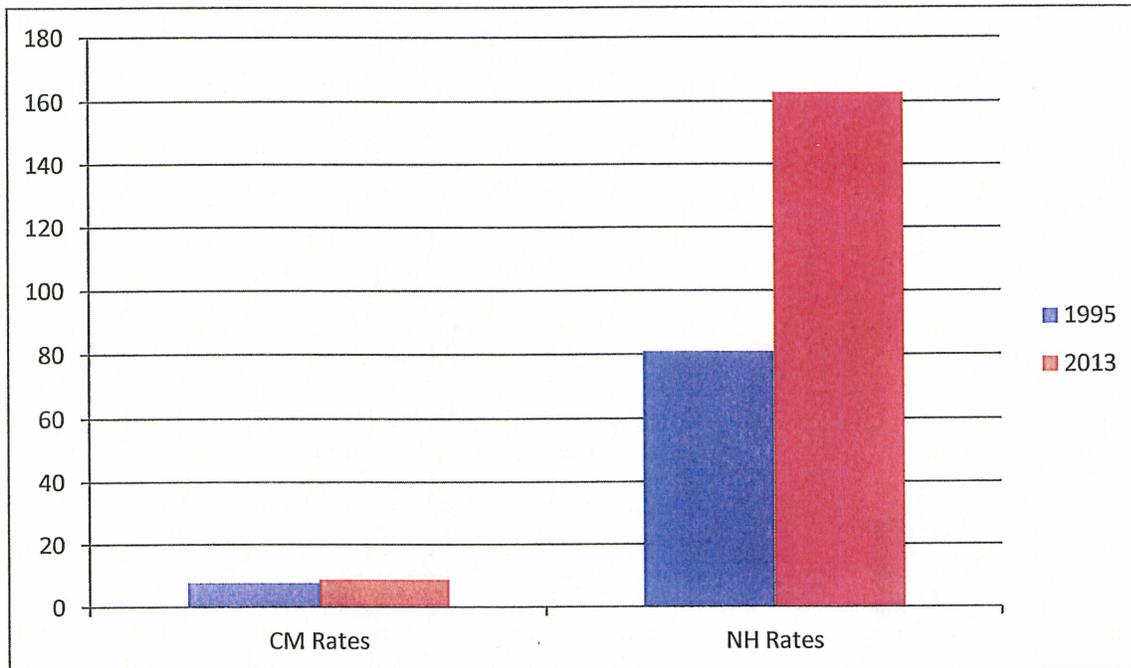


## FACTS ABOUT MEDICAID PROVIDER RATES

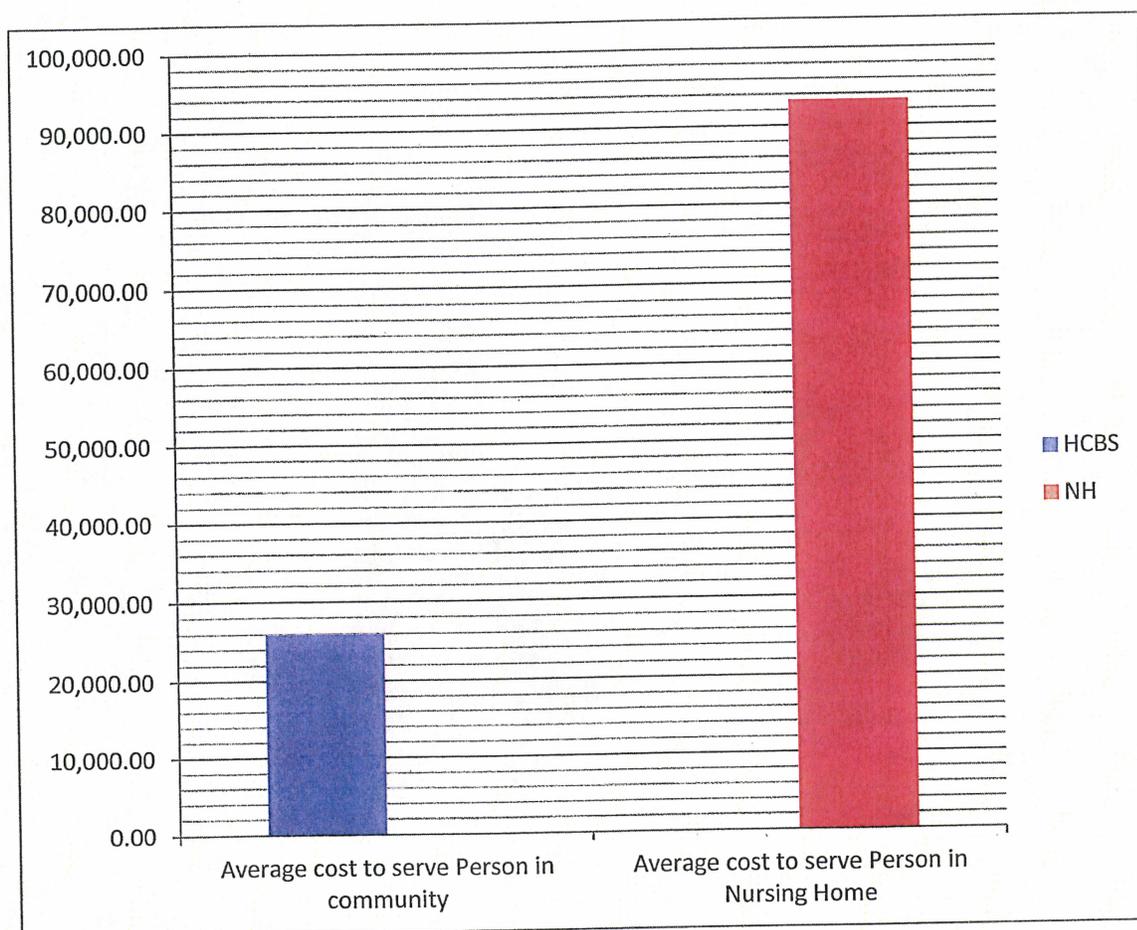
### Over the last 18 years: 1995-2013

- Most providers of HCBS services have received an average of 0.7% to 1.2% rate increases.
- HCBS case management provider rates 1995 \$7.87/ day 2013 \$8.86/day, received an average of 0.8% rate increase.
- Nursing home rates 1995 \$80.89/ day 2013 \$162.80/day



Home and Community Based Services can serve 3 people in the community versus 1 in the Nursing Home. This could still be done if the HCBS providers were given cost of living increase every year so that we could have providers in the community.

- Average cost of serving a person in the community is \$25,864/yr in 2013
- Average nursing home cost \$93,305.00/year in 2013





1/8/14

Children, Families, Health and Human Services Interim Committee  
Regarding concerns about the Medicaid Monitoring Report

Missoula Community Medical Center has been a Home and Community Based Services waiver case management team since 1983 and was one of the pilot teams for the Waiver.

The recent Medicaid Monitoring report predicts that the Waiver program will under spend its budget by about 1 million dollars. The suggestion then is that \$300,000 of general funds be moved from the Waiver budget to the nursing home budget.

However, I do not believe that the Home and Community Based Services will actually be under budget, as the numbers do not reflect all the services that have actually been provided since July 1, 2013. In fact, there are presently 361 people on the wait list for HCBS, partially because teams have been leaving slots unfilled and denying services in order to stay within budget.

