



## Senior and Long-Term Care Provider Rate Workgroup Meeting Minutes

January 25, 2022

9:00 AM (MST) – 10:00 AM (MST)

Zoom Invite Information:

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## Agenda

### 1. Welcome

- Jackie Jandt with DPHHS welcomed attendees to the meeting
- Claire Payne with Guidehouse presented the agenda for the meeting and began facilitating

### 2. Provider Cost and Wage Provider Survey Overview

Guidehouse presented on the Cost and Wage Provider Survey.

- Attendee: I like the hybrid approach.
  - GH: Thank you.

### 3. Provider Cost and Wage Provider Survey Details

Guidehouse presented on the Cost and Wage Provider Survey.

- Attendee: For fundraising grants, we run a number of formula grants and then administer those through fund accounting and they're to those grants provide service, I don't see how to cost that out? 75% of our staff is through formula grants, and out to an unlike activity. How do I tie our FTE to a formula grant because they aren't support staff to the CFT program.
  - GH: These are the revenues we get, the bulk of these revenues we get are related to revenues we get. The difficulty is figuring out how much to allocate?

- Attendee: Correct.
  - GH: We'll have instructions in the manual for how to accomplish this problem.
- Attendee: Won't 2019 be higher in the revenue picture?
  - GH: Yes, you can report the before and after. It gives us an extra data point for those comparisons.
- Attendee: We operate the senior public transportation services, I was going to relate them to our waiver and care giving side of things, am I thinking about that wrong?
  - GH: No. We want to limit the survey in the scope of the services we're looking at.
- Attendee: When we pay employees for training, if we're not getting reimbursed for that, that would be a cost?
  - GH: Yes, that would fall under the program support costs.
- Attendee: Allocations with gas?
  - GH: We can circle back directly on that.
- Attendee: Allocated expenses for waiver programs? We have individuals in our facilities that pay for private pay individuals, but when we're classifying it we don't break it out according to Medicaid vs. private pay individual.
  - GH: We're interested in the costs you're incurring from private pay vs. Medicaid or non-Medicaid that are in scope. Yes, we need an allocation methodology to find those.
- Attendee: For the people that we serve on Medicaid waivers, we receive their room and board through Social Security. For our private pay individuals, we do a flat rate based on service needs. When looking at room and board, do those need to be based on Medicaid vs. private pay?
  - GH: We don't want to exclude private pay in terms of room and board, for most of these services that room and board cost is not reimbursable, which is why we want to identify it.
- Attendee: I work with a lot of assisted livings across the state, very few facilities break costs down like this and I don't keep track of bed days, I don't think this will be well-received if you roll it out this way. We don't prepare cost reports. There isn't a statewide way of reporting numbers. This breakdown won't be available.
  - GH: Are there particular distinctions here that will be troublesome? There's no way to identify room and board?
    - Attendee: Yes.
- Attendee: I have an issue with using 2019 costs, why are we using that year?
  - GH: We're leaning toward a hybrid approach for wages specifically. We are going to be looking at a more recent period compared to 2019, we'll ask for a little more information on wage growth to understand trends.
- Attendee: I have a concern that we're not looking at everything that we maybe should. It goes back again to the assisted living categories, there's a different licensure which is a category A person vs. category B person, and vs. category C person. The rate isn't always the same, no matter what kind of acre we're giving them, and I don't see a way to address that?
  - GH: So, there may be the same rate for a service, even though it would have a very different meaning for somebody who's very high acuity?
    - Attendee: Yes.

- GH: There is no rate distinction that currently acknowledges that difference. Break it out by service, that way there is not a basic distinction in the service itself. Do you have the capability to identify different costs for different levels of care?
    - