GREG GIANFORTE
GOVERNOR

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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RESPONSE TO REQUESTS FOR INFORMATION

REQUESTED INFORMATION: Representative Yakawich requested a department update to the CFHHS Interim Committee on long-term care, specifically home and community-based services, and policy considerations on Area Agencies on Aging, the Big Sky Waiver, and general policy considerations. Specific responses to each question are included below.

RESPONSE:

Request: **Please provide information about the services provided by the Area Agencies on Aging (AAA).**

The Older Americans Act (OAA) of 1965 established the U.S. Administration on Aging (AOA) and the State Agencies on Aging to address the social services needs of older citizens, defined as over 60. In Montana, the Aging Services Bureau (ASB) of the Senior & Long-Term Care (SLTC) Division manages the federal grants, as well as any additional funds authorized by the state legislature. The purpose of the act is to help older individuals maintain maximum independence in their homes and communities, with appropriate supportive services, and to promote a continuum of care for older adults. To this end, the Aging Services Bureau contracts with the nine[1] Montana AAAs who in turn contract with service providers in their Planning and Service Area (PSA).

The parameters set by the OAA require the State to submit a four-year state plan that identifies and addresses the needs of older Montanans. The plan also provides numerous charts and graph data. The Montana State Plan can be viewed at https://dphhs.mt.gov/assets/sltc/AgingReports/MontanaStatePlanonAging.pdf

The OAA authorizes multiple grants to fund supportive services, nutrition, family caregiver support, disease prevention, the long term care ombudsman program, state health insurance program (Medicare Counseling), legal services related to the prevention of abuse, neglect and exploitation and health promotion activities.

[1] During the state planning process, Area X Agency on Aging (Hill County) did not complete a local plan. Area III out of Conrad is temporarily covering Hill County.

Question 1A: Has the Department or the AAAs identified gaps that may be there in serving the elderly?

Yes, a state-led analysis and statewide survey identified the following issues:

- Transportation to medical appointments, grocery shopping, pharmacy pickup, congregate meals, and social activities. There is no weekend or after-hours services available throughout the state except for a couple of special activities during the year in a few areas. Outside of medical transportation many rely on volunteers. Most rural seniors must travel 100 miles or more to the nearest bank, grocery store, medical clinic, or pharmacy. Transportation programs are not available in small communities due to the lack of funding and staff. Seniors reported fear of driving in heavy traffic, hazardous road conditions, and difficulty navigating roundabouts.

- Food insecurity. With limited transportation to meal sites and staff shortages at the senior centers, which has led to increased wages along with increases in raw food costs, senior centers will struggle financially due to higher overhead costs, especially in our more rural frontier areas of the state where many were already struggling pre-COVID. Many of our smaller senior centers are unable to serve meals 5x a week, only serving once or twice a week. Due to resources some meal sites may restrict the parameter of meal delivery. Delivery may not be available outside as much as 13 miles and as little as one mile.

- In-Home Services such as meal preparation, medication management, personal care, light housekeeping, and home modification and repairs.

- Caregiver Supports. With the National Strategy to Support Family Caregivers the state is working on a new service in partnership with the AAAs and Money Follows the Person program for Montana caregivers that will provide timely screening and intervention for those at risk for burnout.

- Respite. Montana has been a grantee of the Lifespan Respite grants steadily since 2011. This is a competitive grant and difficult to sustain without general funds. Respite Retreats provide a one day of respite and education which have been well attended across the state and successful in partnership with MSU Extension – Office of Sponsored Projects (OSP). SLTC has been selected to attend a policy meeting on supporting caregivers sponsored by the National Association on State Health Policy in February of this year.

Survey results are available on our website: https://dphhs.mt.gov/assets/sltc/AAA/StateofMontana2022CommunityAssessmentSurveyforOlderAdults-final-report.pdf

Question 1B: Is there adequate funding to do the work?

No. Federal funding is based on population of over 60. There is no factor for geographic size. Montana receives the minimal amount required by federal law. To meet the requirements of Montana's aging population, investments into services will be needed from the local and state level to meet the goal of providing services required for aging Montanans to remain safety in their homes.

