

Legislative Finance Committee
Oct. 4, 2017
Exhibit 28

October 2, 2017

TO: Legislative Finance Committee
Governor's Office

RE: Proposed Budget Cuts to DPHHS

Hello,

Opportunity Resources, Inc. (ORI) provides Case Management for over 830 clients, sixteen years and older with intellectual/developmental disabilities, in northwestern and central Montana. Our role is complex and needed. We advocate for our clients when they do not have a voice or are unable to advocate for themselves. We monitor that their services are being delivered according to their Plan of Care. We take the lead on developing and adapting their plan of care to meet those ever changing needs. We resolve numerous non-waiver related issues to keep our individuals as independent, happy and content as possible while living in the community of their choice and in the least restricted setting. We keep people in their homes, with food in their cupboards and a positive quality of life. Case Management for adults with developmental disabilities is not expendable - they are a necessary service. Eliminating case management will lead to instability in these individual's lives: homelessness, hunger, poor medical care and follow through, loss of community jobs, potential loss of their waiver funding, and even death.

An individual ORI serves in the Kalispell area comes to mind. Because of his case manager, he retains his Section 8 voucher and the apartment he has lived in for many years. He has the benefits he needs to afford the apartment because we help him obtain and maintain SNAP, remain viable for Montana's Medicaid for Workers with Disabilities program, encourage and facilitate medical appointments, soothe and assist him when his cat runs away and leaves him frantic, work with his employer to address hygiene issues so he keeps his tax paying job, and provide a place of comfort and safety that he knows will always be there for him. Because of case management he will engage in waiver services, he will allow outside help to come into his home, and he will go to the doctor. All of which have reduced the burden on Medicaid and the State budget. That is just one case, in one town, in one region in our State.

We help our folks to grow and contribute to their communities; we foster a relationship with them that is unique and confidential. We provide stability when many of our people have not experienced it before. We are a vital part of their team. Do not take that away from them when they have suffered so much at the hands of historical governments who felt they didn't deserve a voice. Do not restructure DD case management and QIS' roles and then think that minimal

State staff attention would be able to replace a case manager who has dedicated years to building trust and respect. This is not the solution.


Beyond the damage that will be inflicted on Montana's vulnerable adults, please do not forget the hundreds of educated and talented social workers that will lose their livelihood, their calling. These people have dedicated their education, careers and lives to work with people of all abilities and needs across the DPHHS. If these proposed cuts are implemented, a flood of people will be on unemployment. The ripple effect of that one benefit will hit the State, it will hit their employers, and it will devastate families.

I encourage this legislative committee, the governor's office and the DPHHS to reach out to the Case Management Advisory Group (CMAG), comprising of the CM supervisors for contracted agencies and State offices, and work together to develop a solution that not only reduces waste and expenditures, but improves the system overall.

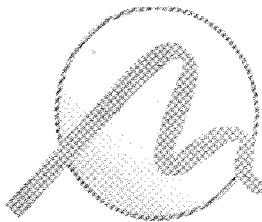
I leave you with this from the HCBS assurances training by CMS:

"Case Managers' Role: But all the federal assurances and rules established by CMS and your state would mean nothing without quality case management. Ultimately, quality services and supports begin with the interaction between a participant and a case manager; quality depends on your ability to implement the safeguards contained in the assurances."

Thank you,



Jessica Hageman
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Opportunity Resources, Inc.
Chair of CMAG
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*Supporting people with
disabilities since 1955*

OPPORTUNITY Resources, Inc.

Greetings,

The proposed elimination of Targeted Case Management would negatively and severely impact the services provided through the Developmental Disabilities Program.

At this time, targeted case managers have many responsibilities, with two of the most important being the development of the Person Centered Plan and the monitoring of that plan to ensure that clients are receiving the supports needed and wanted to live happy and productive lives. Although the managing of the Person Centered Plan is an extremely important part of a case managers' responsibilities, it is definitely not the most important.

