



## TRANSITION REVIEW COMMITTEE - LONG TERM CARE FACILITY UPDATE – January 17, 2024

### 1. PLACEMENTS FROM THE STATE HOSPITAL

- Of 19 responses, none had admitted a resident from the State Hospital in the last 2 months
- Most facilities are willing to consider admissions from the State Hospital
  
- **Barriers to placements:**
  - **Reimbursement.** Payment does not cover the costs associated with caring for these individuals. Need to be able to hire additional staff and do significant additional training.
  - **Pre-placement Visits (PPV)** have been stopped. *One nursing facility has stopped accepting State Hospital placements because of this.*
  - **Discharge.** When things go bad, there is no ability for a quick discharge to another setting. *One nursing home indicated they are taking a “pause” on accepting admissions from the State Hospital because of a bad experience where they could not discharge a resident whose behaviors had escalated drastically. The result was an assault on another resident and a police arrest.*
  - **Community supports when in crisis.** There needs to be psychiatric support as well as support from the hospital, emergency services, police, etc., in the event there are serious issues. *One nursing home indicates that they are no longer admitting from State Hospital because the community supports are no longer available.*
  - **Community supports in general.** Lack of psychiatric, counseling, pharmacy, tele-medicine/consultation supports.
  - **Referral documentation** is not always thorough and may leave out major issues

- **Facility comments:**

*“It would be beneficial if we could get a list of referrals on these clients. Something simple with diagnosis, level of care, behaviors, etc. We could review and do records request for clients we feel we may be able to place. I, like many others, am very reluctant to take Medicaid clients because of the issues with Medicaid right now. It’s a nightmare and cash flow is very difficult at times.” (assisted living)*

*“We have not been able to accept any individuals (from state hospital) and no one has contacted us regarding possible add ons for difficult placements. If we could meet their needs without a negative impact on costs, we would consider accepting them. We cannot afford 1:1 staffing for behaviors. We have one resident who requires a 1:1, this puts us over on staffing daily and required the hiring of a couple more travel staff to accommodate, it is expensive.” (Nursing home)*

*“The state hospital referred at least four to us, but we had to decline because of the care costs and not being reimbursed for the behaviors. If we could be reimbursed accordingly and we could meet the care needs, then I would accept more residents. If the state would provide training to our staff that would help – then we would have better trained staff to meet the needs of the behaviors.” (assisted living)*

*“We do not have physical capacity for a locked memory care unit. The state might want to consider financial incentives for companies to build more locked memory care units with training for behavioral issues.” (nursing home)*

*“We have admitted in the past. We have had no admits in the last three months. We are happy to admit from the State Hospital as long as they are appropriate and we can give them the care needed. The only concerns stated from our administrators is that the State Hospital is not always clear about the needs and what their behaviors are so when they get to the facility it ends up being not a good fit. The behavior management rate would be beneficial in allowing for more staffing and training opportunities.” (assisted living company with several facilities)*

*“We don’t feel we can admit under skilled nursing facility regulations. SNF regulations limit pharmacological interventions that are used in other settings and dose reductions are required. Abuse guidelines include verbal altercations. Verbal behaviors are common among the residents the state needs to place. Each incident requires investigation, reporting, etc., and leads to a survey deficiency that impacts CMS star ratings, negative website focus, fines and penalties and loss of CNA training programs. (nursing facility company)*

## 2. PRE-PLACEMENT VISITS (PPV)

- A facility that had been admitting from the State Hospital said they were informed that the process would no longer be available (shortly after the last meeting)
- Facility that has been successful with placements from State Hospital has stopped admitting in large part because PPV is no longer available (nursing home)
- This process helps facilities accept placements from the State Hospital. If it is not available under current law, this is an area where you might consider legislation.

## 3. BEHAVIOR ADD-ONS – NURSING HOME

- In place since July 1, 2020 – still not readily available to our nursing homes.
- Many providers believe the qualifications are not well defined.
- Most facilities that have applied for add-ons report that most are denied and there is a lot of work involved.
- **Facility comments:**
  - “Requested one and it was denied.”*
  - “About 4 add-ons applied for and denied. Our most difficult behaviors did not qualify for the add on when we did all the work and submitted them.”*
  - “We have had only one approved across three facilities. It seems like the best opportunity is when the state is trying to place a resident and after that it is more difficult to get approvals. We could do better applying but when you get turned down after doing all the work it tends to deter requests.”*
  - “We had so many issues months ago that we stopped trying.”*

## 4. TBI ADD-ONS – NURSING HOME

- One nursing home indicated that the add-on for TBI does not work well because it was discontinued when the behaviors were stabilized - but it was all the work and additional interventions and training they were doing that led to the stabilization. The facility is not paid for the extra efforts when they are successful.