Last year due to reasons that have never been made clear, each Waiver case management team was mandated to decrease their budgets due to a projected OVERAGE of the HCBS budget. Our team had to decrease our budget by \$90,000. In order to do this we did not fill slots, decreased services, and postponed buying needed medical equipment until the new fiscal year.

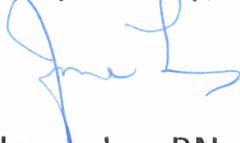
All of the HCBS teams are required monthly to submit a report of the amount of dollars to be billed for the previous month. This was set-up by the division because often times accurate dollar amounts spent were not realized for 6-8 months. Were these reports used to make the recommendation of transferring funds from waiver dollars to the nursing home budget?

In the past, the Waiver program was frequently going over budget, but Mike Hanshew developed a system in which each team was made responsible for their team budget. Since that time, the budget has been in much better control and we at Community Medical Center have always spent at least 98% of our budget, and I can safely predict that we will not leave any significant funding unused this year, as we meet the real medical needs of our clients.

It has been proven every year since 1983 that people can be served in the community for less dollars than in the nursing homes and we trust that the state will not lessen its commitment to providing choice for Montana's elderly and people with disabilities to be served in their own homes and to avoid costly institutionalization.

Please consider other reports and information from the Senior and Long Term Care Division before implementing the recommendation of this report.

Respectfully,



Jayne Lux RN supervisor of HCBS