



PRESENTATION TO THE 2025 BIENNIUM  
LEGISLATIVE INTERIM COMMITTEES

# Senior and Long Term Care Division

## **Medicaid and Health Services Practice**

Department of Public Health and Human Services

**THE FOLLOWING TOPICS ARE COVERED IN THIS REPORT:**

- **Overview**
- **Summary of Major Functions**
- **Recent Highlights and Accomplishments**

# OVERVIEW

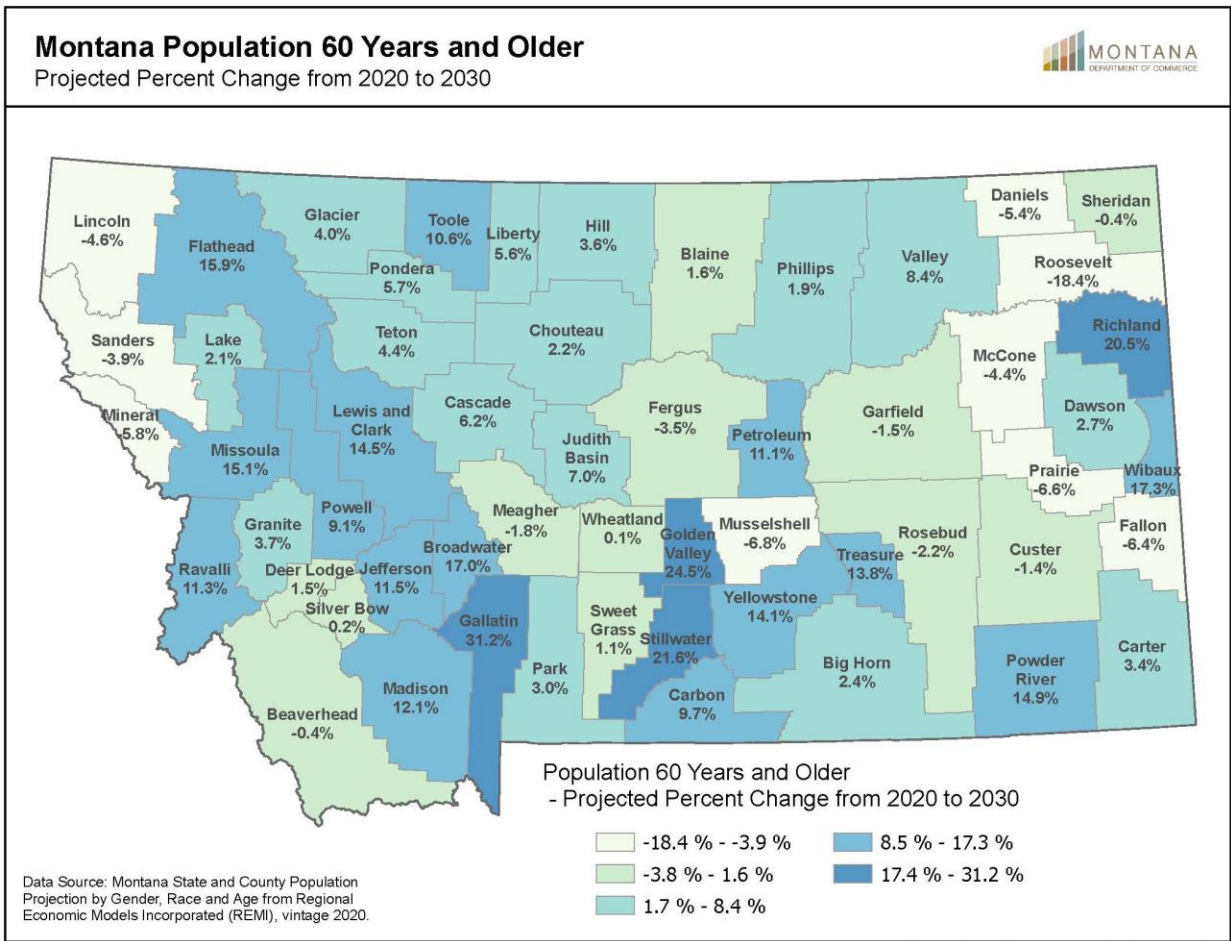
The Senior and Long Term Care Division (SLTC) serves older adults and the physically disabled through three main programs. Aging Services Bureau (ASB) provides oversight Older American Act services. The Community Service Bureau (CSB) manages Medicaid in-home care and nursing facility services. The two bureaus combined create a long term care system for Montanans. The third program, Adult Protective Services (APS), acts as the safety system to assure older adults and adults with disabilities are protected from abuse, neglect, and exploitation.

## DEMOGRAPHICS

The work of SLTC is influenced by the changing demographics of older and disabled Montanans. Technology and advancements in medical care have extended life expectancy for both groups. This population growth is best represented by the predicted growth of the over 60 population by 2030.

By 2030, Montana can expect an 8.44% growth (or 91,151 persons) in persons over the age of sixty.

*Demographics drive the size of the direct care work force needed for community based and facility services, the location of Adult Protective Service Investigators, number of nursing home beds and the need for congregate and delivered meals.*



## PRIMARY SERVICES

Senior and Long Term Care provides services to seniors and the physically disabled by:

- Adult Protective Services (APS): Offers education and investigative work related to abuse, neglect, and financial exploitation of Montana's seniors and adult disabled community. APS currently serves as guardian for 77 individuals as ordered by the State of Montana.
- Aging Service Bureau (ASB): Establishes and manages a state plan on aging in collaboration with the 10 Area Agencies on Aging (AAA) and tribal programs for Montanans 60 years and older. Oversight of Older Americans Act services includes nutritional programs, the long-term care ombudsman program, legal services, caregiver support, and information and assistance services.
- Community Services Bureau (CSB): Administers Medicaid programs, including nursing facility services, the Big Sky Waiver program, personal assistance, Community First Choice, home health, and hospice.

## SUMMARY OF MAJOR FUNCTIONS

The division is divided into three bureaus: the Adult Protective Services Bureau, Aging Services Bureau and the Community Services Bureau. Administrative functions are supported by a Central Services Bureau. Division-wide administrative functions are managed separately.

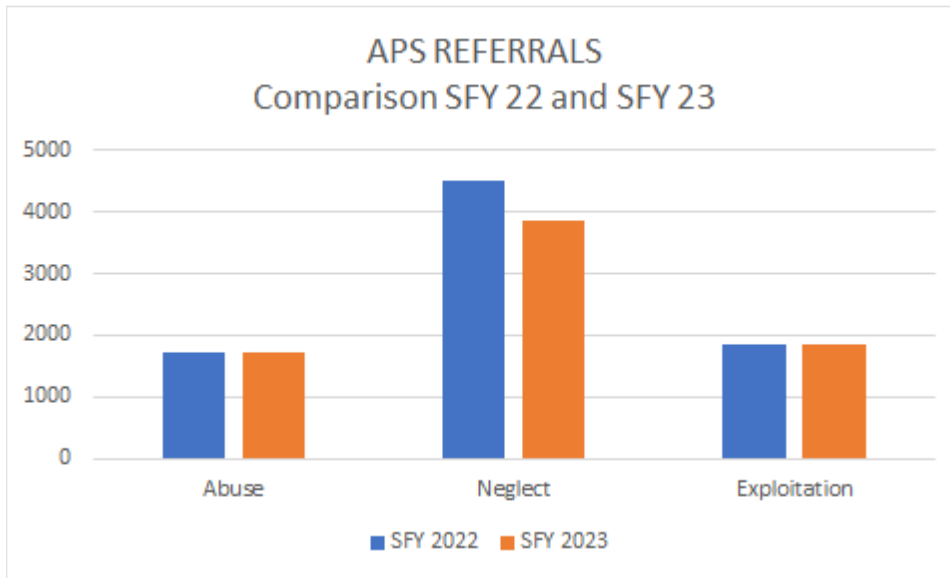
### ADULT PROTECTIVE SERVICES BUREAU

APS promotes the safety, independence, and quality-of-life for adults ages 60 years of age and older, and those ages 18-59 with a disability, by providing effective investigation of suspect abuse, neglect and exploitation.

APS investigators work in the field gathering information by interviewing the alleged victim, other persons aware of the situation, and the alleged perpetrator. APS investigators coordinate with local law enforcement officials, county attorneys, and the Department of Justice's Elder

*APS received 9,912 reports of Abuse, Neglect or Exploitation during SFY23. Of these reports 298 were referred to law enforcement. .*

Justice Prosecutor when suspected criminal activity results in a recommendation for prosecution. Investigators also work with provider entities to address systemic issues. APS Investigators collaborate with Tribal agencies and partners to address maltreatment in Tribal communities.



Montana’s aging population is growing rapidly, and reports of adult maltreatment are increasing. There is a demand for Adult Protective Services to address the issues of adult maltreatment, hold perpetrators accountable and connect at-risk adults to support services.

### Guardianship and Social Services Work

APS is using dedicated grant funds to create a Social Services Program to monitor, re-assess and evaluate the guardianship needs of the 77 guardianship cases appointed to the State of Montana. In addition, the Social Service Workers conduct follow-up assessments with alleged victims after an investigation has occurred. The grant funds are set to expire 2025.

### Public Education

Staff members are assigned to provide education on identifying and reporting abuse, neglect and/or exploitation. The team has worked with nursing homes, private businesses, the Montana Law Enforcement Academy, and other bureaus in the division. All SLTC contractors require APS training as those working under contracts are mandatory reporters.

**To Report Abuse, Neglect or  
Exploitation  
1-800-277-9300**

### Elder Justice Councils

By executive order Governor Gianforte expanded the Elder Justice Council to include four regional councils: Western, North Central, South Central, and Eastern. The councils will provide-coordination of agency and community efforts within their regions to address and reduce the abuse, neglect, and exploitation of senior citizens and adults with disabilities. Duties include establishing partnerships with stakeholders, providing and promoting educational outreach, and defining best practices. The council work is administratively tied to DPHHS. Key partners include Department of Justice and Commissioner of Securities and Insurance.

## AGING SERVICES BUREAU

### Oversight of the Older Americans Act (OAA) Programs.

The mission of the OAA is broad: to help older people maintain maximum independence in their homes and communities, and to promote a continuum of care for older adults. The Act is considered the major vehicle for the delivery of supportive and nutrition services to the aging population. The Aging Services Bureau (ASB) manages OAA services through contracts with ten local Area Agencies on Aging (AAA). As Montana ages, additional supports will be needed to maintain and build on the network of services created by the local AAAs.

Older America Act services include nutritional programs, the long-term care Ombudsman program, legal services developer activities, caregiver support and information and assistance services have experienced increases over the last biennium. The COVID pandemic contributed to the heighten increased identification of seniors in need. In FFY 2023:

- Congregate settings provided 558,235 meals,
- The home delivery program served 1.1 million meals,
- Staff, state and contracted, provided direct assistance in 87,139 information and assistance calls,
- The legal developer program handled 944 cases involving 2,126 legal issues, with support by program, contract and volunteer staff, including pro bono attorneys,
- The value of services rendered under the legal developer program exceeded \$440,000
- Eligible Montanans in 48 counties received \$202,000 in respite vouchers, and
- The Ombudsman program received 1,367 complaints from residents and/or family members. A total of 3,942 visits by Ombudsman to long term care facilities.

The Ombudsman *by federal law*, abuse, neglect or APS without the resident.

Among the aging services ability to keep up the face of a adult population, with multiple conditions, are have low incomes and/or those who care facilities and

Ombudsman Complaints Received			
FY 2023			
Top Five Complaint Categories	Nursing Home	ALF & SB	Total
Abuse, Neglect, and Exploitation	217	93	310
Care	220	66	286
Admission, Transfer, Discharge, Eviction	103	70	173
Autonomy, Choice, Rights	104	67	171
Dietary	46	41	87
Activities, Community Integration, Social Services	165	175	340
Total Received	751	572	1367

program may not, report suspected exploitation to permission of the

challenges to the network is the with demand in growing older especially those chronic socially isolated, , live in rural areas live in long term lack advocates.

Adding to these challenges is the impending impact of the growth in Alzheimer’s and dementia diagnoses, which requires specific services. Additionally, the field faces the issue of dwindling numbers of individuals choosing aging services as a career.

## Funding

*Geographic size of a state is not a factor in the federal funding formula. MT and VT receive the same federal allotment.*

The federal funding formula provides for a pro rata share of the total congressional appropriation, based on population of individuals over 60 or a minimal allotment. Montana receives a minimal allotment, which is a flat amount. In accepting this allotment Montana agrees to provide mandatory services such as the long term care Ombudsman program. State and local

funds match OAA services in Montana.

## State Plan

To be eligible for OAA funds, each state must complete a state plan every four years. Montana has submitted the state plan for FFY 2024 through FFY 2028. This plan is a compilation of the Area Agency on Aging (AAA) plans rolled into a single statewide plan focusing on common activities and actions over the next four years. Grant funds were used to complete a statewide survey that includes a breakdown by each planning and service area covered by the AAA. Results of this survey indicate older adult needs include affordable and accessible housing (44%), quality health care (44%), information about available services (42%), quality physical health care (39%) and the variety and quality of employment opportunities (22%).

## COMMUNITY SERVICES BUREAU

CSB manages Medicaid community-based services for eligible members to remain in their homes and communities. Programs help with activities of daily living such as bathing, dressing, meal preparation, grocery shopping, limited housekeeping, and an array of specialized services. Most of the following services can be received through an agency or self-managed by the member. Community Services also manages the nursing facility services program. The bureau includes:

*All services in this unit are dependent upon the direct care workforce. Challenges include recruitment, retention, availability, continuing training, background checks (for some services) and pay.*

- Personal Assistance Services – Basic assistance in the member’s home.
- Community First Choice Services – Offers expanded personal assistance, including community integration time; requires members to meet the nursing facility level of care and receives an additional 6% in federal matching funds.
- Home Health – Utilizes licensed and certified agencies to deliver skilled nursing and physical, occupational, and speech therapy services in everyday living environments.

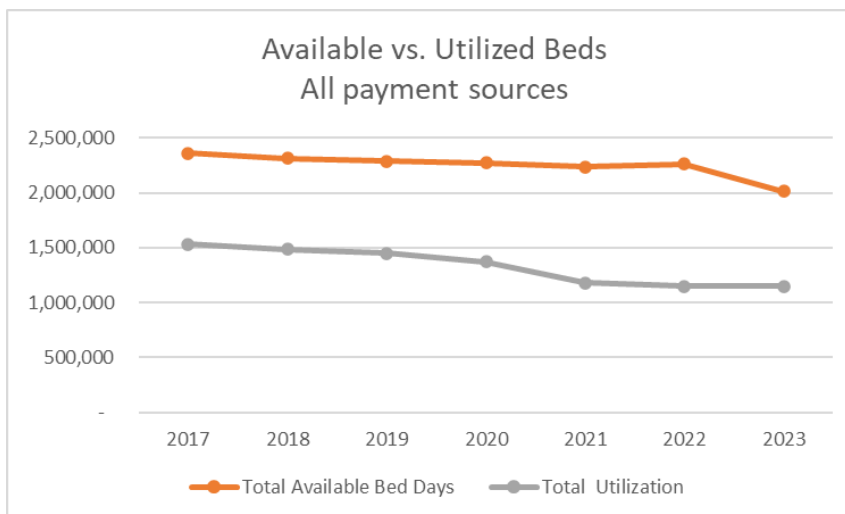
- Hospice- Focuses on providing palliative, non-curative, care to individuals with a terminal condition and includes family support during and after the illness.
- Big Sky Waiver - Initiated in 1982 and adapted over time to meet service preferences of the elderly and the physically disabled; requires Medicaid eligibility for long term care services, require nursing facility level of care, and need a service available only through the program. If funding is available, services are provided; otherwise, individuals are placed on a waiting list.
  - Services include homemaker, extended personal care, adult day care, respite, habilitation, transportation, home modifications, nursing services, and adult residential care provided in an assisted living facility or adult foster home. All members receive case management services. The service highest in demand is assisted living.
  - During FY 23, \$31.5 million covered the cost of 303,582 days of assisted living.
- Montana’s Money Follows the Person (MFP) - This is a federal grant that helps elders and/or those with disabilities move from facility-based care back to the community. MFP provides supports and connects members to home and community based services for transition from nursing facilities. and other long-stay hospital settings to the community.

To comply with federal law, the bureau must execute a strong quality assurance strategy for personal assistance, Community First Choice, and the Big Sky Waiver. This includes such items as monitoring the federal settings rule, providing oversight of incident management to assure health and safety, and member satisfaction.

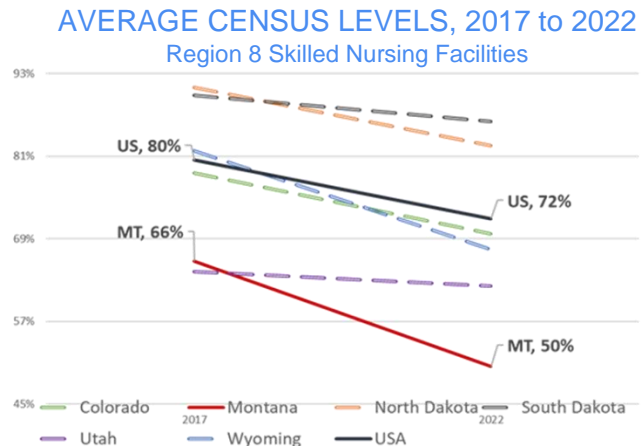
### Nursing Facility Services

This program provides room, board, daily attendant and nursing services, ancillary items, and some specialty care in Montana’s 60 nursing homes. All facilities must be certified and licensed to qualify for payment. Montana Medicaid members pay a resident contribution rate that is set based on individual circumstances. Facilities are paid a per day rate, an annual lump sum payment for

the Intergovernmental Transfer program, and biannual payments for direct care worker wages. The demand for nursing home services has been slowly decreasing since During FY 2023 the average occupancy rate was 56.9% based on licensed beds.



Montana is not the only state facing challenges. Across the nation states are struggling with similar issues. Montana was hit particularly hard from COVID. The FY 2017 occupancy rate of 66% fell to 50% in February of 2022. For comparison, national averages were 80% and 72% respectively. Montana experienced the sharpest decline in occupancy within CMS Region 8 states. The chart indicates that Montana's occupancy rate fell twice the national average.



Montana's occupancy decline is due to several different influences, including the COVID-19 public health emergency (PHE) as well as continued interest in home and community-based services that permit individuals to age in place at home. As is apparent in the above figures, the COVID-19 pandemic accelerated these trends, considering that the onset of the pandemic had a higher morbidity and mortality impact on nursing facilities than on some other provider types.

This pandemic-related impact was two-fold: first, a reduction in patient census, which lowered patient revenue, and second, a reduction in available staff, due to clinical workers becoming infected or staying home to avoid illness. This reduction in staff made fewer beds available for patients, further reducing occupancy and revenue.

Montana has experienced the closures of 11 facilities over the course of the 2023 biennium. This has removed 857 licensed beds from inventory. Department staff have calculated the occupancy rate based on the percentage of licensed beds occupied, since the late 1970s. During that period the denominator has changed due to closures, conversions and expansions.

Additionally, fourteen Montana facilities have experienced a change in ownership during the last six months. This represents about one-quarter of facilities in Montana.

## RECENT HIGHLIGHTS AND ACCOMPLISHMENTS

### FINANCIAL SAVINGS FOR SENIORS

- The legal developer program opened 944 cases which had 2,126 legal issues associated with them. The legal clinics, in person or by phone, provided services to 322 individuals. The value of such services was approximately \$440,000.
- The State Health Insurance Assistance Program (SHIP) provides Medicare counseling services during open enrollment and during other special enrollment periods. Often SHIP counselors made a difference in the quality of life of Montana seniors, such as assuring correct pricing for insulin which can save a beneficiary about \$565 a month.



## INCREASED SERVICES IN RURAL AREAS

Adult Protective Services was awarded funds to aid individuals impacted by COVID who needed assistance to remain in their homes. Area 1 Agency on Aging based out of Glendive worked with APS and Aging Services Bureau to identify homes where individuals could remain if safety issues were resolved. Over 100 referrals were received. Area 1 consists of 17 eastern counties and is geographically the largest AAA in the nation. A total of 43 homeowners were aided.

## FORENSIC INTERVIEWING TRAINING FOR ADULT PROTECTIVE SERVICES STAFF

Forensic interviewing is a technique to gather information from older adults or the disabled who may have experienced abuse, neglect or exploitation. Forty-four APS staff, predominantly investigators completed a 96 hour training course to gain this skill. The department is the second entity to take this training targeted specifically to older adults. The first was the US Federal Bureau of Investigations.