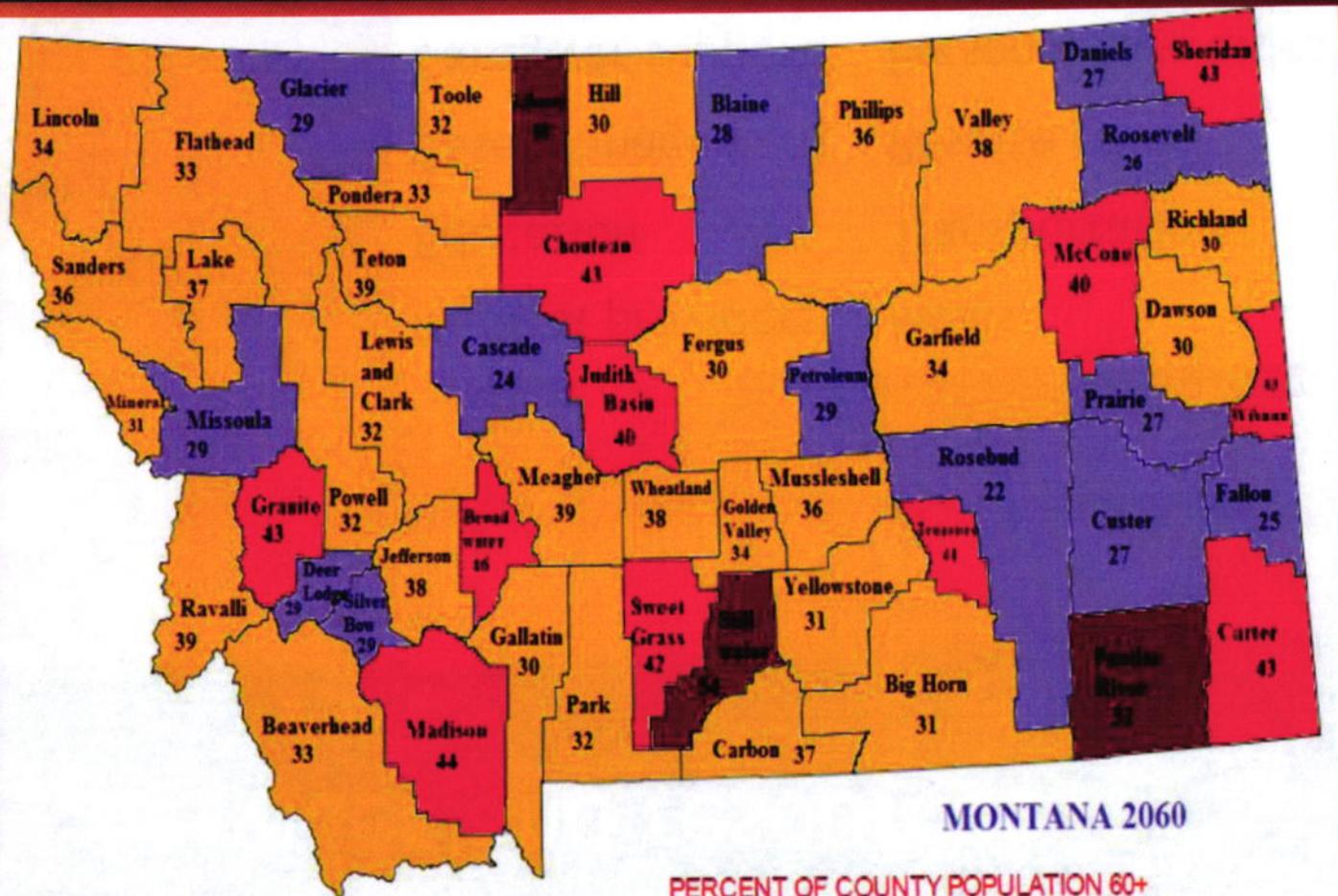


# Dementia resources and services in Montana

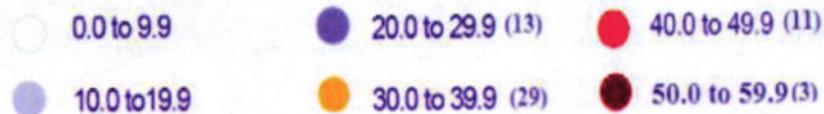
Findings from the Montana Alzheimer's and  
related dementias state plan workgroup



