

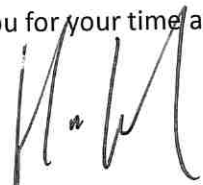
Mr. Chair and Members of the Committee,

My name is Joshua Kendrick and I am the CEO for Opportunity Resources, Inc. (ORI) in Missoula, MT. ORI provides direct services for just over 500 individuals with disabilities in Western Montana. ORI receives funding for services through the Disability Services Division, Big Sky Waiver, and the Disability and Transition Services Division. Without these services a more expensive institutional level of care would be needed for many of the people with disabilities to survive.

We employ 300 staff in Western Montana to provide the care necessary to the individuals we serve. ORI has an annual payroll of \$8,285,366.91 for staff as well as another \$652,983.51 for the individuals we serve. The funding appropriate to community-based service provider rates has a huge impact on our local and State economies. It is extremely important that rates not be cut in any of the programs being discussed by this committee. Rate cuts of any kind would not only impact the individuals we serve but also the staff ORI employs. I would also encourage, what has been discussed by this committee in other programs, the review of rates and what they are based upon. The money appropriate to provider rates has a dramatic impact on care and lives of some of Montana's most vulnerable citizens. Provider reimbursed rates are incredibly effective and efficient in the form of wages and vendor payments which greatly contribute to a healthy Montana Economy.

As a board member for the Montana Association of Community Disability Services (MACDS), our association also encourages this committee to review and not cut rates to providers. MACDS is a professional organization comprised of thirty-three community-based organizations in Montana that provide residential, employment and day services to children and adults with disabilities. Collectively we serve children, adults, and families across the State. Our services are essential and vital for some people and families to live. The statewide impact of community-based services providers is over 115 Million dollars in wages, vendors, and insurances.

Thank you for your time and please feel free to reach out with any questions.



Joshua M. Kendrick
CEO



Supporting Individuals with Disabilities Since 1955
2821 South Russell St | Missoula, MT 59801
P: 406.329.1754 | F: 406.721.8744 | TDD: 1.800.253.4091



[Donate](#) | [Website](#)

Bill: HB-2: General Appropriations Act 2021-01-21 08:00 AM - (H) JAS on Health and Human Services

Position: Opponent

Representing an Entity/Another Person: Yes

Organization:

Name: Beth Timmins

Email: beth@colhca.net

Phone: (218) 766-0641

City, State: Walker, MN

Written Statement: Dear Appropriations Subcommittee members,

I work with Circle of Life home care, which serves more than 1300 individuals across seven western states, including citizens of Hardin and Lame Deer. We are a personal assistance provider organization, providing in-home care to people with disabilities and the elderly through Montana's Home and Community-Based Waiver program (Medicaid). These individuals are supported in their homes and the community through the effort of long term service and support (LTSS) caregivers.

I am writing to convey to you the importance of continued funding for these Home and Community-Based Service programs within the Department of Human Services budget for 2021. Throughout the COVID-19 emergency, our agency was successful in maintaining these individuals in their homes, and our continued care ensured that they avoided overburdening hospitals and nursing facilities.

We are counting on you to advocate for the constituents in your districts and for these programs in your role on the Department of Human Service's Appropriations Subcommittee. Without Home and Community-based programs, many of these individuals would end up in costlier settings such as hospitals or nursing facilities. It is important to support these valuable programs, as they are a fraction of costlier institutional alternatives and maintain your constituents where they want to be—in their homes and community.

Not only does our Home Care Agency serve clients, we also provide jobs for caregivers who choose to do this thankless work. The Montana economy will improve faster with greater employment. Our service is doubly important to the state in providing jobs in local communities and in saving Medicaid dollars by avoiding higher cost settings.

There are several ways for you to advocate for your constituents to ensure continued levels of funding for the most vulnerable and these programs in Montana's budget:

- 1) Promote and preserve the maximum amount of funding to Personal Assistance Services in budgets submitted by Montana's Department of Human Services, a. This funding also maximizes federal matching dollars.
- 2) Pursue opportunities for federal dollars to stabilize Montana's budget.
 - a. Redefining more flexibility from CARES Act funds for states to use their existing federal dollars to pay for lost revenues.
 - b. Advocating for increasing the Federal Medical Assistance Percentage (FMAP) to 12% above non-pandemic funding levels.

We very much appreciate your time and service for the citizens of Montana. We would be happy to discuss with you further.

Thank you

Bill: HB-2: General Appropriations Act 2021-01-21 08:00 AM - (H) JAS on Health and Human Services

Position: Opponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Rebecca Dane

Email: rebeccadane@myabmp.com

Phone: (406) 207-2352

City, State: Hamilton, MT

Written Statement: I am against cutting the funding for this program. I am a service worker that works with the elderly and disabled thru Medicaid Waiver. I go to the homes and give massage therapy for pain relief.

It is helpful in not only using holistic treatments (rather than pharmaceutical) but in a social aspect, as many of these people rarely if ever get out of their homes. If anything, these people need more services to help them live lives in their own homes to keep them out of Assisted or Long Term Care Facilities, which would cost the State of Montana many times more money each month than to provide these in home services.

Rebecca Dane

Bill: HB-2: General Appropriations Act 2021-01-21 08:00 AM - (H) JAS on Health and Human Services

Position: Proponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Travis Hoffman

Email: thoffman@summitilc.org

Phone: (406) 396-8159

City, State: Missoula

Written Statement: Dear Mr. Chairman and members of the JAS on Health and Human Services,

My name is Travis Hoffman and I work as the advocacy coordinator at Summit Independent Living in Missoula and I am also a person with a disability who utilizes many services offered through the SLTC Division within DPHHS, including Community First Choice services and Big Sky Waiver services.

I grew up in a few small Southwest Montana towns, mainly Whitehall, Sheridan, and Twin Bridges. I graduated from high school from Twin Bridges in 1997 joining the US Army Reserves while still a junior in high school. After high school, while working on a cattle ranch, I was involved in a motor vehicle accident in 1999 in which I sustained a spinal cord injury at the C-5/6 level. Due to this accident, my life, and the lives of those in my immediate family, were turned upside down and in the blink of an eye I went from a healthy, independent 21-year-old to an individual with a major disability who requires daily assistance and pretty much every aspect of my life. These include help with bathing/showering, getting dressed, brushing my teeth, getting in and out of bed, positioning in my wheelchair, preparing meals, shopping, maintaining my household, and other activities that every person must perform throughout the day and that healthy, independent non-disabled individuals often don't think twice about performing.

Being a 21-year-old, healthy young adult I, of course, did not see the need for having health insurance. Fortunately for my family and I, being a 21-year-old also meant that I did not have many resources or income and, therefore, I was able to qualify for Medicaid services right away. Medicaid saved my life. Because I was able to qualify for Medicaid I was able to attend rehabilitation to learn how to live with my newly acquired spinal cord injury and once I was finished with that, I was able to move into the community and be able to receive in-home personal assistance services, acquire the DME I needed to move about independently, the equipment I needed to be able to independently turn lights on and off in my own home, assisted me with getting a service dog to help me be able to

independently retrieve things off of the floor or off of a store shelf (a low one), open doors, and perform some other tasks.

Because I was able to, and still to this day am able to, receive these services to help me with my most basic needs, I was able to work with Vocational Rehabilitation, which you will hear about on the 28th, to pursue and get my bachelors degree in social work, get a wheelchair accessible van that I am able to drive independently, become employed full-time and pay taxes, purchase my own home, and become less dependent on other government assistance programs such as SNAP, LIEAP, housing assistance, etc. If it weren't for the state plan and waiver services offered through the SLTC division, none of this would have been possible for me to achieve and none of it would be possible for me to maintain going forward.

While my story is my own, thousands of other Montanans with disabilities can tell similar stories. These services aren't just something that we used to make our lives just a little bit easier, they are a necessity that make our lives possible at all. Without adequate funding for these services many of us would be relegated to receiving services in a nursing home or other congregate care setting where the cost to Medicaid would be even greater. The starting point at which this subcommittee has chosen to start building the 2023 biennium budget, which places the SLTC division at nearly \$97 million under current funding levels, puts many of these services at risk. During the 20 years that I have been receiving services through the SLTC division I have seen many different budget cycles and have seen many different legislatures cut the funding for these services, many that still have not been restored. In 2001 services were drastically cut to where individuals receiving in-home CFC/PAS are still only allowed to take up to three showers per week. We must plan out everywhere we would like to go six months in advance (very unrealistic). Service hours were slashed meaning individuals had to give up some tasks such as meal preparation or eating assistance. These aren't services people use just because they make things easier, they are services people use because they have no choice and they are not available anywhere else or through any other insurance coverage.

