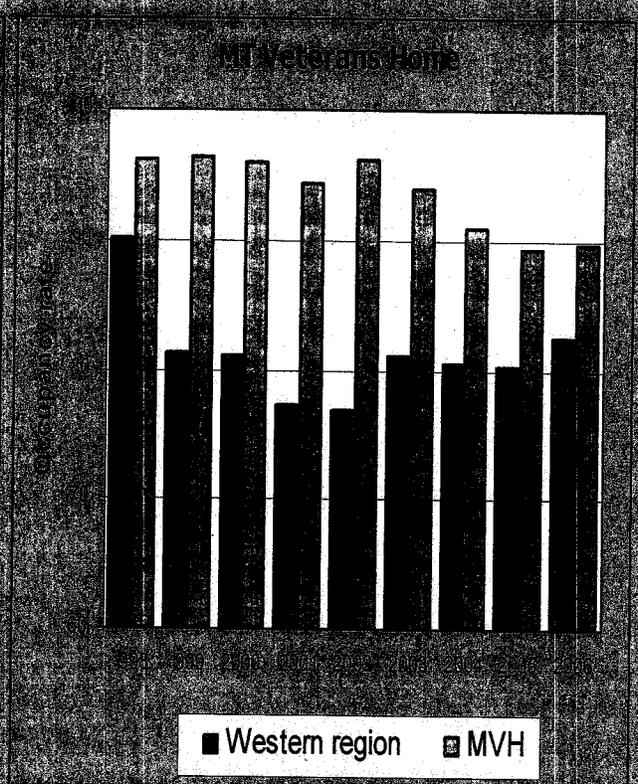
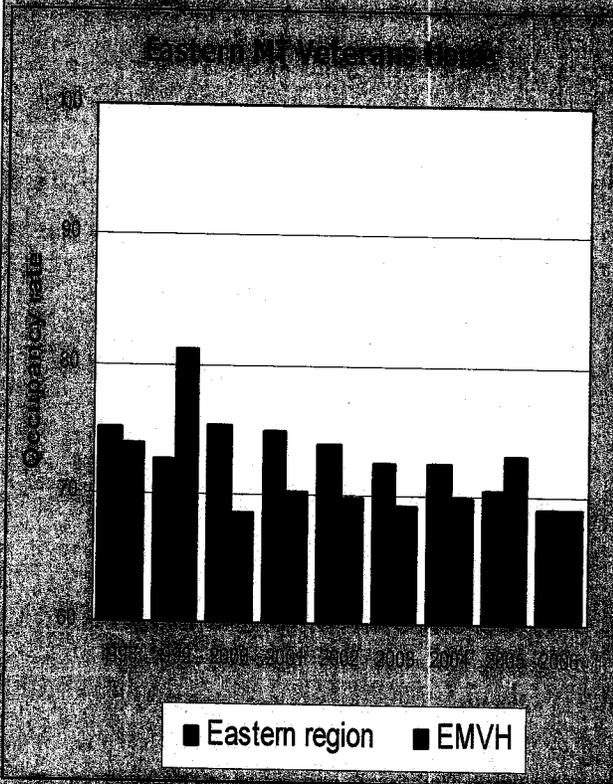
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES SENIOR AND LONG TERM CARE DIVISION

OBJECTIVE F

PROVIDE EFFICIENT, EFFECTIVE, HIGH QUALITY NURSING FACILITY SERVICES TO MONTANA'S VETERANS AT THE MONTANA VETERANS HOME AND THE EASTERN MONTANA VETERANS HOME

OBJECTIVE 2

ACHIEVE AND MAINTAIN OCCUPANCY RATES EQUAL TO OR GREATER THAN THOSE OF OTHER NURSING FACILITIES IN THE REGION OF THE STATE IN WHICH EACH VETERANS HOME IS LOCATED



