TRANSITION REVIEW COMMITTEE - LONG TERM CARE FACILITY UPDATE – July 15, 2024

1. PLACEMENTS FROM THE STATE HOSPITAL

- Of over 20 responses over the time we have been looking at this, several nursing homes had admitted from the State Hospital.
- Many facilities are willing to consider admissions from the State Hospital but some believe the risk is too great.

- **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.
  - **Delays in processing Medicaid applications have caused problems in getting paid.** All responding facilities that have accepted admissions or who have been contacted about accepting admissions from MSH indicate that they have not been told about the ability to receive additional reimbursement through Medicaid add-ons or other enhanced rates.
  - **Pre-placement Visits (PPV)** have been stopped. *Most facilities state that PPV or some other process is needed to make these admissions feasible and the state's decision to discontinue the use of PPV will make it more difficult for them to consider admissions from MSH.*
  - **Discharge.** When there is a crisis, there is no ability to discharge to another setting or back to MSH in a timely manner to protect other residents.

- **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.
- **Community supports in general**. General lack of psychiatric, counseling, pharmacy, telemedicine/consultation supports. Follow up care needs to be available.
- **Referral documentation** is not always thorough and may leave out major issues.
- **Nursing home regulations** make it risky to accept individuals with serious behavior issues and people who are on psychotropic medications.

- **Facility comments:**

"As of this point, we have not accepted any new admissions from the State Hospital. Of course, our deterrent is the delay in getting long term Medicaid for these residents. What would be nice is if one of two things could happen. 1) The State expedite the Long Term Care Medicaid applications for these residents, or 2) ear mark a budget for these residents that the State would pay private pay at the Medicaid rate for the residents until their Long Term Medicaid kicked in, then the facility would reimburse back to the state. Regarding the add-ons, we have submitted and are waiting to hear if we receive them. Please know this facility is willing to help and is willing to give ideas that may help get others placed."

"We have had no referrals sent to us from MSH. We are always willing to review records and consider placement. We currently have openings in our secured dementia unit." (nursing home)

"Overall, the admission process was a smooth handoff. However, Medicaid has become problematic and we are still pending Medicaid eligibility on two individuals. …We are continuing to work through these challenges." (nursing home)

"My biggest concern with the MSH and taking residents right now is they no longer offer pre-placement visits." (nursing home)

"We have not admitted anyone from the State Hospital. We have been contacted about accepting placements but there was never mention of financial add-ons to the Medicaid rate. For the cases we were contacted about, additional funding may have made the difference for us to be able to provide service or not." (assisted living)

"Given the increased staff and extensive training it would take to provide services, we would need to be paid about $500 per day." (assisted living)

"It is difficult if they have major issues because we do not have a separate unit. We have served people from the state hospital in the past with pretty good success but the lack of psych care in our small community proves to be a challenge." (nursing home)

"We have not taken any recent admissions from MSH. Without the pre-placement visit arrangement we will probably not be willing to take many due to the potential for failure." (nursing home)

"Having information about the ability to access additional funding (behavior add-on) would be very beneficial and could sway decisions." (nursing home)

"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 over last several 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)

It is clear that the process that was previously used (and referred to as pre-placement visits – PPV) made it much easier for facilities to come down on the side of accepting residents from MSH. Facilities state that the Department's decision to discontinue this process makes them less likely to admit individuals with serious behavioral issues from MSH. Crisis services in many if not most communities are not readily available which means that if an individual admitted from MSH goes into crisis, the facility may have to continue to care for the resident for weeks or even months, which puts other residents at risk. Many admissions from MSH are very successful but on the occasions when things go badly it is important to be able to discharge the resident to another setting – for the benefit of other residents in the nursing or assisted living facility but also for the individual in crisis who needs services beyond what can be provided. There must be a process that allows for the timely return of an individual to MSH.

Recommendation: We recommend that the Department review the pre-placement visit process to determine whether it can be reinstated or to develop an alternative process that would serve the same purpose. If legislative changes are required to establish such a policy we recommend that the Department pursue such legislation in the 2025 legislative session.

Rationale: The rationale for this recommendation is to improve access to care for those able to leave the State Hospital by making it more likely that a placement will be available in a local nursing home or assisted living facility. These providers have made it clear that a process like this plays an important role in their decision-making process.

3. BEHAVIOR ADD-ONS – NURSING HOME

A number of "add-ons" to the Medicaid rate in nursing homes, including one specific to behaviors, has been in place in Montana since 2020. However, most nursing homes have not been successful in their applications to receive these enhanced rates.

The Department has changed the nursing home add-ons, including new tiers and rates applicable to each add-on as well as definitions of the tiers. The tiers and rates are a significant improvement. For behaviors, there are three tiers and associated rates as follows:

Level I Minimal Assist-Infrequent Intervention	Behavioral: Low level of care and need for occasional assistance and support in one or more ADLs with conditions that require limited additional assistance. Have a diagnosed health disorder with history of demonstrated disruptive behaviors that occur on an infrequent basis of 1-4 times per week and require staff intervention.	$75.00
Level II Stand-By Assist-Moderate Intervention or Assistance Care	Behavioral: Moderate level of care with need for more assistance with ADLs compared to Level I. Level of assistance varies depending on resident needs. Have a diagnosed health disorder with history of demonstrated disruptive behaviors that occur on a regular basis of more than 4 times a week. Greater assistance is required to redirect and assure safety of the resident.	$150.00

Level III Total Assist-Direct Intervention and Assistance Care	Behavioral: High level of care and extensive and frequent assistance. Residents with diagnosed severe mental or physical ailments that impact their ability to live independently. May need around-the-clock assistance from multiple caregivers to support them. Assistance needed with administering medications, performing medical treatments, help with all ADLs, and management of daily difficult behavior changes. Intense assistance is required to redirect and assure safety of the resident.	$225.00

Since this is a fairly recent change, we do not have a lot of experience with facilities' ability to access these rates more easily than under the previous system. However, preliminary information indicates that more behavior add-ons are being approved – though mostly at the lower levels.

Recommendation: We recommend that the Department change the criteria for the Level III Behavior add-on by including language that individuals admitted from the Montana State Hospital (MSH) will be paid the Level III add-on.

Rationale: The rationale for this recommendation is to improve access to care for those able to leave the State Hospital by making it more likely that a placement will be available in a local nursing home. The cost of serving these individuals is high due to increased staffing, training and other specialized services related to their behavioral health needs. These facilities need to know prior to admission that the enhanced rate will be available.

4. 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.

Assisted living facilities, especially those with memory care units, are able to provide services to some individuals at MSH who are seeking a community placement. However, the Medicaid rate of $118 is woefully inadequate to cover the costs of these individuals. Even the new assisted living behavior rate ($152) is inadequate to cover the costs of those with significant behavioral needs.

Recommendation: We recommend that the Department implement the assisted living behavior management rate as quickly as possible and develop an additional tier for individuals being discharged from MSH.

Rationale: The rationale for this recommendation is to improve access to care for those able to leave the State Hospital by making it more likely that a placement will be available in a local assisted living memory care facility. The cost of serving these individuals is high due to increased staffing, training and other specialized services related to their behavioral health needs. These facilities need to know prior to admission that the enhanced rate will be available.

Thank you for the opportunity to update you on these issues.

If you have questions or need additional information, please let us know.

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