I ask and implore you not to cut the budget on these vital programs that allow people with significant disabilities, such as myself and thousands of other Montanans, to live in the community, to pursue their educational goals, to worship at their church, to socialize with their family and friends, and to pursue employment opportunities to become taxpaying citizens who are more self-sufficient and less dependent on other government-funded assistance programs as I mentioned previously.

Thank you,
Travis Hoffman

Bill: HB-2: General Appropriations Act 2021-01-21 08:00 AM - (H) JAS on Health and Human Services

Position: Opponent

Representing an Entity/Another Person: No

Organization: N/A

Name: Christina Taurman

Email: christina@colhca.net

Phone: (406) 665-4067

City, State: Hardin, MT

Written Statement: Written Statement: Dear Appropriations Subcommittee members, I work with Circle of Life home care, which serves more than 1300 individuals across seven western states, including citizens of Hardin and Lame Deer. We are a personal assistance provider organization, providing in-home care to people with disabilities and the elderly through Montana's Home and Community-Based Waiver program (Medicaid). These individuals are supported in their homes and the community through the effort of long-term service and support (LTSS) caregivers.

I am writing to convey to you the importance of continued funding for these Home and Community-Based Service programs within the Department of Human Services budget for 2021. Throughout the COVID-19 emergency, our agency was successful in maintaining these individuals in their homes, and our continued care ensured that they avoided overburdening hospitals and nursing facilities.

We are counting on you to advocate for the constituents in your districts and for these programs in your role on the Department of Human Service's Appropriations Subcommittee. Without Home and Community-based programs, many of these individuals would end up in costlier settings such as hospitals or nursing facilities. It is important to support these valuable programs, as they are a fraction of costlier institutional alternatives and maintain your constituents where they want to be—in their homes and community.

Not only does our Home Care Agency serve clients, we also provide jobs for caregivers who choose to do this thankless work. The Montana economy will improve faster with greater employment. Our service is doubly important to the state in providing jobs in local communities and in saving Medicaid dollars by avoiding higher cost settings.

There are several ways for you to advocate for your constituents to ensure continued levels of funding for the most vulnerable and these programs in Montana's budget:

- 1) Promote and preserve the maximum amount of funding to Personal Assistance Services in budgets submitted by Montana's Department of Human Services, a. This funding also maximizes federal matching dollars.
- 2) Pursue opportunities for federal dollars to stabilize Montana's budget.
 - a. Redefining more flexibility from CARES Act funds for states to use their existing federal dollars to pay for lost revenues.
 - b. Advocating for increasing the Federal Medical Assistance Percentage (FMAP) to 12% above non-pandemic funding levels.

We very much appreciate your time and service for the citizens of Montana. We would be happy to discuss with you further.

Bill: HB-2: General Appropriations Act 2021-01-21 08:00 AM - (H) JAS on Health and Human Services

Position: Opponent

Representing an Entity/Another Person: Yes

Organization: Circle of Life Home Care

Name: Marina PlainBull

Email: marina@colhca.net

Phone: (406) 561-5531

City, State: Wyola, MT

Written Statement: Written Statement: Dear Appropriations Subcommittee members, I work with Circle of Life home care, which serves more than 1300 individuals across seven western states, including citizens of Hardin and Lame Deer. We are a personal assistance provider organization, providing in-home care to people with disabilities and the elderly through Montana's Home and Community-Based Waiver program (Medicaid). These individuals are supported in their homes and the community through the effort of long term service and support (LTSS) caregivers.

I am writing to convey to you the importance of continued funding for these Home and Community-Based Service programs within the Department of Human Services budget for 2021. Throughout the COVID-19 emergency, our agency was successful in maintaining these individuals in their homes, and our continued care ensured that they avoided overburdening hospitals and nursing facilities.