To compare the allotment to Montana against other states, see – Grants for State and Aging Programs FY 2023 Final Allocation https://acl.gov/sites/default/files/about-acl/2023-10/Title%20III-2023.pdf

Question 1C: Are there wait lists for meals or other services?

The following AAAs are reporting wait lists for services.

AAA	Services	Wait Time	Prioritization
Area VII – Missoula and Ravalli Counties	In-Homecare Services	Undetermined. The AAA indicates they are not able to serve those on the list within a reasonable timeframe.	No information provided.
Area IX, Flathead County	Homemaker, assisted transportation, and respite.	Average wait time is 3-6 months	Age, income, family, or neighborly assistance.

Question 2: Is there more the AAAs can do to provide better early intervention to older Montanans who may need help to stay independent?

Yes. Early intervention activities can include long term care counseling, information, and referral, limited in-home modifications, and the legal developer program.

- ***Counseling*** is a pre-planning program developed for AAA staff to assist older Montanans in long term care pre-planning. While the services are available across the state buy-in from older Montanans is a challenge.

- ***In-home modifications***, including technology solutions, enable individuals to remain independent as possible. Examples include a home safety check, installing grab bars, handrails, removing throw rugs, and others. University of Montana Rural Institute for technology solutions is available to assist AAAs as requested.

- The ***Legal Developer Program*** is receiving a portion of Older American Act dollars but relies on grants to operate the program. Unfortunately, the program's largest grant-has been discontinued. The program continues on with the assistance of private foundations. While on a small scale, the program provides legal advice through a contract attorney as well as an estate planning program to help individuals to prepare simple wills, advanced directives, POAs etc. to be in place prior to when they are needed. The program provides legal services throughout the state in a clinic format, and it includes information regarding the identification abuse, neglect, and exploitation of the elderly.

Question 3: Does the work of the AAAs overlap with the work of other organizations and, if so, are the various agencies fully collaborating or can something be done to build bridges among the various agencies/programs that serve our older Montanans?

The work of the AAAs requires building bridges and maintaining partnerships with other organizations. AAAs act as information and referral/assistance centers providing options to individuals. This role requires AAAs to maintain knowledge and relationships with local service providers and resources available. This is supported by the management of a public resource directory of local and national resources. ACL requires the AAAs to participate in the State Health Insurance and Assistance Program (SHIP) work to help Medicare beneficiaries. The State SHIP Director provides training and support to local SHIP counselors.

The Area Plans submitted share their local partners which often include:

- Local healthcare groups
- Human Resource Development Councils (HRDCs)
- AmeriCorps programs for Retired Senior Volunteer Program (RSVP), Senior Companions and Foster Grandparents
- Independent Living Centers
- County Health Departments,
- Community Advocacy Groups
- Office of Public Assistance
- Local home health providers
- Hospital discharge planners
- Public libraries
- Food Banks

<u>Other statewide partners:</u>

- AARP
- AMAC
- U of M Rural Institute for Assistive Technology
- Rural Dynamics
- Social Security Administration
- Montana Legal Services
- Adult Protective Services

- Senior Medicare Patrol
- Lifespan Respite Coalition
- Alzheimer's Association
- Alzheimer's Dementia and other Related Disorders (ADRD) Coalition
- Governor's Advisory Councils
- Traumatic Brain Injury
- Aging Services

Please provide information about the Big Sky Waiver.

Big Sky Waiver (BSW)

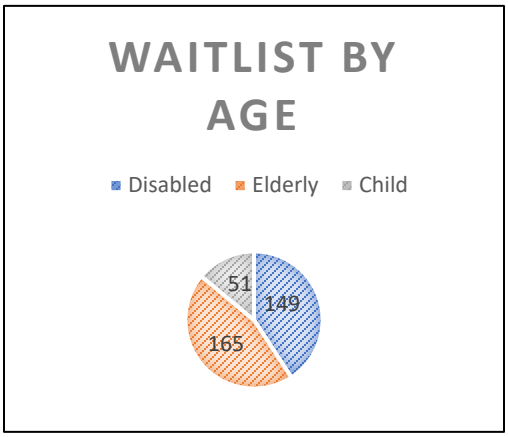
This program began in 1982 and has been adapted to improve person-centered services to the elderly and people with a physical disability, including children. BSW is approved by the Center for Medicare and Medicaid Services to provide home and community-based services to individuals who without these services are at risk of entering an institution. To be eligible for BSW an individual must be Medicaid eligible for long term care services, require nursing facility level of care, need a service available only through the program and accept services. To receive services, funding or an appropriate "slot" must be available, or the individual is placed on the waiting list.

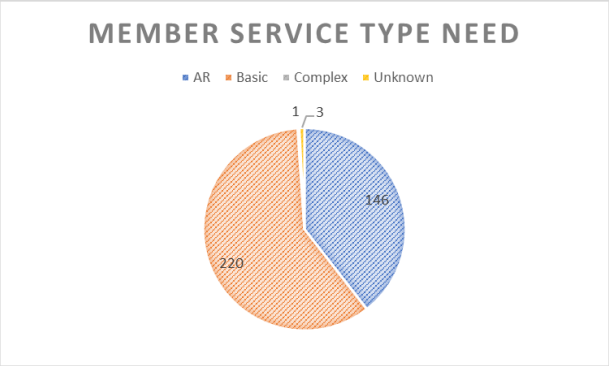
BSW services includes case management, and may include homemaker, Community First Choice/personal assistance extended state plan services, adult day care, respite, habilitation, non-emergent transportation, home and vehicle modifications, nursing services, and adult residential care provided in an assisted living facility or adult foster homes. The services most utilized are case management, Community First Choice/personal assistance, and adult residential care provided in an assisted living facility.

Question 1: The wait list such as number of people waiting, the type of waiver slot they are waiting for, are they elderly or disabled, length of time waiting, and where are those waiting currently living? Any other information about who is waiting and what they are waiting for would be helpful.

There are 365 individuals waiting for services.

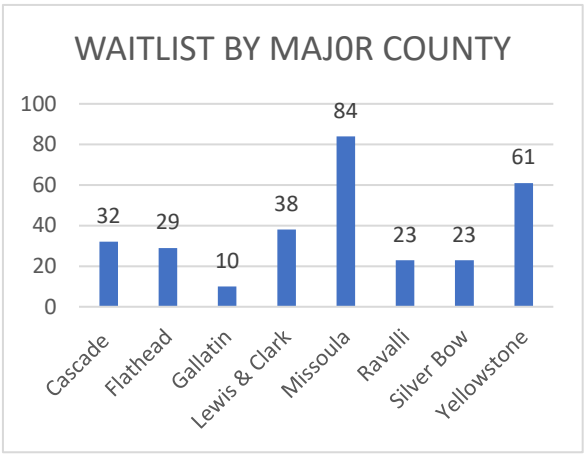
Of the total 45% are over the age of 65, 41% are between the ages of 19 to 64, and 14% are under the age of 18.

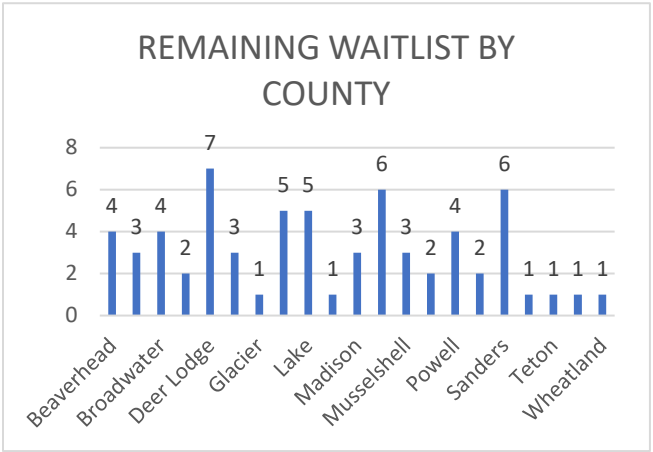




Individuals on the waitlist are categorized by slot type Adult Residential (Assisted Living, Adult Family Home, or Group Home), Basic, Complex Care and unknown. The chart to the right provides a break down by member count. As for percentages, 60% are waiting for a basic slot, 39% are waiting for Adult Residential services. The remaining categories total 1%.

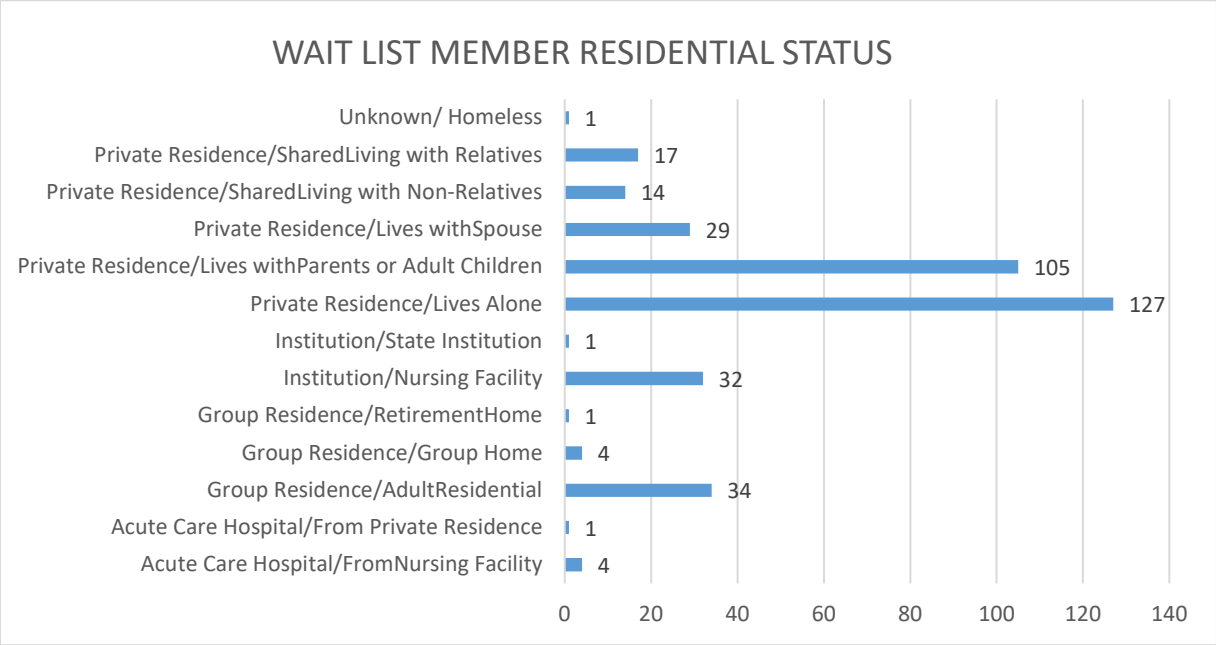
The charts to the right provide the number of individuals on the waitlist residing in a specific county. Most of the waitlist is in the large population areas of the state. Wait list by major county represents 300 members or 82% of the entire wait list. The remaining waitlist by county contains 65 individuals across the state. There is a waitlist in over one half of Montana counties.





Presence on the BSW waitlist does not preclude an individual from receiving other Medicaid or non-Medicaid services. Members on the wait list could be receiving several services, such as Community First Choice, Older American Act services, Assisted Living, Home Health, and other community services.

Members on the wait list currently reside in several settings. Individuals in nursing facilities are often referred to the Money Follows the Person program.



Question 2: Are there currently services that are offered under the Big Sky Waiver that could be offered under the Community First Choice Option (CFC)? What are those services, and has the Department looked at the possibility of offering them under CFC to take advantage of the enhanced federal match rate?

There are two categories of optional services and supports under the CFC benefit: ***transition costs*** for transitioning from an institution to a community-based setting; and ***services*** or supports for a need identified in an individual's person-centered service plan that increase an individual's independence or substitute for human assistance.

- ***Transition costs*** allow for an individual to transition from a nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities, to a home and community-based setting. Such items must be identified in the members person centered plan which may include rental and utility security deposits, first month's rent and utilities, basic kitchen supplies, bedding, other household items; and/or other coverable necessities linked to an assessed need to enable the transition from an institution.

- ***Services*** are currently available via both Big Sky Waiver (BSW) and Money Follows the Person (MFP). Data indicates that there is low utilization of this

service through BSW. Money Follows the Person frequently provides this service for those individuals requiring assistance prior to admission to a waiver program (i.e., pre transition) from a qualifying institution.

The division has completed some research regarding the ability to transfer of some Big Sky Waiver (BSW) services to CFC. Possible transfers include CFC services provided through BSW that are an extension of state plan services, community integration, homemaker, chore services, meals, and all Personal Emergency Response Systems.

To transfer these services SLTC would need to define the services within the limitations of federal CFC requirements without changing the intention of the service. When programmatic changes such as this occur, CMS expects the state to maintain the same degree of service coverage. Additionally, the workload associated with policy development, service authorization and quality assurance would need to be covered through contracted services or an infusion of staff into SLTC.

Staff has also reviewed the adoptability of the optional services described above. Community transition services would be difficult to manage under CFC. BSW and MFP programs offer more specialized support for community transitions as the service addresses a broader spectrum of needs. The case management programs under BSW are designed to have established partnerships with community organizations, facilitating smoother transitions. To transition this service to CFC would require a service support function to replace case management activities.

Question 3: SB 296 was passed overwhelmingly by the 2023 legislature but vetoed because of concerns about the potential for added costs. Has the Department looked any further at the concept of including assisted living services (and perhaps other waiver services) under CFC to determine whether there is an opportunity to save money and help more people or if there are improvements that could be made to the concept to make it work?

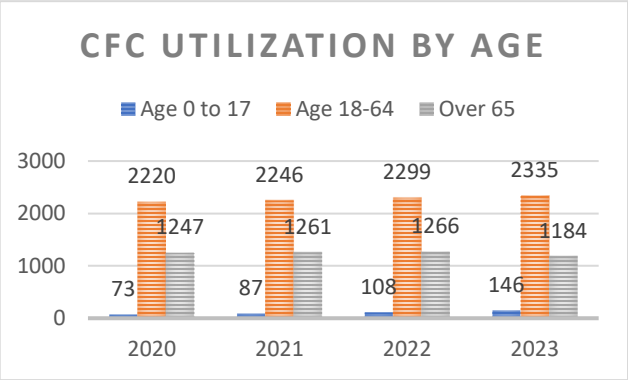
Yes, the department has completed cursory review of transferring assisted living to CFC. The CFC state plan as well as program policy, training, and guidance would need to significantly change. CFC services would be available in an assisted living facility, the state would not have a specific assisted living benefit. Freedom of Choice of providers would be required which could result in a member choosing a different CFC provider other than what is offered through assisted living.

Services delivered under CFC in a provider owned or controlled setting are subject to the federal settings rules to assure these settings, including assisted living are not institutional in nature. This requirement is managed through provider self-assessments, on-site validation, interviews of current staff and residents and documentation to support the decision-making process. The settings rule regulates items such as individual rooms, choice of roommates if desired, privacy, access to food, integration into the community and more.

If assisted living became a place of service under the CFC state plan, individuals who are eligible for basic Medicaid would qualify. Under BSW, individuals must meet long term care Medicaid eligibility which includes the five-year look back for transfer of assets to access Medicaid funding to reside in a facility. Therefore, the provision of CFC in an assisted living facility would be available to a much larger membership pool. Additionally, the state is still required to meet health and welfare requirements of these members regardless of which program covers the cost.

SB 296 included an improbable method to calculate rates and room and board costs. For efficiency, a standard rate (or tiered rates) accompanied with standardized room and board would need to occur. In review of other state plans, it appears that this can be accomplished but requires further detailed research.

The fiscal impact of this change has not gone beyond estimating the cost of transferring those covered through BSW to CFC and a potential offset of case management services. Further modeling of estimating costs would need to occur.



Regarding CFC – who is taking advantage of CFC services in terms of category – Aged or Disabled. Are older Montanans accessing CFC or if it is mostly the younger disabled population. The chart to the left indicates disabled individuals make up approximately 65% of participants in the CFC program.

Final Question: General policy considerations. Has the department considered any of the following policy considerations, some of which have been implemented in other states to get people the services they need early in the process and to be more proactive? Of the following policy options, what do you think would best meet the needs of the growing older adult population and improve effectiveness of the current system?

1. No wrong door
2. Presumptive eligibility
3. Unpaid caregiver support
4. Enhanced availability of respite care

The Department has considered these policies and has determined that a combination of these policies may work best to bring people into the system earlier or improve effectiveness.

