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Public Comment for House Bill 2 – Health & Human Services

**Nursing Home Provider Rates**

- “I would like to speak in regard to the bill under consideration in regard to in home nursing care.”

-Jocelyn Barker

- “Honorable Legislators of the Appropriations Subcommittee,

I am Wendy Soulek – I have served Montanans as a PT, Nursing Home Administrator, and Chief Operating Officer for a Lantis Enterprises, Inc. Consulting Company. We operate SNF, ALF and HH – they all serve a different population or should. We are/were also taxpayers in MT and have closed or exited 8 entities in MT and given notice early last Fall for 2 other leases. There are 8 less taxpaying entities funding this program.

The funding of Medicaid Insurance for skilled nursing facility residents is woefully inadequate. Underfunding has impacted quality, the ability to compete for staff and now, the availability of services throughout the Big Sky state. Closures are ugly. The worst impact is on the residents and families who have to move from their home. The people and communities who serve the facilities (staff, vendors, etc), are impacted, as well. This Administration made it clear that was not their concern and if I heard Mr. Brereton correctly, this meeting, despite an abundance of cash and ARPA funds, this just to pacify the public but no more funding will go to the skilled nursing facilities. I hope that isn't your approach.

Not once did we hear Thursday from anyone that a skilled nursing facility was a choice someone makes – a highly regulated industry from build to operations. We heard many patients and ALFs and HHAs state they WANT to stay home and WANT to live at a lesser level of care – that it is their right to. Nursing home clients don't get that choice.

We also heard from Mr. Wayne Stahl, their family were truly founders in MT and have given everything their parents built back to the care of their mother after trying for 11 years to avoid nursing homes by providing the care themselves in the home. Home Health Services are not available throughout this state and there definitely are not enough caregivers to drive this big state to provide 1:1 care. Residents, like the Stahls, have been moved over 100 miles from their homes. Other providers are at their capacity – also due to staffing. Hospitals are having difficulty discharging – they are having the same staffing issues but have greater resources. Underfunding the Medicaid insured individuals who built this state, paid their taxes so that they could count on care are harmed – you are hurting those Medicaid was created for – they are paying the consequence. There are not enough caregivers to drive all over Montana to provide 1:1 care through home health and quite frankly not enough agencies despite removing the CON. ALF's are taking higher acuity now than intended or designed to handle. That is apparent with all of the testimony. (just a quick comparison – if someone falls in the nursing

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home – a qualified nurse must assess the individual to assure there is not harm done from the fall, the facility must find a way to try to prevent further falls, yet we heard where an assisted living picked the patient up. In the home that fall may result in being on the floor for days or longer).

Facts are SNFs are imperative in the continuum of care and, in MT, are becoming scarcer. SNF's that are controlled from a state level, even with the federal regulations. From the DHS Testimony, 90% of this program's funding is federal and is directly generated through skilled nursing. From the course of last year and this year, administration, legislation – it sounds like willful and intentional harm to population served and of an industry.

This is not a slow fail. This is not a slow glide – it is now a tailspin at Mach 10 exponentially going faster.

A study you paid dearly for confirms the underfunding for 2021 (2 years ago). 2022 saw pittance rate increase that did not cover 6/1000ths of the cost increase of that year alone. This budget not only doesn't cover the costs of 2021, but there is also no account for inflation, and it removes other funding. You have seen the consequences of the full court press against the elderly in your state. Do you want it to continue?

God Speed to Montana elderly and your constituents. God help my generation as the DHS leader stated yesterday, and point blank told EmPres, Goodman Group and Lantis leadership in April he expected old people to move to metropolitan areas and implied a next step similar to Canada – watch Soylent Green for the path.

Respectfully, fund the cost. Tom Wright shared some viable ways for immediate help and long-term solutions. Our family has sacrificed all that my parents worked hard to build for 50 years to care for your constituents because I thought we were doing the right thing and doing right for a place, people and population I have loved since the 80's. I used to say that with pride. Charlie and the Medicaid program implied the facilities I serve were in this boat because of our inefficiencies. Turns out even the cream of the crop is in the same boat with the same costs and losses. How incredibly heart wrenching to know this is intentional? You are recreating a bigger less manageable version of what I believe has been referred to as "a dinosaur" ... a "can", creating an even less sustainable version of an imperative service.

I hope this memory sticks with you the most – there are residents who will themselves gone once they knew they were going where their family didn't have the ability and/or resources to do what the Stahl family has committed to for their mother.

Side note:

- Regarding CMP – while it is Federal, state does determine WHAT those rules surrounding applying for that grant and it cannot be used for anything operations normally covered. You can pull up that list for yourselves.

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- The \$12000 hiring incentive has a bunch of forms to be “applied” for by the provider and the applicant, it is fronted by a financially destitute entity and maybe, just maybe, if the stars align and whomever is reviewing the documents and receipts approves them similar to the next bullet. The \$12000 is not \$12000. Programs du jour are gimmicks. Not long-term solutions.
- Add on’s – the cost of the work to prove the validity of the different categories that may or may not get approved for a short period that has to be re-proven, again and again, even though the diagnosis is a lifetime or progressive process.
- The COVID money allocated through July of 2021 was appreciated. COVID did not stop for SNF’s, and actually regulations have grown significantly.
- While Barb and Derik did assist with getting several of the residents Waiver and placement for our closures, the teams in the facilities did the heavy lift to get resident placed and safely to the new locations with so much more work to be completed and less people to make it happen.

Last side note: We are the ONLY home health provider in Eastern Montana – there are VERY unrealistic expectations thinking home health is your answer to costs in one of the largest, least populated states in America with one of the lowest unemployment levels. Add the HHA cost and the ALF cost together and you are back in the same boat you just tried to get out of. You can barely get enough caregivers for institutions/congregate settings, much less home health and there are definitely not enough humans to provide that care. Montana is in trouble now.

Thank you.”

-Wendy Soulek

- “As our population ages, more of your constituents need care provided by senior citizens’ communities and special housing. These deserving neighbors deserve quality care. For that reason, the Governor studied the situation and determined these caretakers were overworked and underpaid. Regardless of his "ignorance" of the results he requested, it's up to our representatives to believe the facts and provide these caretakers the salary they deserve---or close to it.”

-Martha D Humphreys

- Mr. Chair and members of the Appropriations Subcommittee,

My name is Jacquie Helt, and I am the Montana State Director with SEIU 775, a union representing 45,000 long-term care workers providing quality in-home care, nursing home care, behavioral health and adult day health services in Montana and Washington

As direct care workers, our members provide much-needed services to thousands of seniors, people with disabilities and behavioral health needs across most communities in Montana.

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We are grateful for the investment in the Guide House Provider Rate study. It brings data into the equation and sets forth a pathway to address several problems we are facing.

Today, I will focus on Senior and Long-Term Care, as I provided public comment on Wednesday during the Behavioral Health and Developmental Disabilities Division (BHDDD) hearing.

The Guide House Provider Rate Study rate recommendations have unequivocally shown that Medicaid in-home services for seniors in our state are in dire need of the state's investment. This is even more dramatic for in-home personal care services which, among the services included in the study, have been the most underfunded services in Montana. The findings show that these rates would need to increase over 60% to keep up with the demand and labor costs.

The Guide House provider rate study made it clear that current rates are insufficient to adequately fund caregivers' wages and benefits and provide the services that Montanans need. For these reasons, we are here to support the provider rate increases included in the Governor's budget, and we're also supporting the recommendation of benchmarking them to annual rate increases tied to an inflationary measure to routinely review Medicaid rates and prevent shortfalls like the ones we currently have.

We believe the provider rate study represents a unique opportunity to make a substantive change and establish rates that better reflect the value of our members work, the services provided, and that help the state address a pressing challenge Montanans face, particularly around behavioral, mental health needs, HCBS and workforce shortages.

Care work in Montana is at a crucial moment, particularly for seniors in our state: today, Montana is the sixth most aged state in the country and is projected to be 1 of 10 states with more people over the age 65 than under 65.<sup>1</sup> Montanans can work together to build Medicaid home and community-based services that recognize the value of caregiving as life sustaining for our families, communities, and economies, and that address one of most pressing challenges our state is facing. We are asking to not let this opportunity pass."

-Jacquie Helt

➤ "Good Morning Chairmen and Councilmen/woman,

I know that you face many tough financial decisions with the many testimonies you have already heard the woes that face all continuums of care in health care. I will never discount their testimonies as I feel every word they carry. So, thank you for being my voice of frustration as well.

A little about myself I am an Executive Director of 5 years for two skilled nursing facilities LTC/ and transitional care in both facilities in Montana. and been employed in all facilities of ea. of

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the continuums of care for nearly 20 years, working for a corporate entity EmpRes Healthcare with 60 facilities across the west coast to South Dakota. I also have experience as an Executive Director for one if not the largest SNF entity Genesis Healthcare.

My SNF's are both CMS 5 star rated facilities, and are receiving the highest MCD, and Medicare reimbursement available, and still struggle with this. however, I am here to provide possible solutions to all of you that you may ponder in your restless nights and your fight for our healthcare facilities.

Possible Solutions:

1. Increase wage pass thru to national inf. rate.
2. MCD Reimbursement to National Inf. Rate based on the average operating costs of a facility for that bed licensing. - I have more info on this.
3. Allow Medication Tech II's to still be employed as this are possible cost saving solutions with very little error.
4. Review and assist Grants/Bail-out assistance to ensure no more closures occur for the short-term.
5. Regulate, not provide a tax relief, healthcare Travel Agencies RN, LPN, CNA costs to assist in labor expense control to healthcare facilities across the continuum of care.
6. Cont. Medicare waiver program (yes federal however senators please make this ind. option).
7. Allow new business, and corporate entities a tax relief or freedom for a time period to encourage new, and corporate entities to come to our state or our community member to answer this call.

Corporations have the foundation needed to ensure that they immediately meet the federal and state guidelines in forms of P&P, and financial backing to give the best chance for success.

I have many different reasons for these solutions, which I would love to speak more about to ensure you feel comfortable in voicing these solutions to your fellow representatives to ensure the future of our aging population has a chance.”

-Thomas Wright

- Please provide support for increasing nursing home provider rates. As our population ages, we are in desperate need of keeping our nursing homes open and ensuring that our seniors have quality care.”

-Diane L Magone

- “We must pay our nursing home providers a competitive rate, or more nursing homes will close.

The Governor's study showed that for MT to retain Nursing home workers and health care workers, the state needed to dramatically increase provide rates. The Governor ignored his own study – and is only proposing ONE THIRD of what the study recommended.”

-Gail E Waldby

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- “In my opinion, when most people think of an assisted living, they think of the large-scale communities with possibly a piano within the lobby, a salon to get hair and nails done, and a large kitchen with maybe a chef to prepare well balanced meals, owned by a large corporation who may have never actually been to Montana. In my opinion, I don’t believe most people think or even know of facilities like ours. We are an ordinary house, and in any Montana neighborhood. You probably have a few in your community and are not even aware of them. My sister and I opened our home so the elderly could have a setting to get the daily care they require but in a home like setting they are used to. Our “facility” is an eight-bed home with a standard size kitchen and small standard size bedrooms just like a traditional home most of us grew up in. But you what don’t see in our home is our struggle. 100% of our residents are on Medicaid waiver. We just cannot compete with the larger Assisted Livings described above for private pay dollars. Our home does not lack companionship or care just room size so we take what we can get and that is typically only Medicaid waiver residents. So, we are running our home (and working the floor most days), trying to provide the best level of care with staffing, nutritious food, and engaging activities on the current Assisted Living reimbursement rate of \$4.33 an hour, that is a total of \$34.66 an hour with our max resident count of 8. In today’s world any qualified employee to help our Aging and disabled community wants at least \$15 an hour, and I believe they deserve it. However, I can’t afford to have one or two staff members on shift at \$15 and cover my overhead expenses such as Workmen’s Comp., liability insurance, and mortgage, etc. not to mention the fun stuff like crafting supplies, field trips into our community, and they ever increasing price of groceries, beef and eggs alone should demonstrate a need for an increase in our reimbursement rate. And employee Benefits are not even an option for us to offer. We strive to provide the best staff, meals, activities for our residents but it’s becoming impossible to do so. Every month we are short on funds, borrowing for our personal accounts (our Husband’s working wages) to stay afloat. We are both young women with families of our own, love what we do and have built a family with our residents and staff but given the increase costs of all aspects of life the current rate of \$104 is just not a realistic rate. An increase in a daily rate will allow us to compete with Panda Express and McDonalds hiring at \$17-\$21 an hour. Our line of work is physically and mentally hard and our staff deserves more than we can pay with the \$104 a day current rate in addition our Resident’s quality of life should not decrease with increased living expense yearly. I believe with an increase to \$125-\$145 a day is a more realistic rate to provide excellent care with enriching activities, with qualified staff (increasing our current employees’ wages from \$13 to \$15-\$17 or offer benefits). Even though long grey the proposed rates are an increase I do not believe they are sufficient, especially if the plan is to decrease the rate in 2025. The decrease does not make any sense for my payroll wages, as I cannot decrease employee wages to offset the 2025 decrease.

-Jessica Robinson

- “The Masonic Home of Montana, an Assisted Living Facility built 1907 and has survived the 1918 Flu pandemic now is barely surviving due to increased costs for all areas of operations. The inflationary rate over the last year has exceeded 8%. we service a high number of folks who rely upon Medicaid Waiver. Based on the very low Medicaid Waiver rates, we have had to say "no" to multiple inquiries for move-in under the Medicaid program. We cannot afford to admit a high number of these folks when there is inadequate reimbursement for the cost of care and service. Reserves (anything that was in reserve) has been spent for daily operations. We have

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increased the direct care giver wage from \$15.00 per hour to \$21.00 per hour to maximize our hiring ability. We do not use contract staff. The \$6.00 per hour wage increase has been a successful approach to hiring. facilities are bearing an additional burden for supply costs to combat the ongoing pandemic which the Department has eliminated supply and funding. The Licensure Bureau/DPHHS has imposed new rules on Assisted Living Facilities and new rules come with a price tag to achieve compliance. The Masonic Home of Montana is like all of the other facilities in Montana right now where a boiler failure, a compromised roof or any other major system failure is likely to result in closure of the facility. Montana seniors, our most vulnerable folks are at risk for displacement and loss of their home. We cannot survive on the rates proposed by the Governor's budget.”

-Connie Klotz

- “The impact of Medicaid waiver rates effects our assisted living home in many ways. The facilities that I manage for Renaissance Senior Care is majority Medicaid waiver residents. We accept these residents in order in provide a broad spectrum of services to our community. All too often I receive referrals for potential residents who are not being accepted by other facilities because many facilities in Montana do not accept Medicaid waiver because of the low reimbursement rates. We want to continue to provide services to the Medicaid citizens in our communities that we serve throughout the state, but we are concerned that we may have to cut back on the number of beds we dedicate to Medicaid Waiver.

Major issues that we are facing today. Rising food costs approximating 20-25% in just this past year, we have been watching the price tag rise each month for our grocery bills, even though we are shopping for the same number of residents and are buying the same amount and kind of groceries each week. We believe that the rise in cost will likely only get worse and will only affect us more as time goes on.

Cost of living on the rise. Ourselves and valued employees are being affected now more than ever with the cost of living on the rise, rent prices rising, groceries costing more and more each week and generally everything costing more. By our acceptance of Medicaid, we are limited in the wages we can pay our staff. We have given the staff substantial increases this year of over 8% in most cases, but it is not enough. Employees are needing to make more to make ends meet. If this trend continues, we will be less likely to accept and care for these Medicaid waiver residents”

-Vanessa Viall

- “The proposal to drop Medicaid Waiver rates from 116.04 to 112.83 would negatively affect our facility. While overall this is an increase from the 104/day we are currently receiving, the cost of living has increased exponentially. On almost a weekly basis we are seeing increases in groceries and other items. Not only does this cause an increase in expenses for facilities, but it is also becoming a burden on staff. With expenses for staff increasing, the need for higher wages also increases. There is already a healthcare worker shortage and I fear cutting rates would only further put us into a crisis thus affecting the care our elderly is receiving. There are a lot of expenses attached to the care of a resident, and our priority is finding qualified staff. This comes with a price tag. As a small business we are unable to compete with large

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corporations that can offer employees a starting wage of \$18.00 per hour. It is important to us that we serve our community and offer housing for Medicaid Waiver residents. I often receive calls from frustrated family members who have been turned down by other facilities due to them not accepting Medicaid Waiver. We want to continue to provide this service and we believe there is a need. With the cost of living increasing, we are unable to hire, train and retain qualified staff with low Medicaid reimbursement rates. If these low reimbursement rates continue it is likely we will be unable to accept Medicaid Waiver residents and provide a much-needed service to the elderly in our community.”

-Aubrey Matoon

➤ “Dear Committee Members,

My name is Robin Zehntner and I live in Missoula, Montana. I am writing to you all in regards to Senior & Long-Term Care services and how great of a program it is to help people live fulfilling lives. And not just the elderly, but a younger population as well. I have been using long term care for over a decade. When I was 17 years old, I was paralyzed from the chest down in a car accident. Over the past fifteen years living with quadriplegia, I have accomplished many things, such as traveling, graduating from college, and meeting some amazing people. More than that, however, I have gotten out of bed each morning. I’m not stuck or bound, as some might say. I get to live what I see to be a pretty good life. None of that would be possible in not for programs such as Senior & Long-Term care. Without caregivers, I would be stuck relying on the charity of my loved ones. A problem I am currently facing.

Lack of funding has become an incredible problem for those of us who use in home care. I have had sever difficulties finding a caregiver to help me live my independent life. Caregivers are very limited because the pay is so low. I am currently down to one from the ideal three that would normally be working for me. I have advertised on several different platforms and either get no responses or, for the limited people who have expressed an interest, have been declined because they just cannot afford to live on what I pay. With this being now a worker’s market, this is nowhere near adequate wages to attract or retain employees and the most vulnerable and unheard members of our community are suffering. Myself included.

Programs like Senior & Long-Term care help so many of the population. If they were funded better, people like me wouldn’t have to worry if they are going to have help getting up in the morning.

-Robin Ann Zehntner

➤ “Proposed Nursing home rates for 2024 and 2025 are not adequate given average cost to care for residents exceeds \$327 per day which was also validated by Guidehouse Inc. in their rate study which recommends \$278.75 per day -Backlog in hospitals is a reality as hospital administrator will testify - staffing is limiting our ability to take more patients. With higher reimbursement rates, we can afford to hire more agency staff which right now is not affordable or sustainable -If concerned with private owners taking profits, why not consider direct agency staff reimbursement similar to what the state of OR has provided -Contract worker rates have no caps. Labor rates are not sustainable at current reimbursement levels.



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Proposed decrease in rates in 2025 is assuming market and labor force will stabilize however, wages are not going to be rolled back and contract worker usage will not be eliminated by 2025. We will not be able to sustain operations for 2024 and 2025 at the proposed rates - Facility closure will continue, and residents will be forced out of their communities as bed availability continues to dwindle particularly in rural communities.”

-Kimberly Te Brugge

- “We are a small, assisted living facility, and rate proposed is not adequate to continue providing services to our community. The cost of food has gone up, staff are requiring a much higher wage and utilities have gone up. 6 of the 8 residents we currently serve are on the Medicaid Waiver, so we are recommending the rate study findings, which would provide a higher rate.”

-Brenda Dahl

- “Mr. Chair and members of the Appropriations Subcommittee,

My name is Jacquie Helt, and I am the Montana State Director with SEIU 775, a union representing 45,000 long-term care workers providing quality in-home care, nursing home care, behavioral health and adult day health services in Montana and Washington

As direct care workers, our members provide much-needed services to thousands of seniors across Montana. During the pandemic, they have and continue to save lives and keep our loved ones safe. Furthermore, throughout staggering, historic levels of inflation and increasing demand for home and community-based Medicaid services, they have continued to work for their clients and loved ones. Yet, many of them continue to earn low wages, in many cases, without access to affordable healthcare benefits.

The Provider Rate Study rate recommendations have unequivocally shown that Medicaid behavioral health and developmental disabilities services in our state are in dire need of the state’s investment. For instance: many services for developmental disabilities services would need to increase, and, on average, residential services proposed rates would need to increase by 20%. In the case of behavioral health services, the study showed that rates were 11% lower, on average, than the actual costs incurred by children's mental health providers and 18% lower for adult mental health providers. The difference between rates and actual costs ranged from about 7% to 63% depending on the specific type of service being provided.

We believe current rates are not sustainable and that bold measures should be taken to ensure workers can continue to provide these critical services to Montanans. *We are here to support the provider rate increases included in the Governor’s budget, and we are also supporting the recommendation of benchmarking them to annual rate increases tied to an inflationary measure to routinely review Medicaid rates and prevent shortfalls like the ones we currently have.* We believe the provider rate study represents a unique opportunity to make a substantive change and establish rates that better reflect the value of our members work, the services they provide, and that help the state face the most pressing challenges Montanan’s face, particularly around behavioral and mental health needs, and workforce shortages.

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Care work in Montana is at a crucial moment. We Montanans can work together to build Medicaid home and community-based services that recognize the value of caregiving as life sustaining for our families, communities, and economies, and that address the most pressing challenges our state is facing. We are asking to not let this opportunity pass.

Thank you for your time.”

-Jacquie Helt

- “Madison county is very unique, as it owns and operates 2 Long Term Care Facilities. Both of which are dually certified with Medicaid and Medicare. We are very fortunate to have the community support of these nursing homes. The voters of Madison County voted to support a permanent mill levy to assist in operational costs of the two nursing homes.

As Covid touched the nation more and more people left the healthcare industry due to the physical and mental burnout. This left many facilities with insufficient staffing. To compensate for the staffing shortages and ensure that residents were receiving the best care possible, facilities (including the two in Madison County) have come to rely on contract staffing. Contract staffing costs 2-3 times the amount that facilities can afford to offer their own employees. Here in Madison County, we have had to increase the amount we compensate our own employees just to keep them. We are still relying on a significant amount of contract staffing as resident protection and safety is our top priority. It is crucial that we have sufficient staffing. Covid also left us with many more expenses in our facilities. The costs are associated with the Infection Control regulation that CMS put into effect. Specific costs include but are not limited to: PPE, Disinfecting, Air Quality, Extra Infection Control hours.

Facilities have been hit with major increases in operational costs and yet the average Medicaid reimbursement rate is \$212.00 per day. This doesn't even come close to the operational costs per patient day. Tobacco Root Mountains Care Center cost per patient day for 2019 was \$381.00. Leaving a difference of \$169.00. In 2021 the cost per patient day was \$510.00. Leaving a difference of \$298.00. These costs will continue to increase with the dependence on contract staffing and the Montana Department of Health and Human Services ending their assistance with PCR testing costs and supplies.

I know that DP HHS and MHCA have been working diligently to find a way to increase the Montana Medicaid Reimbursement Rate. The study that was recently conducted by DPHHS would increase the Medicaid rate to \$278.75. This rate also includes the amount facilities would receive from the direct care wage. This increase is not sufficient compared to the actual operational costs.

It is saddening to see all of these nursing facilities closing in the state of Montana. How are we ensuring that Montanans are receiving the care they need? Where are all of our elderly supposed to go to receive care after all of the nursing homes have closed in the state? Please be an advocate for the communities you serve and all of the families that rely on Long Term Care for their loved ones.”

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-Gail Nelson

### **Medicaid Provider Rates**

- “Good morning Mr. Chairman and members of committee. My name is Jackie Semmens (spell) with the Montana Budget and Policy Center.

We support fully funding the provider rate study. With a \$1.9 billion surplus, Montana should be investing in our healthcare system to ensure that everyone has access to the care they need.

By investing the full \$27 million into our Medicaid system, Montana will draw down \$54 million in federal funds. This investment will both strengthen our economy and improve access to care.

The governor’s proposal to include a one-time-only \$25 million pool of funds in the director’s office, rather than in the base budget, will not stabilize the healthcare system. Instead, it will leave providers with lower reimbursements in 2025 than they received in 2024. This will not stabilize the healthcare system.

Montana Budget and Policy Center asks that the legislature fully fund the provider rate study. Thank you for your time.”

-Jackie Semmens

- “State health care providers wages must be competitive, or we will lose this critical element in nursing home mental health, and home health care. You've done a study.

-Karen Sheets

- “Ask that the Joint Subcommittee on Health and Human Services fully fund the recommendations across all programs and provider types that are presented and identified within the provider rate study performed by Guidehouse Inc.”

-Tom Osborn

- “The state recently conducted a study to show what it was funding for Medicaid and the services provided. I want to testify to the fact that due to the decrease in funding for our services it has been hard for us to staff our facility and to keep good staff as well due to being unable to pay them what they deserve. As an Intake Coordinator I was constantly managing a waitlist for services that at one point was three to four months long. I was unable to serve people who needed our services desperately and was attempting to refer clients to other mental health services that also had long waitlists. There were times when clients would contact me and inform me, they were moving out of state due to being unable to get services within the state of Montana. There have been times where we are unable to assist with taking

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clients from the state hospital due to being understaffed or having long waitlists. It would be so hard for me to have to tell a client “no” because we are unable to assist them when they are in desperate need of assistance. Mental Health is a major component in everyday life, I struggle to understand why we are not paying mental health workers what they deserve and are owed. I have had clients graduate from our program due to us assisting with stabilizing their life and them being independent enough to get their items done on their own. I feel that without mental health services the unemployment rate will skyrocket due to people struggling and services being unavailable due to closers because of understaffing. I don’t wish to continue to have clients moving out of state due to being unable to get services. I feel that what is being offered for mental health services is not beneficial to our state and it needs to be amended to ensure that services are available for those that need them.”

-Brittany Gutierrez

- “I am writing today on behalf of the Montana Association of Behavior Analysts (MTABA) to support the budget proposal to increase Medicaid Provider Rates. MTABA is a chapter of the Association of Behavior Analysts International (ABAI) and an affiliate of the Association of Professional Behavior Analysts (APBA). MTABA is a membership association providing support and training opportunities to Montana’s behavior analysts (BCBAs, BCaBAs) and registered behavior technicians (RBTs).

MTABA appreciates the legislature’s role in supporting providers and those receiving services, including the support of legislation in 2017 establishing licensure of the behavior analyst field in Montana. This led to a provider growth of 104% over four years (28 Behavior Analysts in FY 19 to 57 in FY 22) per the Board of Psychologists. The state then responded by expanding Medicaid access to applied behavior analysis services for children and families in 2022. Providers are working diligently to meet the demand for our services.

Support of sustainable rates helps recruit and retain behavior analysts and services. While we support the budget and its intent to increase rates and thereby increase and maintain access to services, we also ask that the rates be funded at 100% of the Guidehouse recommendations. The rate study provided clear recommendations for supporting Montana providers to serve the most vulnerable of our residents and we support the implementation of those recommendation in full.

Thank you for your continued efforts to meet the needs of Montanans.”

-Traci Shinabarger

- “My name is Sam Schmidt. I am a provider, a small business owner, and represent APTA-MT (American Physical Therapy Association of Montana). There are over 2,000 PTs in the state of MT.

Thank you for your service and leading our state in policies that will help all Montanans live better and access care better.

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The Allied Professions, (PT, OT and Speech Therapies per Medicaid language) serve the Medicaid population in hospitals, skilled nursing facilities, assisted living centers, home health, and outpatient ortho and neuro clinics across Montana.

It is proven in the current research that PT reduces total healthcare costs significantly IF THERE IS ACCESS to Physical Therapy. One recent study where PT First was compared to the traditional medical model of Primary Care Provider then Ortho then PT showed a savings of nearly \$3000 on knee pain episodes of care. Research also shows 89% lower use of Opioids, 28% less imaging, and 15% less ER visits when PT is used - all which reduces total cost of care for the Medicaid system and the taxpayers supporting MT Medicaid.