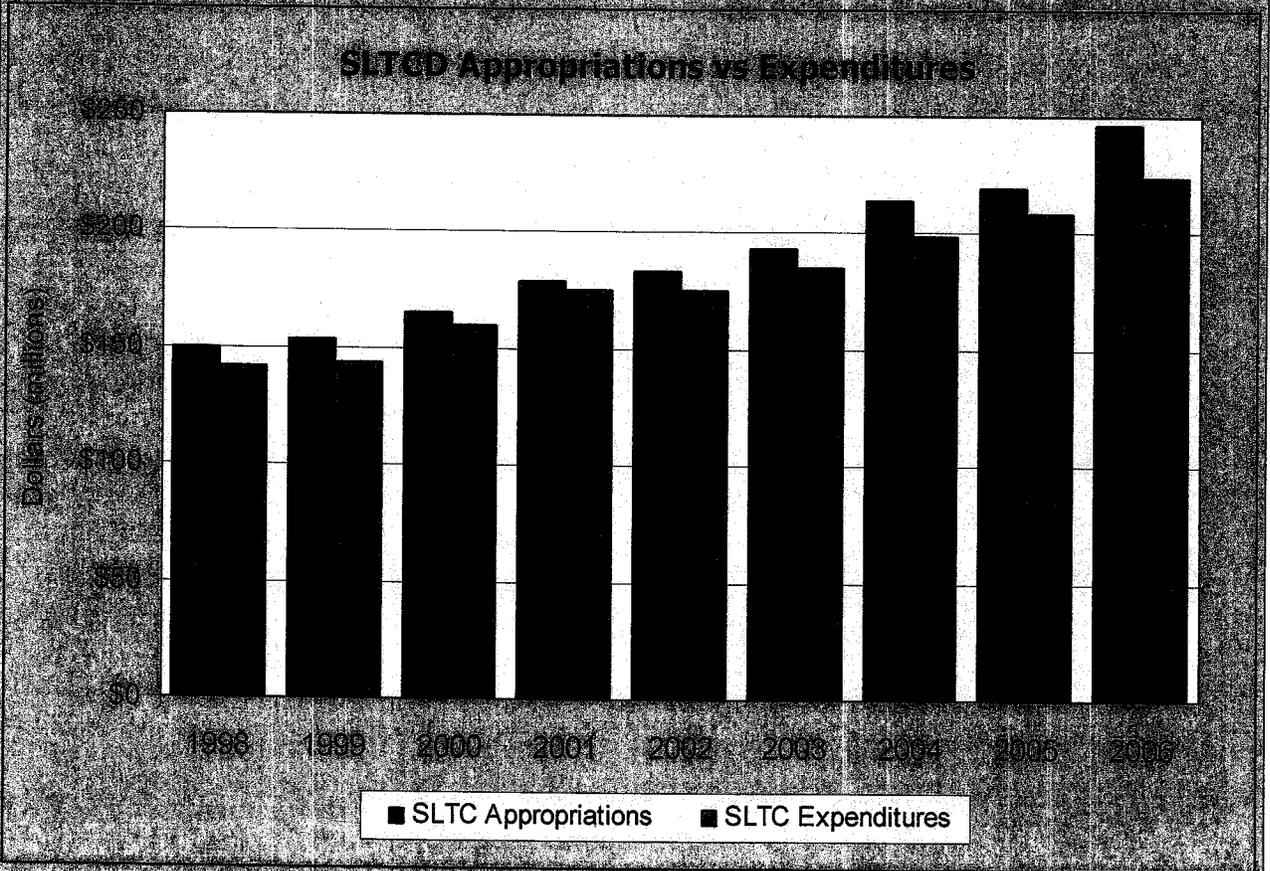
COMMENT AND NOTES: The Eastern Montana Veterans Home (EMVH) is in Glendive and the Montana Veterans Home (MVH) is in Columbia Falls. The western region includes: Whitefish, Columbia Falls, Kalispell, Bigfork, Ronan and Polson. The eastern region includes: Glendive, Miles City, Wibaux and Baker.

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES SENIOR AND LONG TERM CARE DIVISION

OBJECTIVE G

OPERATE AN EFFICIENT AND COST EFFECTIVE
LONG TERM CARE SYSTEM

OBJECTIVE 1
MAINTAIN THE TOTAL LONG TERM CARE EXPENDITURES OF THE SENIOR AND
LONG TERM CARE DIVISION WITHIN THE BUDGET ESTABLISHED BY THE
LEGISLATURE FOR EACH YEAR OF THE 2008/2009 BIENNIUM



COMMENT AND NOTES: Senior and Long Term Care Division expenditures continue to remain within the legislatively established budget. Data from FY2001 forward comes from SABHRS.

REPORT DATE:

October 1, 2006