# Population projections



60+ population= 64,240  
 Range= 22%-58%  
 State Average= 35%



- Dementia is more prevalent with age with rates of 11% for 65+ and 32% for 85+. By 2060, Montana could have nearly 60,000 cases.
- Montana population is rapidly aging. By 2025, Montana could rank as high as 3rd in the nation with 25% of the population 65 and older
- At the same time, the working class population is decreasing which will place more stress on this population to cover costs of social programs

# Services and resources

- Dementia often does not require significant medical treatment, but instead requires a variety of social services including:

Medical providers	Meals
Education	Transportation
Case management	Respite care
Caregiver support	Personal care aides
Advance planning	Facility care
Legal services	Hospice
Adult day care	

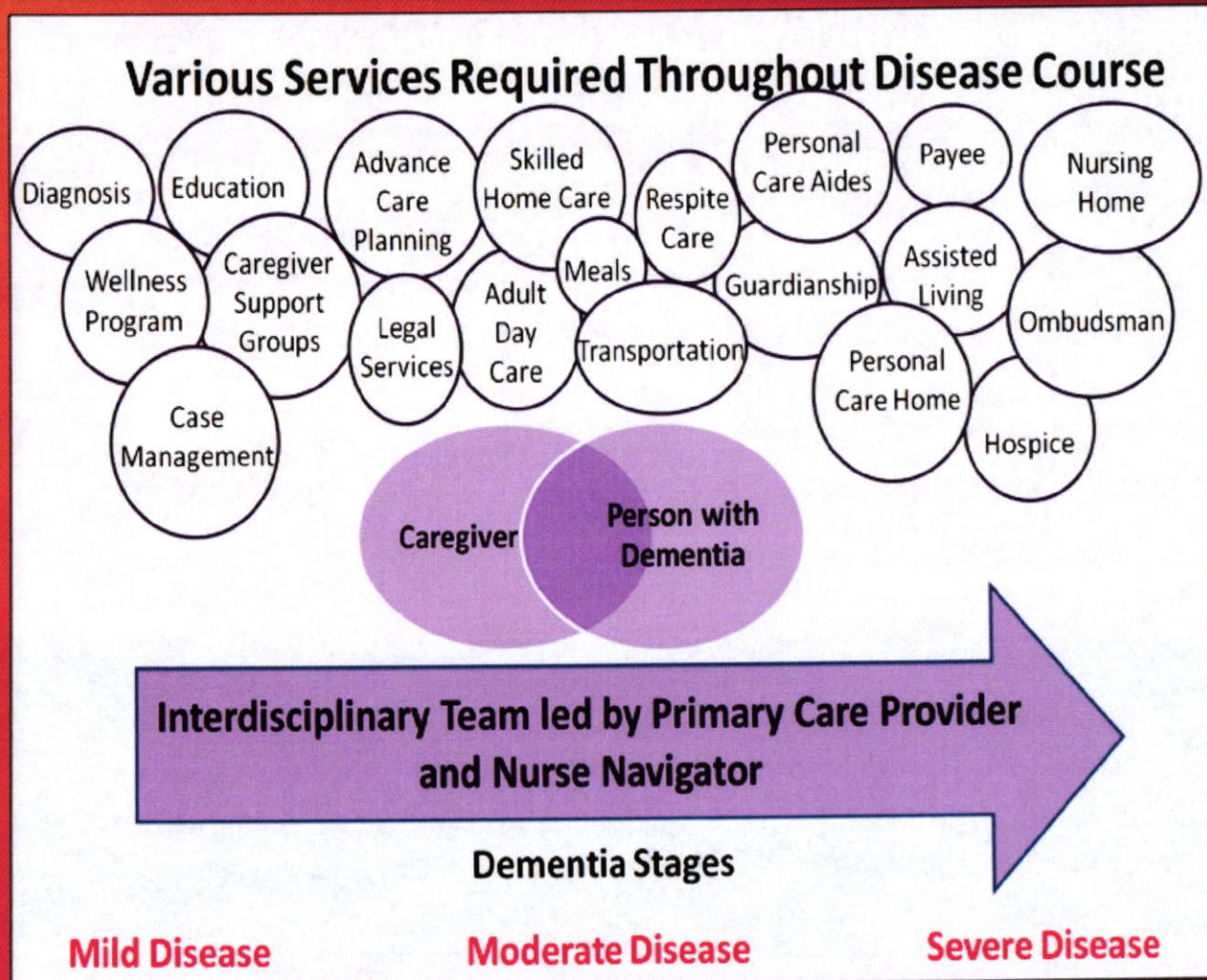
# Services and resources

- Dementia care services are lacking throughout the state
- Even when services are available, they are not widely used
- The system of long-term care support services involves numerous funding streams and is administered by multiple federal, state, and local agencies using fragmented and complex intake, assessment, and eligibility processes
- Through information obtained at town hall meetings, Montana citizens feel the programs through Medicaid and the VA are very limited and quite difficult to navigate

# Services and resources - health system

- Appropriate referral and use of services requires accurate diagnosis by Primary Care Provider (PCP) or specialist and knowledge of available resources
  - Both aspects are lacking across the state
- There is a lack of providers in Montana
  - 21% of Montana counties lack a physician
  - Montana ranks 41 in the US for PCPs per capita with 99.7 physicians per 100,000 residents (national average 120 physicians per 100,000 residents)
  - Most counties have no access to specialty providers such as neurologists (82%), psychiatrists (71%), psychologists (64%), counselors (54%), and social workers (54%).

# Services and resources - health system



## Vision

Strong community partnerships between health care systems and ADRD service providers in the community so persons with dementia and caregivers receive the services they need throughout the dementia course. A nurse navigator would be used to help coordinate care.