We are facing a turning point where many clinics are either capping or no longer accepting Medicaid patients due to the poor reimbursement. My clinic loses \$109 on every Medicaid visit we provide, and if we see too many Medicaid clients, we must tap into our line of credit to make pay roll. Small businesses like mine need to have more reimbursement for our services so we can pay our providers to afford the steep increases in housing, childcare, and student loan costs. Medicaid patients need to have access to PT so to keep overall healthcare costs down.

60% of businesses have employees on Medicaid - Physical Therapy keeps the workforce functional and at work through active, conservative, cost saving interventions.

PTs also have high RVUs (relative value units) for all of our codes, this is how the system identifies the importance medically and frequency of services. Medicaid clients are using our services and they are very valuable. RVUs also are scored on level of required education and training which PTs have a doctoral level education and are direct providers in Montana. Ultimately, PTs reduce unnecessary disability by focusing our interventions on function and independence in addressing neuromusculoskeletal issues, conditions, and diseases.

It has been nearly two decades since Allied Professionals have had an increase in reimbursement for Medicaid. We would like to see The Allied Professionals\* (Physical Therapy, Occupational Therapy, and Speech Language Pathology) have 95% of the physician Medicaid rate effective July 2023.

Thank you for your service and allowing me to represent the PTs of Montana as well as all those Montanans who are on Medicaid that we have the opportunity serve and provide care."

-Samantha Schmidt

- "Governor Gianforte's budget does not include funding to fully implement the rate recommendations from the Guidehouse Medicaid provider rate study and this subcommittee must act to address the shortfall. The study itself was built on 2019 cost data, which is now significantly outdated and under-represents the true cost of providing care. Funding only a portion of the 2019 cost of care is insufficient and will lead to further deterioration of the mental healthcare system in Montana and, ultimately, a collapse of programming. Allowing a collapse of our community supports will cost the state more money by forcing care to be delivered in hospital emergency departments and through the criminal justice system. It's time

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to think long-term and save the state money by adequately funding community mental health services.”

-Levi Anderson

- “My name is Aaron Atkinson (for the record spelt...), and I am the Chief Executive Officer for The Arc Western Montana, formerly known as the Missoula Developmental Service Corporation or MDSC.

I would like to thank you Mr. Chairman, Vice Chairman, and the Appropriations Subcommittee for this opportunity to testify on the rate study that was requested by Governor Gianforte. I would also like to thank the Department for their willingness to work side by side with providers in a collaborative manner. Together we are Stronger (Walter Payton).

The Arc Western Montana is a large nonprofit that provides a variety of services to people with intellectual and developmental disabilities (IDD) in Missoula, Montana. Of note, we are one of two organizations in Montana that provides medical intensive group home services to people with IDD, a model that requires a nurse on duty 24/7, along with other highly skilled support provided by direct support professionals.

I think it is safe to say that all of us have witnessed the adverse impacts that record inflation and increased housing costs have had on businesses throughout our great state. In April of 2022, Montana Free Press reported that Missoula’s home values increased 57% between January 2020 and January 2022, while housing inventory declined 58% - I believe this is the largest home value increase in the country.

As a result, The Arc Western Montana found itself in a staffing crisis. Our employees, who were making \$10 to \$12 per hour, were resigning for jobs at local fast-food stores, and other businesses, where they could make \$18 per hour, with far less responsibility. This resulted in a turnover rate of 48% and a staff vacancy rate of 55% – alarming numbers.

Prior to the pandemic, The Arc Western Montana supported 76 people in 12 group homes. As a result of staff shortages, we closed three group homes, and now support 57 people in our residential program. I am glad to report that we are now on a reopening path. Getting there required a significant increase to our direct support professional base wages.

In a year’s time, we increased our direct support professional wage from \$10 to \$12 per hour to \$18-\$20 per hour without a significant funding increase. (self-directed mother story and how we paid for this is/plus short time money).

At the Governor’s request, in 2021 Guidehouse collected reports on revenue sources, expenses, staffing ratios, overtime hours, non-reimbursable time, health insurance, benefits, and travel to determine what DDP Providers need in Medicaid rates to be sustainable. It was determined that IDD providers are over 25% underfunded. I encourage the committee to fully fund the Governor’s rate study. Thank you.”

-Aaron Atkinson

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- “In the Marine Corps, we were always asked to do more with less, and on paper, the concept always sounded great. Exceed operational expectations and accomplish the mission, no matter what it takes; however, that cost was always greater than what was presented to the American people. Marines working around the clock, gear that was worn out and able to function many times only by the sheer will of the individual operator, and an operating schedule that hardly facilitated time to clean and maintain equipment.

I have always supported a fiscally conservative approach and believe that there is a balance between having too little and having too much. With too little, the burden of work is put on a few and with too much, people become complacent and not effective and often their talents are wasted. In this talent constrained environment, we are facing an unprecedented competition from traveling agencies paying nearly triple of what we can offer in wages. Since 80% of the population in nursing facilities is made up of Medicaid recipients, the preponderance of revenue, and hence wages are based on the Medicaid rate. With the understanding that a free market normally will drive these wages up and down with supply and demand, and the most competitive and efficient will survive, I would argue that the advent of Covid changed and strained that normal supply and demand environment.

As you know, New York City was part of a large outbreak that was nationally televised on a daily basis. During this time, we saw these traveling agencies offer wages never seen before in the nursing field. Nurses from around the country flocked to the city to care for people that were either exposed or positive for Covid. As the outbreaks spread from city to city, so did the traveling agencies, receiving large dollar sums for providing the needed medical staff and paying a substantial wage for those services. Normally funds would not be available for these medical facilities to pay such a penny for these services, but because of Covid the states and federal government threw money at the problem, which caused the second and third order effects of driving up wages beyond reasonable amounts and causing a shortage of nurses in many facilities.

When you compound the traveling agency wages with the Covid restrictions from CMS, CDC, local health departments, etc... you create burnout for the medical staff that remained in their hometowns to take care of those in need. Excessive reporting, maintaining PPE requirements, media reactions, testing twice a week, wear a mask at all times, vaccination mandates, and the list goes on and on. It is no wonder our healthcare professionals are exhausted. For the love of their fellow man, they stay in their profession. However, I watch and hear them quietly think and look for a way out just so they can receive a break. They do return, but I wonder for how long. How long can we drag these Covid restrictions out? How long can we ask them to comply? How long can we continue to levy more tasks to comply with more guidelines? Indefinitely is not the answer. I fear we are at a breaking point in our field and to continue to ask for more is not the answer.

I have a deep sense of loyalty to my employees and my residents. I am not asking for the state of Montana to just throw more money out at the problem, but I am asking that the state assist us in helping us compete with these travelling agencies and pay our staff an amicable wage. I believe as I am sure most administrators do, that I have the best staff and their passion is to take care of our veterans. Please reconsider your funding stance to assist these residents across our state with getting the best possible care they can.”

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-Chris Cotton

### **Youth Mental Health Services**

- Please pay attention to the results. We need to consider fully funding children's mental health support and remove it from OPI. OPI is not seriously supporting it.”

-Karen Sheets

- “I am asking that you fully support the provision of mental health services in our schools. Students these days need these services more than ever, especially with the rise in violence in our country and all the other emotional problems that our kids are now having.

