Montana Health Care Association

# TRANSITION REVIEW COMMITTEE - NURSING HOME AND ASSISTED LIVING FACILITY UPDATE

**December survey: Received information from 25 facilities**

**None had admitted an individual from MSH**

**23 had not been contacted by MSH and 2 had been contacted about possible referrals**

## 1. NEW DEVELOPMENTS:

- The Department has implemented the recommendation related to automatically assigning the Level III Behavioral Add-on to nursing facilities that transition an individual from Montana State Hospital. Effective November 1, 2024 SLTCD will allow authorizations for individuals transitioning from MSH or other state-run institutional settings to be automatically approved for the Level III rates of $225 for a period of 6 months, starting on the date of admission.

- The Department has implemented transition grants to support the discharge of patients from MSH to nursing facilities or community settings. The grants are up to $10,000 per individual per transition from MSH. The grants are to be used for non-recurring expenses such as environmental modifications or specialized medical equipment and staff training specific to the individual's unique care needs.

*Recommendation: We recommend that the Department implement for assisted living something similar to what has been done with the nursing facility add-on. The assisted living behavior management rate should automatically apply to individuals transitioning from MSH.*

*An additional tier for individuals being discharged from MSH to assisted living should be developed.*

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

## 2. BARRIERS TO PLACEMENTS FROM THE STATE HOSPITAL

- **Reimbursement.**
- **Delays in processing Medicaid applications have caused problems in getting paid.** .
- **Pre-placement Visits (PPV)** have been stopped.
- **Discharge.** When there is a crisis, there is no ability to discharge to another setting or back to MSH in a timely manner to protect other residents.
- **Community supports when in crisis.** There needs to be psychiatric support as well as support from the hospital, emergency services, police, etc., in the event there are serious issues.
- **Community supports in general**. General lack of psychiatric, counseling, pharmacy, telemedicine/consultation supports. Follow up care needs to be available.
- **Referral documentation** is not always thorough and may leave out major issues.
- **Nursing home regulations** make it risky to accept individuals with serious behavior issues and people who are on psychotropic medications.

**We made recommendation to this Committee about these issues and the Committee has made recommendations to the Department regarding all or most of these issues.**

## 3. BEHAVIOR ADD-ONS – NURSING HOME

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

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| Level I<br>Minimal Assist-Infrequent Intervention | Behavioral: Low level of care and need for occasional assistance and support in one or more ADLs with conditions that require limited additional assistance. Have a diagnosed health disorder with history of demonstrated disruptive behaviors that occur on an infrequent basis of 1-4 times per week and require staff intervention. | $75.00 |

| | | |
|---|---|---|
| Level II<br>Stand-By Assist-<br>Moderate Intervention or<br>Assistance Care | Behavioral: Moderate level of care with need for more assistance with ADLs compared to Level I. Level of assistance varies depending on resident needs. Have a diagnosed health disorder with history of demonstrated disruptive behaviors that occur on a regular basis of more than 4 times a week. Greater assistance is required to redirect and assure safety of the resident. | $150.00 |
| Level III<br>Total Assist-Direct<br>Intervention and<br>Assistance Care | Behavioral: High level of care and extensive and frequent assistance. Residents with diagnosed severe mental or physical ailments that impact their ability to live independently. May need around-the-clock assistance from multiple caregivers to support them. Assistance needed with administering medications, performing medical treatments, help with all ADLs, and management of daily difficult behavior changes. Intense assistance is required to redirect and assure safety of the resident. | $225.00 |

**We have made recommendations to the Committee related to the add-on process and the Committee has made recommendations to the Department.**

## 4. BEHAVIOR MANAGEMENT RATE – ASSISTED LIVING

Preauthorization process – need to know more about how it will work and the time frame for acting on the request – to avoid delays

The individual must have resided in the facility for at least 30 days – which means this rate would not apply to a new admission from MSH or from home or another facility - unless a facility was willing to admit the resident and provide care at the lower rate and assume the risk that the level 2 rate may not be approved.

The proposed training requirements reduced the training in the original proposal from 16 hours to 8 hours annually for direct care staff and clarified that the training applies to care givers. This is a significant improvement.

Assisted living facilities, especially those with memory care units, are able to provide services to some individuals at MSH who are seeking a community placement. However, the Medicaid rate of $124.75 is woefully inadequate to cover the costs of these individuals. Even the new assisted living behavior rate ($152.51) is inadequate to cover the costs of those with significant behavioral needs.

Thank you for the opportunity to update you on these issues. If you have questions or need additional information, please let us know.

Montana Health Care Association

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