## 5. BEHAVIOR MANAGEMENT RATE – ASSISTED LIVING

- In effect since July 1, 2022
- Assisted living facilities are still unable to access this rate
- We follow up regularly but are told rules to implement the rates are being worked on. We have asked to see drafts and to be involved but that has not happened.

- **Comments from facilities:**

“I have been attempting to work with the state hospital to look at possibility of placement with us. ...of course, the added incentive (behavior rate) would make it more feasible for us.”

“We have behavioral residents that need more redirection, one on one intervention but still only pay at the lower rate (\$118.50). I have turned down taking so many residents with behaviors because they require so much more in everyday cares but rates are not paid at the higher behavior management rate (\$141.00).”

## 6. WORKFORCE

Workforce continues to create problems for nursing homes. Admissions continue to be denied because of insufficient workforce. However the trend in terms of use of contract labor is going in the right direction. See attached information.



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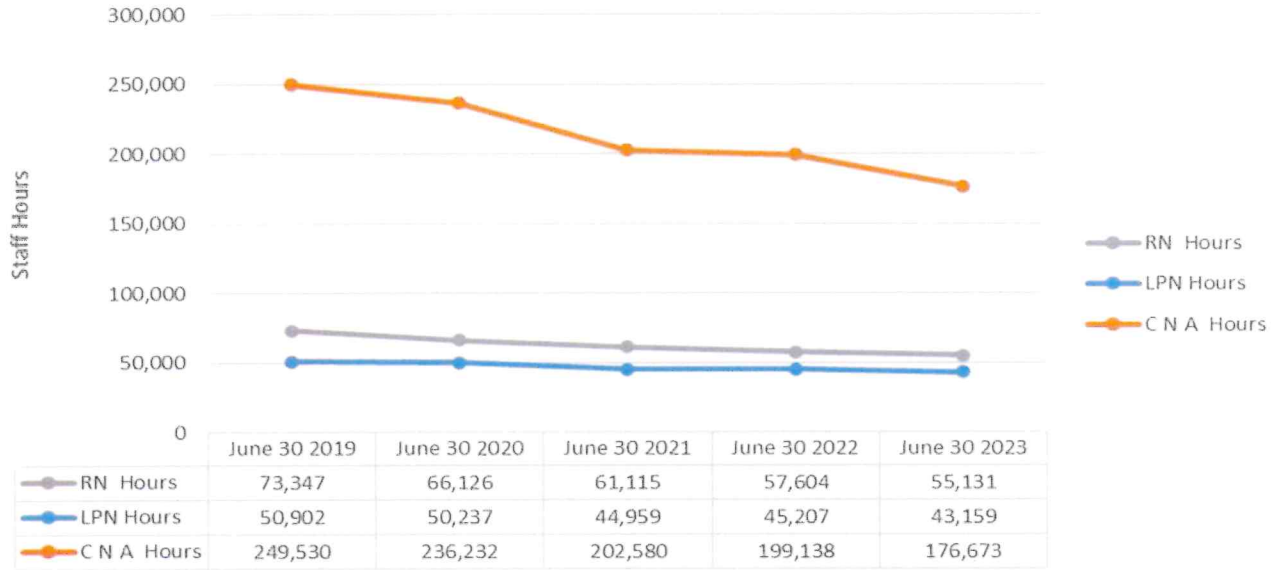
MONTANA HEALTH CARE ASSOCIATION  
NURSING STAFFING DATA