-Diane L Magone

- “Greetings Committee Chair and Committee Members,

My name is Chris Hughes. I am the Mental Health Program Manager for the Bitterroot Valley Education Cooperative (BVEC). In addition to being a special education cooperative the BVEC is also a licensed mental health center. First, thank you for appropriating money to conduct a third-party, objective provider rate study for Montana.

As a mental health center, we specialize in school-based mental health services including CSCT and school-based outpatient therapy. However, I would like to testify to the importance of fully funding the recommendations of the provider rate study (Funded by the state at a cost of 2.7 million dollars) for all behavioral health services. Now more than ever, we need a functioning full continuum of behavioral health providers and services for children and adults.

The Governor’s current budget only funds 38% of the rate recommendations. Behavioral health services have been underfunded for decades and the rate study identifies the actual costs of delivering care. Although we are a small provider with a specific focus, we currently provide intensive community based mental health supports to over 150 children and their families. Like other providers large and small, we continue to face increasing costs in delivering services. Without sustainable reimbursement rates, we are not able to expand services to meet growing needs. We will be unable to sustain our programs into the future without sufficient funding. Without sustainable reimbursement rates, behavioral health providers in general won’t be able to develop or expand programs for the Governor’s Heart Program.

We risk a collapse of the behavioral health system in our state without sustainable reimbursement rates for providers! As an agency, we are a small part of a network of providers and services that make up a range of community based behavioral health services that all need sustainable reimbursement rates to survive and thrive. We cannot have a healthy workforce



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without a functioning behavioral health system. The economic impact of that greatly outweighs the investment in funding the recommendations of the rate study. This is an opportunity to finally support these vital services and to strengthen Montana families and communities. I respectfully but earnestly urge the committee to support full funding of the recommendations of the provider rate study.”

-Christopher John Hughes

- “Funding for mental health services has been insufficient for over a decade, resulting in program closures and increased costs of emergency care, law enforcement action, and detention for those who could otherwise be treated effectively in their community. Montana's community mental health centers are on the verge of collapse and it is this committee's responsibility to appropriate adequate funds to care for those in need of community mental health care.”

-Levi Anderson

- “It is wonderful that you have studied reimbursement and what Medicaid should expect to pay for high quality service. I now request that you fund the services as advised. It is critical that we care for our youth with mental health needs, and this cannot be accomplished without adequate payment. It is also well studied that supporting mental health needs in youth reduces state expenses in services and the justice system when those kids become adults. Please support our youth and fund Medicaid so providers can afford to practice in Montana. Thank you”

-Polly Becker

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### **Youth Intensive Health Services**

- “Chairman and Members of the Committee: My name is Judith B. Herzog, I am the CEO of Montana Community Services, Inc. in Billings, MT. I am wanting to tell you that after 25 years of serving young children in intensive group homes, we are discontinuing providing children's services at the end of January 2023. We have been operating with 5 of 18 beds filled for the past year. This is not a sustainable business model. Referrals are scarce, added to the low reimbursement rates, continuing this service is not feasible. I urge you to honor the recommendations of the rate study funded by the last legislature in the amount of 2.7 million dollars. Very unfortunately, it is exceedingly difficult to find MT services for our remaining children. This means these young kids will have no options besides being placed out of state, creating more trauma for them, and being far from their families and loved ones. I urge you to increase the rates for intensive children's homes so that other MT providers can continue providing services MT children desperately need. Thank you.”

-Judith B. Herzog

- “I hope to share a few client stories regarding the challenges they've had in out of state hospital placements and waiting for their children to receive services they need to meet their children's needs. I also hope to speak towards Mountain Home's experience with funding shortages related to caring for children as well as their parents in our group home setting and our inability to take on new Medicaid programs to support youth due to budget shortfalls that exist around our Medicaid services.”

-Beth Brewer

- “The Montana Chapter of the American Academy of Pediatrics urges the committee to fully fund the rates for residential and intensive behavioral health treatment, as determined by the provider rate study. We thank you for your attention and urgency in addressing the current mental health needs of Montana youth.”

-Lauren Wilson

## **Disability Services**

- “Big Sky Waiver services are essential for over 2,000 elderly and/or disabled Montana Residents to live independently. Big Sky Waiver (BSW) is a program that is proven to be cost-effective by preventing institutionalization. BSW member-driven services allow Montana Residents who are Medicaid eligible to live their lives with the most independence possible. The BSW program continues to have an increased demand maintaining waitlists in service areas across the state. Please consider increasing funding and removing service limitations so that case management teams can meet the needs of our elderly and disabled Montana residents. Case Management Teams support members like John (name changed to protect confidentiality).

John is a 21-year-old man living in Missoula who has a diagnosis of cerebral palsy. John has been on Big Sky Waiver for over a decade and the services he has received through BSW have been critical for maintaining his independence. When John was younger, he received support through Specially Trained Attendant services and continues to receive Personal Assistance Attendant services, coupled with non-medical mileage. These services have helped him remain socially engaged in the community and assisted with his health and wellness goals over the years. BSW Case Management Team was able to work with John to identify needs to keep him in his home. The CMT was able to authorize modifications to John’s home, a wheelchair lift, vehicle modifications, and training to teach John to drive his modified car.

Without Big Sky Waiver, it is very unlikely that John and his family could have accessed the services that have afforded Jason his independence; there is a strong likelihood that he would have faced institutionalization due to his level of need. John currently works and aspires to return to school, so keeping his BSW services in place is highly important so he can continue to meet his goals and avoid institutionalization as he gets older. “

-Nicole Martin

- “My name is Mark Sanders. I have a traumatic brain injury disability and I want to support Montanans with brain injuries who live in the community. I am also a personal care attendant for my fiancé sweetie Shyla Patera, and I thank the committee for supporting personal care attendants. I hope you will support programs like Medicaid and Medicaid waiver so that Montanans with disabilities like myself can live in the community. I also support living wages for attendance because it is really a necessary job for a lot of us.”

-Mark Sanders

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- “My name is Travis Hoffman and I am a 44-year-old male with a spinal cord injury who uses a power wheelchair as well as Community First Choice (CFC) and Big Sky Waiver (BSW) services provided through the Senior and Long-Term Care Division (SLTC). I currently work as the program coordinator for Summit Independent Living, one of four Centers for Independent Living in Montana. I am also a veteran of the United States Army and have previously worked in the agricultural and timber industries.

The main point I want to make today is just how important services provided by SLTC, such as CFC and BSW, are not only for those of us who rely on the services for our most basic needs, such as going to the bathroom, getting dressed, personal hygiene, taking a shower, or getting in and out of bed, but also to Montana’s economy as a whole. These services create jobs in communities throughout Montana for direct care workers who come into our homes to perform these very essential tasks that allow individuals such as myself to then also be active members of our communities, further our education, and even seek employment and become taxpaying citizens. As you can see, these programs and services not only help those of us with significant disabilities survive, our communities and the state as a whole also benefit from an increased worker pool, additional taxpayers, and inclusive society. What makes these programs even more important is that Medicaid is the only program that provides these services on a long-term basis and without adequate funding, many of us would be relegated to nursing homes or other such institutions where the cost of such services are even greater.

You may look at the budget and see an upward trend in the cost of providing home and community-based services but don’t be fooled. The reason you may see an upward trend in the cost of providing the services that allow many of us to live and prosper in the community is because they are preferable to nursing home or other institutional care. While the demand for HCBS services increases, the demand for nursing home services decreases as can be seen in some of the recent nursing home closures. This does not mean that we need to have a knee-jerk reaction and throw a bunch of money at nursing homes in order to keep them open but rather, to look at how we spend our money on long-term services for people with disabilities and older adults and recognize that home and community-based services are the preferred method by which people wish to receive the care they need and then fund them appropriately and adequately.

Unfortunately, these programs are not currently funded at an adequate level. We are still forced to live with many of the service reductions that were put in place during the 2001 legislature, such as a limit of three showers and limited time for meal preparation each week, and an extreme caregiver shortage that has only worsened over the past couple of years due to inadequate rates that do not allow providers to pay competitive wages when compared to other competing industries that would attract direct care workers. Provider rates and, hence, direct care worker wages, have not kept pace with competing industries, especially as we emerge from the COVID-19 pandemic, which have had a drastic impact on those of us who depend on these services. I personally have only been able to hire one individual caregiver since September 2021 and have had to rely on family members, who have other jobs as well, for assistance to ensure that I am able to remain in the community and maintain my employment. However, this cannot go on in perpetuity. We must raise rates for providers to be able to offer a competitive wage and attract a viable workforce to meet the needs of Montana’s growing population of people with disabilities and older adults.

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I want to thank Gov. Gianforte for including provider rate increases in his proposed budget, however, the proposed level of these provider rate increases only raise rates 36% of the gap between our current rates and what was recommended by Guidehouse, which only amounts to a little over a 5% rate increase over the biennium and is not adequate to raise caregiver wages to a level where providers can competitively attract workers needed. There is a little bit of a one-time higher increase during the first year but this one-time only funding really cannot be turned into direct care worker wages considering it is not ongoing. I ask each of you and your colleagues in the legislature to fund the provider rate increases for DPHHS programs, including provided through SLTC, at 100% of the level that was recommended in the provider rate study by Guidehouse.”

-Travis Hoffman

- “Hello, I am the President/CEO of West Mont, a large provider in Helena Montana that supports adults with disabilities. We have been serving Montanans since 1973. I am writing to show support, as part of the MACDS (Montana Association of Community Disability Services), for the provider rate study recommendations for funding.

Some fun facts about West Mont: our youngest client in services is 14, in our residential facilities it's 23. Our oldest client is 81 years old. Our longest served moved in with us in 1980, turns 60 this year and has been with West Mont for her entire adult life. Which brings us to the important point that West Mont strives to be able to provide services for our clients to allow them to age with us, by providing all different levels of facilities. We have 9 residents that are provided with LPN services and 7 that receive RN services. This has allowed us to keep them at home, with us, instead of being moved to a nursing home.

The current waitlist for disability services is about 1,300 with an average wait time of over 7 years. There are however over 2,000 people currently receiving home and community-based services in Montana. West Mont currently receives 8-10 referrals per month on top of the numerous phone calls that we get from parents/guardians wanting to get their child into services. The concern at this point is that we are unable to take many more clients into our services due to staffing. We roughly can serve 10 more clients in our residential services and 10-15 more in our vocational services and at least 15 more clients in our supported services division. Right now, we are in crisis mode. We have a group home, licensed for 8 clients, that is sitting empty due to the lack of staffing. We are committed to making sure that we can provide a safe and thriving environment before taking on more clients.

One of the largest challenges that we have consistently faced is being able to recruit and retain staff. We are in competition with fast food restaurants that can offer 17-21/hour with no experience. It is hard work to be a care provider but then we also can't pay them a livable wage and that adds another obstacle. Nonprofits offer advantages and disadvantages to employees seeking change. On the one hand, record numbers of employees are leaving positions that lack meaning or are at odds with personal values. From this perspective nonprofit employment offers a real advantage. However, the Montana Department of Labor reported that wages paid to Montana workers surged in 2020 and early 2021, posting a 7.2% increase (\$1.7 billion) for the year ending 2021 Q1. As Montana's wages and personal income grow overall, many

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nonprofits are not able to compete and are struggling to find employees. Serving our incredible clients to the degree in which they deserve is hard work for little monetary return. We stay standing because of those people that connect with our clients and find the value in the work they are doing, regardless of pay. I ask you today to support the provider rate increase that was identified in the provider rate study and in the Governor's budget currently, so that we can continue to care for Montana's most vulnerable population.

Thank you for your time."

-Ashleigh Heimbach

- "I am paralyzed from waste down; my sister is my caregiver. I thank God every day that there is help like Medicaid waiver programs. I have worked as a caregiver to my husband who had lost a leg in Iraq, and in the senior homes. They simply do not pay enough to caregivers or accommodate them with health insurance. My sister has had terminal brain cancer and needs insurance. In order for her to get insurance she has to work 30 hours a week with me for 90 days. It's already hard enough that she only gets \$13.10 an hour to help me. I don't know how much it is to start as a caregiver in the Senior homes. I believe caregiving is one of the hardest jobs out there. I was writing you today to ask if there is any way you could change something's around. Insurance shouldn't be something that is withheld for 90 days or by the hour. There are no way people can live off of \$13.10 an hour. The seniors are also not getting their needs met. We need to have more long-term ombudsman's out there to help them understand their rights. I've talked to quite a few seniors in Columbia falls mt and the ones living in facilities are being overlooked. They have a hard time speaking for themselves especially when they lose their homes and are stuck in a facility with poor care. Administrators of these facilities aren't listening to their needs. For example, one woman has complaints about her shower head leaking. If the administration had half a brain, they would understand that is money literally going down the drain. Another woman complained of a bed sore that wasn't getting taken care of and this was her fourth trip to the doctors! Half of them have no clue what Medicaid waiver was! If we hired long-term Ombudsmans we would have someone that can speak for the disabled. A middleman that can speak to the administration of the facilities, the state and the disabled. We need more programs that benefit the caregivers.

Another question I have is there not laws that you have to have handicap accessible bathrooms, doors, and ways to get into places of business? I'm confined to a wheelchair and I know many like me. It's hard enough to go to places like a hotel and pay money to relax just to find out their chair lift in the hot tub breaks. Then you spend two hours waiting for someone to fix it. Not to mention eating at a family restaurant and have trouble getting in because it's not wheelchair accessible or the bathroom doors are not wide enough to get in. Meanwhile you have an accident while sitting there eating dinner with your family.

There aren't any shelters here that are ADA approved in the flathead when you find yourself homeless in a wheelchair. In a domestic violent issue and have nowhere to go. It's quite depressing already knowing you feel as if you're a burden to your family and friends. That you have to make sure everywhere you go is ADA approved. There has got to be changes for the disabled. For the ones caring for them. For the ones that lives change in a moment's notice.

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The ones that dignity is lost because of age or because of an accident. If you put yourself in their shoes would you know what's available to help you live a life without fear of thinking your alone and have no help? If you apply for Medicaid it helps but who knows about Medicaid waiver programs?