# Services and resources

- Most individuals with ADRD remain in the community, with only 30-40% requiring facility care
- Home and community based services (HCBS) are provided by unpaid family caregivers, private hire care, or Medicaid providers for low-income individuals
  - In Montana, unpaid caregivers provide an average of 18 hours of care per week valued at about \$28 million
  - No data on private hire (out of pocket) use of HCBS
  - Medicare provides very limited HCBS, only skilled care generally after a hospitalization.

# Services and resources

- Long term care is expensive, either at home or in a facility
  - The average cost of care for an individual in a nursing facility in Montana during 2014 was a little over \$6,134 per month (\$73,609 annually). A three-year stay for an individual would cost about \$220,827; for a married couple, \$441,654, with families paying nearly 30% of this cost.
  - The average hourly cost of hiring a home health care provider in the United States is \$29 an hour; in Montana, \$23. Families who have home health assistance five hours a day, five days a week will pay over \$2,300 per month; \$29,600 per year.

# Services and resources - Aging Network

- The 10 Area Agencies on Aging make up the Aging Network are regulated federally through the Older American Act and are funded and managed at a state level through the Department of Public Health and Human Services Senior and Long Term Care division
- In 2014, of the approximately 211,810 Montanans 60 and over, the Aging Network provided services to 58,000 or 27% of the population at a cost of \$12.7 million
  - Average enrollee expenditure in Medicaid is \$770/month but the average for 65+ individuals is \$2,380/month
  - Although accounting for only 7% of the population, individuals 65 and older accounted for 20% of Medicaid expenditures

# Services and resources - Aging Network

- The overall goal of the Aging Network is to empower older adults to make informed decisions and easily access health and long-term care options in order to remain in their own homes for as long as possible.
- The Aging Network tries to accomplish this goal by providing a variety of core services. Not all core services are available in all counties due to funding issues. Funding to the Aging Network has declined or remained at the federal match level over the last decade despite an increase in need. Core services include:

Congregate and home delivered meals

Senior centers

Transportation

Home health services and homemaker services

Ombudsman services - protect rights of long-term care residents

Aging and Disability Resource Centers (ADRCs) - No wrong door approach to accessing services

Information and assistance

State Health Insurance Assistance Program (SHIP)

Legal Services such as Adult Protective Services

Respite care

# Services and resources

- Many services are severely lacking throughout Montana including:
  - Dementia case management - only 1 known organization out of Kalispell doing this on a comprehensive basis
  - Geriatric Assessment clinics - only 5 in the state
    - This is a best practice example for diagnosis and managing dementia
  - Respite care - 63% of counties without this service
  - Adult day care - 61% of counties have 1 agency or less
  - Skilled home health (physical therapy, nursing, etc) - 52% of counties have 1 agency or less
  - Hospice - 48% of counties do not have access to a hospice provider
- Even when services are available, they are not widely utilized and there is no systematic approach to referral

# Services and resources

- Transportation is a huge issue due to the frontier nature of Montana. Individuals often have to travel long distances to service providers with no reliable means of transportation if they no longer drive. Conversely, service providers have difficulty “breaking even” if they are required to travel long distances to reach clients.

# Medicaid waiver

- Individuals may be eligible for more intensive Medicaid HCBS if they are at risk of institutionalization through the Medicaid waiver
- In 2014, more than 2,500 individuals received waiver funded services at a cost of \$38.4 million
- The majority of expenditures were spent on assisted living costs at 52% of total expenditures
- The program is notorious for lengthy wait list times with the average number of days on the waitlist at just under 190 days, which does not include the wait time for the Medicaid application which alone takes at least 45 days.
  - As of February 2015, 346 people were on the waitlist
  - 14 counties have no Medicaid waiver slots

# Facility care

- There are currently 201 assisted living (AL) facilities across the state with a total of 5,643 beds
  - 56% of counties have 1 or 0 assisted living facilities
  - 123 facilities accept Medicaid Waiver
- There are currently 83 nursing home (NH) facilities with a total of 6,588 beds
  - 21% of counties have no NHs with 3 counties having no NHs or ALs
  - Average length of stay is 1.92 years
  - Nearly 5,000 Montanas were in a NH in 2014
  - Medicaid accounts for 60% of NH payment as is the largest expenditure in Montana's long-term care budget at \$162 million

# Facility care

- Average nursing home occupancy rate in Montana is 69% compared with national average of 83%
  - The average occupancy rate of 69% can be misleading. Many rural facilities are over 90% occupancy rates and often have waiting lists. Occupancy rates are also higher in urban areas. Individuals are already hard-pressed at times to find beds. For example the average occupancy rate among the 7 facilities in Billings is 76%, with 2 facilities over 90%. Conversely, there are a few facilities with occupancy rates below 40-50%, which bring down the average occupancy rate.

# Facility care

- Average payment from Medicaid in Montana for a NH stay is \$169/day or close to \$62,000/year.
- The estimated actual cost of providing care in a NH is \$207/day or nearly \$76,000/year
  - On average, NHs lose over \$38/day or \$13,870/year for each Medicaid beneficiary
  - Poor overhead limits amounts facilities can pay direct-care workers, making workers hard to come by

# HCBS vs. Facility care

## HOME AND COMMUNITY BASED SERVICES

- Traditional Medicaid
  - 58,000 individuals
  - \$12.7 million
- Medicaid Waiver
  - 2,500 individuals
  - \$38.4 million
- Total
  - 60,500 individuals
  - \$51.1 million
- Nursing home
  - 5,000 individuals
  - \$162 million
  - More than 3 times the amount of HCBS

# Next steps

- Obtain inventory of services available on reservations across the state
- Complete the ADRD state plan and determine who will be responsible for carrying out recommendations of the plan
- More formal needs assessment to get true picture of services available i.e. use of private hire services and volunteers/faith-based groups
- Increase awareness of dementia services and resources
- Promote early diagnosis of dementia and early referral to resources
- Explore ways to increase HCBS funding to prevent institutionalization, consider income-based cost-sharing programs for those not eligible for Medicaid