Paramount to a case manager's job is advocating for a population that historically has difficulty advocating for themselves. When it comes to services and supports, it is often the case manager fighting in the clients' corner on their behalf. It is the case manager that is assisting them get the services and supports they want and need and from the provider they want to receive them from. Without the advocacy of a case manager, most of the people served in the 0208 Waiver would still be safe, but many of their lives would be unfulfilled and unhappy. It is the case manager in many instances that provides the advocacy for the individuals served to truly pursue their dreams and desires and helps ensure that they get the supports from the provider of record to assist them in that pursuit.

Many of the case managers' responsibilities could be delegated to other sources, but without a major restructuring of DDP on a whole the elimination of TCM will only hurt an already vulnerable population. By eliminating TCM, money could be saved to help balance the State budget, but it will truly be at the expense of a population that cannot afford to lose the services that case management provides.

Sincerely,

 10/24/17

Gerard Kimkowski, Case Manager Supervisor, Opportunity Resources, Inc.

October 2, 2017

Statement from the Case Management Advisory Group (CMAG)

Greetings,

Disability case management helps clients achieve their highest level of functioning and is beneficial for everyone: the client, service providers, the healthcare and insurance systems, and society as a whole. Case Management ensures the timely application of services in a fiscally responsible manner. Improving an individual's independence may also reduce the workload for other health care teams, and divert from higher and more costly care such as frequent emergency room access, nursing home stays, potential for State institutional use, and correctional facilities. "Case management has two key features: (1) providing an interface or connection between individuals with disabilities and the system of publicly-funded and generic services and supports; and (2) assuring that these services meet reasonable standards of quality and lead to important life outcomes for individuals (Cooper, 2006)."

Case Managers act as a point of contact for service providers to give detailed, professional insight into a client's needs. Case Management monitors all services, assuring that individuals receive unbiased care while preserving choice of care providers. Case Management is the only entity that does not operate from preconceived notions, biases or favoritism. Case Management does not bill the individuals cost plan which places us in a position of advocacy for the good of our consumers. Case Management for disabled adults provides a unique service of needs assessment and directing funds where it's most appropriate – helping people with disabilities increase their capabilities and independence.

Case management is a critical component in the design of support service systems. Efforts to improve the design and provision of case management have the potential to greatly affect the quality of life of individuals with long-term care needs who rely on publicly funded services and supports. By removing this key component of unbiased, third party case managers, their quality of life will plummet as they suffer the effects of once again being forgotten participants in our society. We empower our people each day by helping them express their desires and needs and by providing a voice for a population that historically has had no say in their care.

CMAG is committed to serving Montana's most vulnerable population. CMAG has many suggestions to improve the current system operations in Montana to reduce redundancy and waste. Some ideas include:

- Centralizing the Eligibility Determination application process to Regional State DDP offices and removing this process from services offered by contracted agencies,
- Changing the entitlement of case management to Waiver only recipients,

- Reduction of paperwork requirements to reduce billable time per client in conjunction with the implementation of the electronic Plan of Care,
- Instituting contract caps to eliminate payment overages and increase in case load caps (if previous step is implemented),
- Reduction in the MDC budget to fit the actual number of individuals served in that facility.

It is imperative that we collaborate to preserve our client's access to conflict free case management. Our expertise is what is needed to improve a system that supports our vulnerable adults with intellectual and developmental disabilities.

Thank you,

Jessica Hageman, Director of Case Management, Opportunity Resources, Inc.

Jerry Kimkowski, Case Manager Supervisor, Opportunity Resources, Inc.

Deb Heerdt, Director of Case Management for Helena Industries

Virginia Lofstead, Case Manager Supervisor, Helena Industries

Linda Johnson, Case Manager Supervisor, Helena Industries

Jaci Noonan, Chief Officer Community Care and Treatment Services, AWARE, Inc.

Jacob Henderson, Service Director, AWARE, Inc.

Jennifer Juarez, Case Manager Supervisor, AWARE, Inc.

Emily Sielski, Case Manager Supervisor, AWARE, Inc.

Jamee Barman, Interim Case Manager Supervisor, Central Montana Medical Center