Once your disabled or a certain age, they try to force you to go on Medicare. Which doesn't help you and you have to pay for it out of your SSDI. The Medicaid Waiver program has helped me more than I could ever imagine. If it wasn't for them, I wouldn't be able to live life to the fullest. The Self Direct program has definitely been a blessing.

We just need more funding for these programs, or we lose sight of the disabled and elderly.

-Amanda Zahn

- “Good morning Chair and members of the committee. For the record, my name is Robin Zehntner, my last name spelt Z-E-H-N-T-N-E-R.

I am here today representing myself as a member of Montana’s disabled community. I suffered from a spinal cord injury at a young age and require daily assistance with tasks many people take for granted. Getting out of bed, for example. I need someone to help me dress and transfer me into my wheelchair. Brushing teeth, making a bowl of cereal, these are things I need to live a pretty independent, happy life.

The problem arises in finding a caregiver to help me. I use a program called self-direct to find people who want to work for me. I advertise on several different platforms like Facebook, Craigslist, care.com and I’ve always had some responses and interview 3 to 5 people. This past July, I advised in my usual way and got no response. I waited a month and tried new platforms. Still no response. I took to my personal Facebook and one person reached out. We were compatible in every way, but she still had to turn the job down. Why? I can only pay her \$13.10 an hour. Lack of funding has become an incredible problem for those of us who use in home care. With this being now a worker’s market, this is nowhere near adequate wages to attract or retain employees. I am currently down to one from the ideal three that would normally be working for me. My mom drives 200 miles at least twice a month to give my caregiver a break. They both do it because they care about me, but what about of those who don’t have family nearby? I have heard of at least one assisted living home that got closed down and NONE of the residents stayed in Missoula. Without a better wage, we can’t hire caregivers and one of the most vulnerable and unheard members of our community are suffering.

Thank you for your time. I am available for any questions you might have.”

-Robin Zehntner

## **HEART Fund**

- “I am writing to voice my support for the proposed increase for the HEART fund. The numbers of youth being hospitalized for marijuana poisonings each year in Montana is on the rise, and if other states who legalized before us are any indication, we can only expect those numbers to increase exponentially (see [cnn.com/2023/01/03/health/cannabis-edibles-wellness/index.com](https://www.cnn.com/2023/01/03/health/cannabis-edibles-wellness/index.com) for a recent news article summarizing research on the increase in poisonings). According to DPHHS, half of all youth in treatment in Montana are there for marijuana addiction. Research indicates that marijuana use is especially harmful for youth and can change the way their developing brain’s function, potentially permanently. Youth marijuana use is associated with increased risk of mental health issues, including depression, anxiety, and suicidal ideation. As a state, we need to be protecting our vulnerable young citizens and putting safeguards in place in terms of marijuana policy and supporting substance use prevention. As someone who works every day in the field of youth suicide and substance use prevention, and a doctoral candidate in prevention science, I urge you to support increased funding for evidence-based prevention in our state.”

-Faith Price

- “I, Thomas Risberg, Development Director at Alliance for Youth and founder of the Sober Life, support the NP - 10005 - HEART Fund Increase as it supports evidence-based programs across the behavioral health continuum from prevention to intervention to treatment and aftercare.

In addition, I want to highlight the importance of shifting our substance abuse funding away from acute interventions toward long-term interventions such as Peer Support. Currently, Montana spends the vast majority of substance use disorder related funding on acute interventions, e.g., emergency room visits (40% of which are substance use disorder related), medical detox and inpatient treatment, while providing very little money for long-term interventions such as peer support and recovery support services, such as the Sober Life, <https://www.allianceforyouth.org/the-sober-life>. Treating chronic diseases, such as substance use disorders, primarily with acute interventions is simply ineffective and inefficient. The equivalent in the context of diabetes would be not covering the cost of insulin, but then, when people have their diabetes inevitably go out of control, covering the cost of an amputation or other acute intervention, 60 days of post-acute care and then sending people home with no



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insulin and letting the cycle repeat itself. Every day our ERs fill with people with SUDs, dozens of people go to inpatient treatment, but on the backend of these interventions there are very few resources, so people just cycle through jails, ERs, detoxes, and inpatient treatments. If Montana wants to interrupt this vicious cycle, it has to invest in downstream programs that provide a recovery community where people can find purpose and connection and live sober productive lives. In a nutshell, the passage of NP - 10005 is essential to stemming the tide of substance use disorder in Montana, however, if funding is simply allocated to the same acute interventions while neglecting innovative long-term solutions which data shows don't simply get people into recovery but help them STAY in recovery, the results will not change, we will just have more resources invested in a fundamentally flawed system."

-Thomas Risberg

- "Please support the PL and NP as presented by the BHDD Division. These programs impact the lives of many Montanans and their families. I am a member of Youth Connections and the Montana Association of Prevention. We ask for the committee's specific support of the NP - 10005 - HEART Fund Increase as it supports evidence-based programs across the behavioral health continuum from prevention to intervention to treatment and aftercare. Thank you! "

-Vicki Turner

- "I Pat Prendergast, support the NP - 10005 - HEART Fund Increase as it supports evidence-based programs across the behavioral health continuum from prevention to intervention to treatment and aftercare."

-Patrick Prendergast

- "The Madison County Communities That Care supports the NP - 10005 - HEART Fund Increase as it supports evidence-based programs across the behavioral health continuum from prevention to intervention to treatment and aftercare. Did you know \* In the past 30-day marijuana use among MT 8-to - 12th graders increased by 18% from 2020-2022 \* Between 2020 and 2021, there were 163 cannabis poisoning cases seen in Montana emergency departments; 36 (22%) of these were among children aged ten and under. In addition, \*youth who use marijuana regularly make up 52% of Montana youth in treatment. Cannabis revenues should be used to mitigate the negative impacts marijuana use is causing."

-Esther Lince

- "Youth Connections, a statewide substance abuse prevention organization and Montana Alliance of Prevention, a statewide coalition of prevention-focused organizations, supports the NP - 10005 - HEART Fund Increase as it supports evidence-based programs across the behavioral health continuum from prevention to intervention to treatment and aftercare."

Between 2020 and 2022 there has been a 353% increase in 11-year-old children reporting using marijuana. The number one reason youth are in treatment is marijuana. Cannabis revenues should be used to mitigate the negative impacts marijuana use is causing by supporting prevention through aftercare."

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-Coleen Smith

- “The Alliance for Youth supports the NP - 10005 - HEART Fund Increase as it supports evidence-based programs across the behavioral health continuum from prevention to intervention to treatment and aftercare.”

-Kylie Fisher

- “The Cascade County Substance Abuse Prevention Alliance supports the NP - 10005 - HEART Fund Increase as it supports evidence-based programs across the behavioral health continuum from prevention to intervention to treatment and aftercare.

Past 30-day marijuana use among MT 8-th - 12th graders increased 18% from 2020-2022. Between 2020 and 2021, there were 163 cannabis poisoning cases seen in Montana emergency departments; 36 (22%) of these were among children aged 10 and under. Youth who use marijuana regularly make up 52% of Montana youth in treatment.”

-Beth Price Morrison