No Wrong Door (NWD)

As per the Administration on Community Living:
"Finding the right services can be daunting for individuals and their family members. The current LTSS system involves numerous funding streams, and is administered by multiple federal, state, and local agencies. These agencies use complex, fragmented, and often duplicative intake, assessment, and eligibility processes. There are growing options for services and supports in home, residential, and institutional settings. Individuals trying to access new LTSS frequently find themselves confronted with a maze of agencies, organizations, and bureaucratic requirements at a time when they may be vulnerable or in crisis. These issues frequently lead to the use of the most expensive forms of care, including institutional care such as nursing homes or extended hospitalization, and can cause a person to quickly exhaust their resources.
NWD systems provide information and assistance not only to individuals needing either public or private resources, but also to professionals seeking assistance on behalf of their clients and to individuals planning for their future long-term care needs. NWD systems also serve as the entry point to publicly administered long-term supports, including those funded under Medicaid, the Older Americans Act, Veterans Health Administration, and state revenue programs."

No Wrong Door in Montana is the network of Aging and Disability Resource Centers (ADRC). An ADRC is knowledgeable about the full range of available options; provides objective information, advice, counseling and assistance; allow people to make informed decisions about their long-term services and supports; and help people access public and private programs. Some ADRCs have completed the necessary steps to assist with Medicaid applications and are able to file for administrative match.

ADRCs were started and supported through National Council on Aging grants. This funding ended in 2013. Strengthening the system would require improvements to assure dependable, consistent entry into long term care services across the state. Much of the work is regionalized.

Presumptive eligibility

AARP developed a policy brief on presumptive eligibility in April of 2021. It provides a clear definition of what presumptive eligibility is and what it does.

"Presumptive eligibility is a strategy several states have pursued to fast-track access to Medicaid and other publicly funded HCBS. Currently, five states actively use

presumptive eligibility for Medicaid home and community-based services to connect older adults and people with physical disabilities with publicly funded supports in the community. Under presumptive eligibility, waiver case managers, nurses, or social workers can use basic financial information and screening tools to quickly presume a low-income individual is eligible for Medicaid and commence services, even before an official Medicaid determination is made. "
Presumptive eligibility allows applicants who appear likely to be eligible for Medicaid to start receiving HCBS when a need arises. In states with presumptive eligibility, an individual can receive services in his or her home while his or her Medicaid application is being processed; the financial risk that someone will ultimately be found ineligible is either fully assumed by the state or shared with HCBS providers. This flexibility ensures individuals have access to critical services in the setting of their choice without having to go into a nursing home. By quickly providing a continuity of care in the community, individuals can maintain their independence and forgo more expensive institutional care." The full policy brief is at: https://ltsschoices.aarp.org/resources-and-practices/presumptive-eligibility-medicaid-home-and-community-based-services-can

Unpaid caregiver support and availability of respite

Unpaid caregiver support and the enhanced availability of respite care is intertwined. In 2022, the National Strategy to Support Family Caregivers was created to support family caregivers of all ages, from youth to grandparents, and regardless of where they live or what caregiving looks like for them and their loved ones. The strategy was developed by two national advisory groups, Grandparents Raising Grandchildren, and the RAISE (Recognize, Assist, Include, Support and Engage) Family Caregiving Advisory Council. The entire strategy, including actions for states, communities and others can be found at https://acl.gov/CaregiverStrategy.

Lifespan Respite

Montana has been a grantee of the Lifespan Respite grants steadily since 2011. This is a competitive grant and would be difficult to sustain without state funds. The grant supports respite retreats which provide a day of respite and caregiver education. The retreats have been well attended across the state and represents a successful partnership with MSU Extension – Office of Sponsored Projects (OSP). The grant also provides small stipends to assist caregivers to pay for a respite provider, whether that be a neighbor or a temporary placement in a facility. A statewide Lifespan Respite coalition meets regularly to discuss strategies to improve awareness of respite and the delivery of respite care.

SLTC has been selected to participate in a policy meeting on supporting caregivers sponsored by the National Academy on State Health Policy. One goal of this meeting is to determine how to leverage Medicaid to cover more respite care.