	RN Hours	Difference	LPN Hours	Difference	CNA Hours	Difference	Total Hours Nursing	Difference
June 30 2019	73,347		50,902		249,530		373,778	
June 30 2020	66,126	-9.8%	50,237	-1.3%	236,232	-5.3%	352,595	-5.7%
June 30 2021	61,115	-7.6%	44,959	-10.5%	202,580	-14.2%	308,654	-12.5%
June 30 2022	57,604	-5.7%	45,207	0.6%	199,138	-1.7%	301,949	-2.2%
January 31 2023	55,757	-3.2%	40,401	-10.6%	166,844	-16.2%	263,002	-12.9%
February 28 2023	52,185	-6.4%	35,360	-12.5%	156,990	-5.9%	244,535	-7.0%
March 31 2023	54,961	5.3%	38,087	7.7%	167,964	7.0%	261,012	6.7%
April 30 2023	52,810	-3.9%	39,491	3.7%	158,511	-5.6%	250,812	-3.9%
May 31 2023	55,090	4.3%	43,887	11.1%	170,785	7.7%	269,762	7.6%
June 30 2023	55,131	0.1%	43,159	-1.7%	176,673	3.4%	274,963	1.9%
July 31 2023	56,804	3.0%	42,763	-0.9%	182,542	3.3%	282,109	2.6%
August 31 2023	52,630	-4.5%	42,817	-4.4%	162,744	-6.7%	258,191	-6.2%
September 30 2023	57,620	9.5%	42,699	-0.3%	167,956	3.2%	268,275	3.9%
October 31 2023	57,722	0.2%	44,306	3.8%	171,732	2.2%	273,760	2.0%
November 30 2023								
	RN Hours Contract	Difference	LPN Hours Contract	Difference	CNA Hours Contract	Difference	Total Hours Nursing Contract	Difference
June 30 2019	4,254		9,509		29,207		42,970	
June 30 2020	6,106	43.5%	7,820	-17.8%	22,158	-24.1%	36,084	-16.0%
June 30 2021	6,101	-0.1%	8,463	8.2%	35,012	58.0%	49,576	37.4%
June 30 2022	6,144	0.7%	12,043	42.3%	38,932	11.2%	57,119	15.2%
January 31 2023	8,971	46.0%	17,037	41.5%	71,358	83.3%	97,366	70.5%
February 28 2023	8,002	-10.8%	16,281	-4.4%	64,363	-9.8%	88,646	-9.0%
March 31 2023	8,612	7.6%	17,836	9.6%	66,067	2.6%	92,515	4.4%
April 30 2023	9,229	7.2%	15,747	-11.7%	59,034	-10.6%	84,010	-9.2%
May 31 2023	9,880	7.1%	16,576	5.3%	58,456	-1.0%	84,912	1.1%
June 30 2023	9,671	-2.1%	13,130	-20.8%	51,531	-11.8%	74,332	-12.5%
July 31 2023	10,945	13.2%	13,389	2.0%	54,267	5.3%	78,601	5.7%
August 31 2023	9,904	-9.5%	14,000	4.6%	56,815	4.7%	80,719	2.7%
September 30 2023	8,790	-11.2%	12,828	-8.4%	53,007	-6.7%	74,625	-7.5%
October 31 2023	9,524	8.4%	11,558	-9.9%	52,784	-0.4%	73,866	-1.0%
November 30 2023	8,729	-8.3%	11,580	0.2%	47,906	-9.2%	68,215	-7.7%
	All Hours	Occupied Days	Nursing Hours Per Patient Day	Contract vs. Total Hours	Difference	Difference	Difference	
June 30 2019	416748	117,142	3.56		10.3%			
June 30 2020	388679	107,077	3.63		9.3%		-10.0%	
June 30 2021	358230	99,784	3.59		13.8%		49.1%	
June 30 2022	359068	94,451	3.80		15.9%		14.9%	
January 31 2023	360368	96,947	3.72		27.0%		69.8%	
February 28 2023	333181	87,336	3.81		26.6%		-1.5%	
March 31 2023	353527	97,298	3.63		26.2%		-1.6%	
April 30 2023	334822	94,007	3.56		25.1%		-4.1%	
May 31 2023	349,295	97,343	3.64		23.9%		-4.6%	
June 30 2023	349,824	94,824	3.68		21.3%		-11.1%	
July 31 2023	360,710	97,962	3.68		21.8%		2.4%	
August 31 2023	355,030	98,176	3.62		22.7%		4.3%	
September 30 2023	332,816	94,751	3.51		22.4%		-1.4%	
October 31 2023	342,141	98,806	3.46		21.6%		-3.7%	
November 30 2023	341,975	94,228	3.63		19.9%		-7.6%	

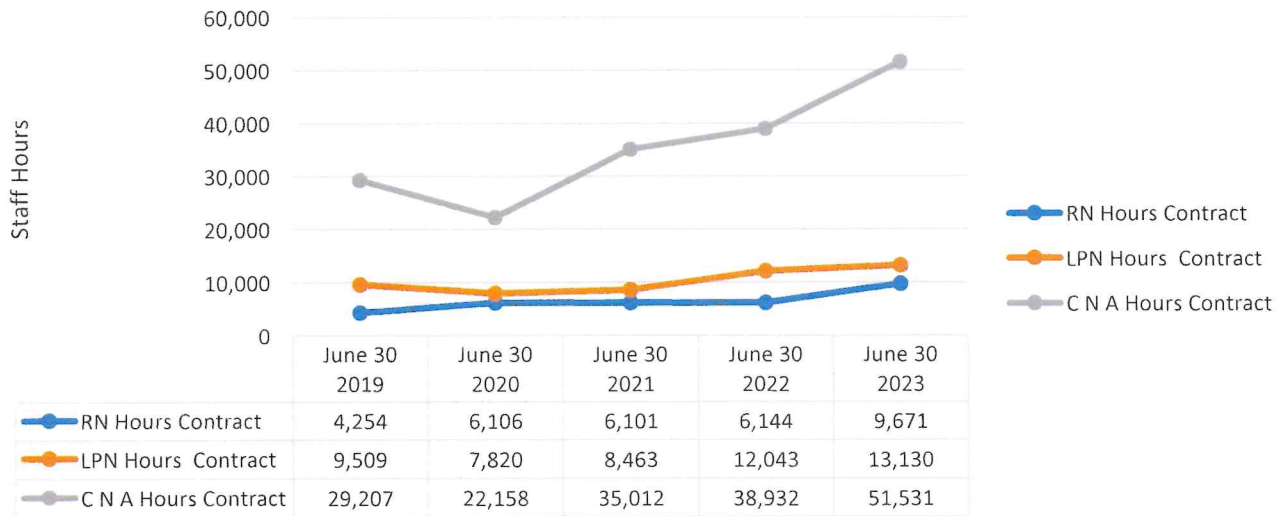
Data derived from DPHHS nursing facility staffing report summaries. The data compares nursing home staffing hours from June 2019 to November 2023. Contract, or travelling, staff hours increased substantially over the time period but are now trending down. Contract staffing is far more expensive than employed staff and includes high hourly rates plus travel, lodging and other expenses.



FTE Staff Hours Comparison June 2019 - 2023



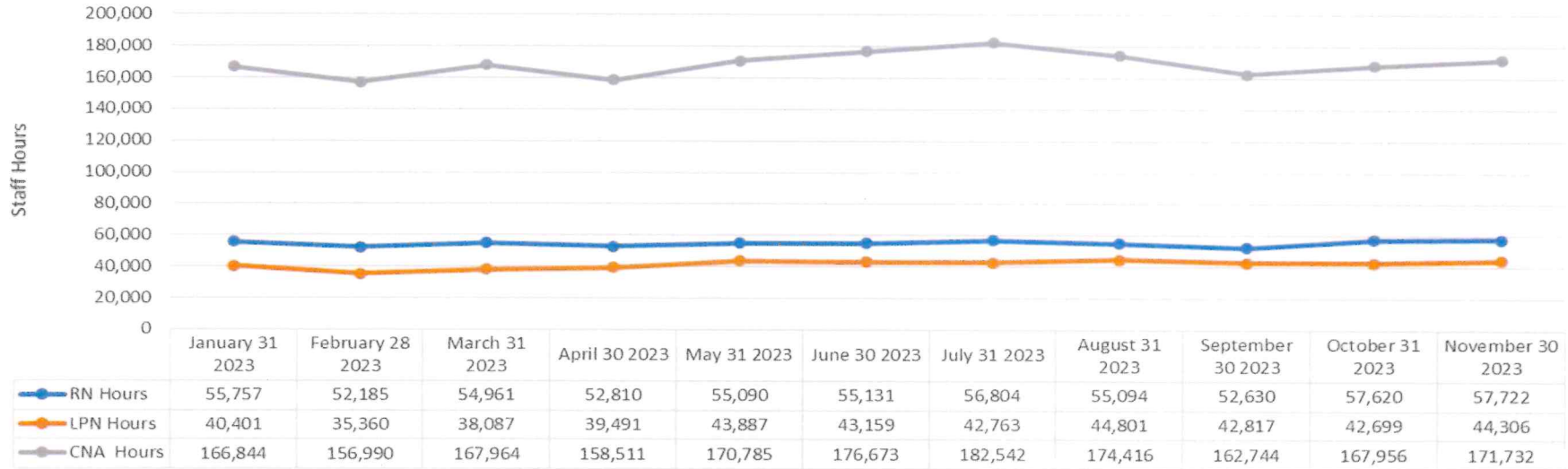
Contracted Staff Hours - June 2019 - June 2023







FTE Staff Hours - Jan - Nov 2023



Contracted Staff Hours - Jan - Nov 2023