We are counting on you to advocate for the constituents in your districts and for these programs in your role on the Department of Human Service's Appropriations Subcommittee. Without Home and Community-based programs, many of these individuals would end up in costlier settings such as hospitals or nursing facilities. It is important to support these valuable programs, as they are a fraction of costlier institutional alternatives and maintain your constituents where they want to be—in their homes and community.

Not only does our Home Care Agency serve clients, we also provide jobs for caregivers who choose to do this thankless work. The Montana economy will improve faster with greater employment. Our service is doubly important to the state in providing jobs in local communities and in saving Medicaid dollars by avoiding higher cost settings.

There are several ways for you to advocate for your constituents to ensure continued levels of funding for the most vulnerable and these programs in Montana's budget:

- 1) Promote and preserve the maximum amount of funding to Personal Assistance Services in budgets submitted by Montana's Department of Human Services, a. This funding also maximizes federal matching dollars.
- 2) Pursue opportunities for federal dollars to stabilize Montana's budget.
 - a. Redefining more flexibility from CARES Act funds for states to use their existing federal dollars to pay for lost revenues.
 - b. Advocating for increasing the Federal Medical Assistance Percentage (FMAP) to 12% above non-pandemic funding levels.

We very much appreciate your time and service for the citizens of Montana. We would be happy to discuss with you further.

Bill: HB-2: General Appropriations Act 2021-01-21 08:00 AM - (H) JAS on Health and Human Services

Position: Opponent

Representing an Entity/Another Person: Yes

Organization: Circle of Life Home Care

Name: Pamela Garza

Email: Pamela@colhca.net

Phone: (406) 665-4067

City, State: Hardin, MT

Written Statement: Written Statement: Dear Appropriations Subcommittee members, I work with Circle of Life home care, which serves more than 1300 individuals across seven western states, including citizens of Hardin and Lake Deer. We are a personal assistance provider organization, providing in-home care to people with disabilities and the elderly through Montana's Home and Community-Based Waiver program (Medicaid). These individuals are supported in their homes and the community through the effort of long-term service and support (LTSS) caregivers.

I am writing to convey to you the importance of continued funding for these Home and Community-Based Service programs within the Department of Human Services budget for 2021. Throughout the COVID-19 emergency, our agency was successful in maintaining these individuals in their homes, and our continued care ensured that they avoided overburdening hospitals and nursing facilities.

We are counting on you to advocate for the constituents in your districts and for these programs in your role on the Department of Human Services's Appropriations Subcommittee. Without Home and Community-based programs, many of these individuals would end up in costlier settings such as hospitals or nursing facilities. It is important to support these valuable programs, as they are a fraction of costlier institutional alternatives and maintain your constituents where they want to be—in their homes and community.

Not only does our Home Care Agency serve clients, we also provide jobs for caregivers who choose to do this thankless work. The Montana economy will improve faster with greater employment. Our service is doubly important to the state in providing jobs in local communities and in saving Medicaid dollars by avoiding higher cost settings.

There are several ways for you to advocate for your constituents to ensure continued levels of funding for the most vulnerable and these programs in Montana's budget:

- 1) Promote and preserve the maximum amount of funding to Personal Assistance Services in budgets submitted by Montana's Department of Human Services, a. This funding also maximizes federal matching dollars.
- 2) Pursue opportunities for federal dollars to stabilize Montana's budget.
 - a. Redefining more flexibility from CARES Act funds for states to use their existing federal dollars to pay for lost revenues.
 - b. Advocating for increasing the Federal Medical Assistance Percentage (FMAP) to 12% above non-pandemic funding levels.

We very much appreciate your time and service for the citizens of Montana. We would be happy to discuss with you further.

Bill: HB-2: General Appropriations Act 2021-01-21 08:00 AM - (H) JAS on Health and Human Services
Position: Opponent
Representing an Entity/Another Person: No
Organization: N/A
Name: Melissa Richards
Email: richardsm@partnersinhomecare.org
Phone: (406) 327-3611
City, State: Missoula, MT
Written Statement: January 20, 2021

To: Joint Appropriations Subcommittee on Health and Human Services

From: Partners In Home Care, Big Sky Waiver Provider

Thank you for the opportunity to provide this testimony.

Partners in Home Care has been providing Big Sky Waiver services for 35 years. We are currently serving 470 members over three counties in Western Montana and have 91 individuals on our waiting list. This program allows people, who would otherwise be institutionalized, to live in their own home and community.

The Big Sky Waiver Home & Community Based Services Program provides supportive care that allows elderly and physically disabled individuals to remain in a community setting when they otherwise would need institutional care. The elderly populations served by this program are frail, often suffer from multiple chronic diseases (such as heart failure, dementia, or diabetes), and are impoverished. Other beneficiaries have extreme physical disabilities requiring long-term services for routine daily activities such as bathing and eating. These individuals all prefer to remain in their homes and communities rather than receive care in nursing homes or other institutions.

Cuts to the Senior & Long Budget, including Big Sky Waiver Services, would ultimately reduce services that these beneficiaries receive. These service reductions would result in increased risks for institutionalization and/or hospitalization, both of which could end up costing the State considerably more than the savings realized from SLTC budget cuts. For example, cuts to the number of caregiving hours for a frail elderly member could increase this individual's risk for falls, fractures, and lengthy hospitalization. The ultimate result could be long-term nursing home placement. The cost of a single hospitalization could be tens of thousands of dollars. Nursing home care per year expends approximately \$77,000 per year. Alternatively, providing care under the Big Sky Waiver Program averages less than half of that cost -- \$30,000 per year. Any cuts to SLTC could jeopardize a member's ability to remain in the community, with significant detrimental effects to Medicaid costs.

During the COVID-19 crisis, the safest place to receive care was outside of institutional settings. At a time when congregate living and institutional care settings have seen the highest death rates from COVID-19 infections, cuts to the SLTC budget would be devastating to the health and well-being of our seniors and disabled residents of Montana. Now more than ever, we need to preserve community services for our vulnerable senior and disabled populations. I would like to share two examples of how SLTC funds are saving Medicaid funds in the State of Montana:

A current Big Sky Waiver member in his 20s, who grew up, graduated, and worked in a small Montana community. In his early 20s he was in a motor vehicle accident that changed his life. Due to his injuries from the accident he became paraplegic and had to be sent to an out of state hospital for two months. He faced the challenge of being able to return home to his rural community with a disability. He was at great risk to be institutionalized in a nursing home, in his 20s, for the rest of his life. Through the support of the BSW program (caregivers and medical equipment) he was able to return to his rural community. His outlook and quality of life has been greatly improved. His budget is \$13,127/year vs \$77,000 in an institutional setting.

Another current member was initially moved from an assisted living facility in another community in 2013. The cost of his assisted living care was \$26,443. Our program was eventually able to help him move to his own apartment with services and his current cost is \$17,146/yr. Which is savings of almost \$10,000/yr.

Thank you for your time,

Melissa Richards
HCBS Program Manager

Dianne Hansen
CEO

Bill: HB-2: General Appropriations Act 2021-01-22 08:00 AM - (H) JAS on Health and Human Services

Position: Proponent

Representing an Entity/Another Person: Yes

Organization: Behavioral Health Alliance of Montana

Name: Mary Windecker

Email: mwindecker@montanabehavioralhealth.org

Phone: (406) 546-4793

City, State: Missoula

Written Statement: Committee members: many of you are new to this committee and are not aware of the hardships caused by the budget cuts of 2017-2018 to some of Montana's most vulnerable. I'm attaching documents so you can understand how devastating the cuts were to mental health and substance use disorder providers and their clients. With addiction and suicide at all time highs in Montana, we really need to work with you and DPHHS to help streamline the department and not cut again community-based programs.

In summary for our current state: Mental health and substance use treatment providers were just starting to dig out of the very deep hole dug for them by the 2017-2018 budget cuts. Working with DPHHS, the providers had managed to start building sustainable community-based programs again that save the state millions of dollars by keeping people out of high-cost care like hospitals, group homes, out-of-state programs, etc. At the onset of COVID-19, behavioral health providers had no reserves left. The stimulus funding from the state and federal government were essential in keeping our doors open but not in any ability to expand programming. At this point if there are any budget cuts at all to community-based programs, many of the agencies will need to, at best, lay off staff and, at worst, close our doors completely.

Files: DPHHS Cost-Saving Suggestions 2021.pdf Policy Statement - BH in MT.pdf



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

BEHAVIORAL HEALTH ALLIANCE OF MONTANA SUGGESTIONS FOR DPHHS COST SAVINGS
November 16, 2020

The Behavioral Health Alliance of Montana is comprised of 35 adult, children, Tribal and substance use provider agencies across the state of Montana. We believe that by working with the new administration, we can create transformative change across Montana and begin to address the serious mental health and substance use challenges in the state.

The Montana Department of Public Health and Human Services (DPHHS) is considered a mega-department. This is due to the varied and vast services and programs that it administers.¹ As you can see by the organizational chart referenced, there are several different services in a number of different divisions. There are many siloed approaches to regulatory oversight from one division to another and from one program to another even within the same division. There is much duplication of oversight efforts in DPHHS fiscal departments, licensing, facility audits, rules, and manuals. Behavioral Health providers collaborated with the executive and Legislative branches in 1999 to develop a children's system of care that has the child and family as the center and the state provides services in a wraparound model for that child and family. Over the years since then, the children's system of care has been legislatively diluted to the point where it now exists in name only.

The Alliance has identified several ways to create savings in the current system that will allow for investing in a higher quality of care being delivered and saving the state money at the same time.

I. Streamline DPHHS and develop economies of scale:

DPHHS employees are by and large competent and truly work to improve Montanans lives. They are forced to change direction typically every four years with a new Director who generally knows little about healthcare and social services or managing complex funding streams and systems.

Streamlining the department under the leadership of a Director and a few competent DPHHS leaders could save a considerable amount of money. If the Director empowers those experienced leaders to make effective and efficient changes to the system, the system would be vastly improved. For the past several years, Directors have tried to "manage" the varied and complex funding streams, regulations and rules rather than putting competent and experienced DPHHS staff in charge and helping them make the changes that will transform the department. For example, currently Addictive and Mental Disorders Division (AMDD) administers programs for substance use and adult mental illness, Children's Mental Health Bureau administers programs for children's mental health, Children's and Family Services (CFS) administers programs for children and families in the children's welfare systems, and a new division for Early Childhood was developed last year. Our clients are left trying to navigate an incredibly complex siloed system generally while they are in crisis.

Each division has separate fiscal services, auditing, etc. and the lack of economies of scale make absolutely no business sense. The Gianforte DPHHS Transition Taskforce is in an excellent position to put in place some of these economies of scale to reduce the siloes and improve processes. The Behavioral Health Alliance was offered \$50,000 by the Montana Healthcare Foundation to have an



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

objective consultant develop a plan for creating a System of Careⁱⁱ around children's programs. The grant was contingent on DPHHS agreeing to work with the Alliance on this project, and DPHHS declined due of time constraints. Working with providers to help streamline DPHHS could produce enormous savings as this department represents almost half of the state budget annually.

II. Provide deemed status for accredited behavioral health agencies:

Currently, Behavioral Health providers are subjected to multiple state audits annually.

1. There are Surveillance and Utilization Review (SURS) auditsⁱⁱⁱ which are "intended [for] program-integrity activities to recover improper payments when fraud is not suspected."
2. Quality Assurance Audits for:
 - i. certifying healthcare facilities,^{iv}
 - ii. Facility audits,^v
3. Program compliance audits,^{vi} which include program integrity, quality control, surveillance and utilization review (above), and third-party liability audits.

This is by no means an exhaustive list of what providers must undergo. In addition, agencies spend considerable money and staff time on defending against incorrect audit findings. In only one recent case (there have been many), Rimrock was found to have been overpaid \$1.1M on an audit and after compiling six binders full of information and sending staff to Helena to contest the findings, it was found that they had only been overpaid \$8,000. The SURS audits need to be seriously curtailed until they can be done with some assurance of accurate findings.

On the medical side of healthcare, Centers for Medicare/Medicaid (CMS) has allowed hospitals and medical providers who have undergone the expense and time to become accredited by a national organization to receive "deemed" status whereby they no longer have to undergo the exhaustive state audits because they undergo more comprehensive accreditation audits every three years. Considerable amount of money could be saved by the state by allowing deemed status for accredited behavioral health audits as well.

III. Create a uniform assessment tool for children and adults:

Currently, Medicaid requires a new assessment from every provider as a child and family or adult moves through the system. For example, if a child is being discharged from a Psychiatric Residential Treatment Facility (PRTF, e.g., Yellowstone Boys & Girls Ranch), the child has to undergo a new assessment by the outpatient clinician who is taking over the care of the child at home or in a shelter. This increases the time between discharge and outpatient care provided to the child and the state pays for each assessment regardless of time between assessments. The same is true in adult care. Yellowstone Boys & Girls Ranch has done considerable work around trying to reduce this time without care as this is the time the child is at most risk and may require being readmitted to the PRTF. Currently, providers who do not have their agency's assessment in the client's record receive a finding in an audit.

IV. Outsource case management to providers:

Case management is essentially the primary care of behavioral health. Case managers help the client or family navigate a very convoluted system and ensure that comprehensive care is being delivered. In 2017-2018, case management reimbursement was drastically cut, and the provider organizations



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

were decimated. Most case management programs were closed completely, especially those operating in rural areas. A very few agencies continued to do case management at a loss and supplemented the programs with the small reserves they may have had at that time. The cuts to case management were akin to cutting all primary medical care and telling patients to only be seen in the emergency department. Without the community-based care, the state saw a huge increase in the cost of care being provided in emergency departments, Montana State Hospital, inpatient behavioral health settings, etc. In Missoula County alone, people left without support were involuntarily committed at a rate of 30% more in 2018 over 2017. The Alliance has worked with Children's Mental Health Bureau to reestablish a Case Management reimbursement rate that is improved but still not where it was prior to the budget cuts. In addition, case management is provided by state employees in several of the divisions at a much higher cost to the state. We proposed outsourcing all case management to private providers at the current rate being paid for state case management because our case managers can provide case management to double the number of people as a state case manager. It is quite simply what we do best. Let us do it. It will save the state a considerable amount of money and improve the quality of care.

These are just a few of our ideas to get you started. We look forward to working with the Gianforte Administration and offer our expertise and services to improve the care of all Montanans.

Contacts:

Mary Windecker
Executive Director, Behavioral Health Alliance of Montana
406-546-4793
mwindecker@montanabehavioralhealth.org

Jim FitzGerald
CEO, Intermountain
406-439-3050
jim@intermountain.org

Lenette Kosovich
CEO, Rimrock
406-860-7250
lkosovich@rimrock.org

ⁱ <https://dphhs.mt.gov/Portals/85/Documents/DPHHSOrganizationalChart.pdf>

ⁱⁱ

<https://www.childwelfare.gov/topics/management/reform/soc/history/principles/#:~:text=%20Guiding%20Principles%20of%20Systems%20of%20Care%20,organizational%20values%20and%20principles%2C%20as%20well...%20More%20>



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

ⁱⁱⁱ <http://www.mtrules.org/gateway/ShowNoticeFile.asp?TID=7628#:~:text=SURS%20only%20performs%20follow-up%20audits%20of%20a%20provider,activity.%20This%20is%20necessary%20to%20perform%20accurate%20reviews.>

^{iv} <https://dphhs.mt.gov/qad/Certification>

^v <https://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications>

^{vi} <https://dphhs.mt.gov/qad/PC>



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

BEHAVIORAL HEALTH IN MONTANA January 2020

Current State:

1. Montana is number four in the nation for suicides.ⁱ
2. Montana is first in the nation per capita for children placed in foster care, currently with 3,900 children in foster care.ⁱⁱ
3. Native Americans in Montana die one full generation ahead of the rest of the population for both male and female.ⁱⁱⁱ
4. The number of Montana children in foster care has more than doubled since 2011.^{iv}
5. In 2016, 64 percent were removed from the home for reasons related to parental substance use.^v
6. Substance Use Treatment is reimbursed by Medicaid at the lowest rate in the four contiguous states to Montana and those rates have been stagnant for a decade.^{vi}
7. Among Medicaid patients, the percentage of infants with perinatal drug exposure increased from 3.7 percent (2010) to 12.3 percent (2016) and has continued to increase since 2016.^{vii}
8. An estimated 64,000 Montanans have a substance use disorder. There has been a 427% increase in meth violations from 2011-2015. 90% of Montanans with Substance Use Disorder are not receiving treatment.^{viii}

Budget Cuts from 2017 Special Session and Reallocation from July 2018:

The budget cuts from the 2017 special session of the legislature decimated the behavioral health system in Montana. Since that time, multiple behavioral health providers have closed their rural offices and five behavioral health providers have closed their doors completely. The impact across the state to the decimation of prevention programs in behavioral health, such as Home Support Services, Case Management for Adults and Children, Substance Use Assessment Rates, etc., have limited the care available to Montanans.

In addition, the increase of higher paying jobs at community health centers and hospitals, which are reimbursed at substantially higher rates, has limited the number of licensed professionals available to serve the Severely Mentally Ill (SMI) adults and the Severely Emotionally Disabled (SED) children of Montana.

When Home Support Services and children's case management were cut, many families were left without any resources and were unable to keep their kids at home. Too often, these children go into a higher acuity of care such as a psychiatric residential treatment facility (PRTF) or out of state to a home that has an open bed. Both of these options are considerably more costly and less effective care for the child and families.

When adults with SMI lost their case management, counties saw much higher involuntary commitment rates and higher acuity treatment in more expensive facilities such as hospital behavioral health units (average \$2800/day^{ix}) and Montana State Hospital (average \$550/day). In Missoula County alone, there was a 30% increase in voluntary commitments.^x



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

\$49.5M Cuts to DPHHS in January 2018	\$30M Reinstated Funds to DPHHS in July 2018
2.99% cut to all Medicaid Providers	2.99% Reinstated to Medicaid Providers July 2018.
50% cut to Children’s Targeted Case Management	Funding reinstated at \$15.90 per unit for urban counties and 80% of the population. Down from \$19.45/unit.
58% cut to Adult Targeted Case Management	New rules to go into effect on July 1, 2020 with enhanced rates that will provide an Adult Continuum of Care. No new rates for Adult TCM.
Intensive Outpatient SUD Treatment Cuts	New rates implemented July 2019.
SUD Assessment Rate Cuts	No funding reinstated yet.
SUD Outpatient Rates Cuts	No funding reinstated yet.
Children’s Home Support Services Cut	No funding reinstated yet.
Room and Board for Therapeutic Children’s Homes Cut	No funding reinstated yet.
Numerous cuts to Developmentally Disabled Programs	No funding reinstated yet.

Conclusion:

Until the State of Montana provides strong leadership to address the many challenges to the behavioral health and developmentally delayed individuals and their families in Montana, we will continue to be number one in everything that holds us back as a state.

With only a million people in Montana, behavioral health providers with strong state leadership should be able to implement well-known best practices, preventive programs, wrap-around services, and systems of care for both our children and adults. As long as we continue to fund the “status quo” in Montana, we will continue to be one of the lowest ranked states in the nation for the health and well-being of Montanans.

Respectfully submitted, Mary Windecker, Executive Director,
406-546-4793, mwindecker@montanabehavioralhealth.org

ⁱ Centers for Disease Control.
ⁱⁱ MT DPHHS Montana Vital Statistics
ⁱⁱⁱ MT DPHHS Montana Vital Statistics
^{iv} MT DPHHS Montana Vital Statistics
^v MT DPHHS Montana Vital Statistics
^{vi} Rimrock Comparison Spreadsheet 2019
^{vii} MT Health Care Foundation Grant 2016 Wrapped in Hope Project – KRMC, St. Joe’s, THS, St. Luke
^{viii} MT DPHHS Strategic Plan: Interim Draft Report 2017-2019 “Addressing Substance Use Disorder in Montana.”
^{ix} Montana State Hospital website.
^x Missoula County Attorney’s Office – involuntary admission data.

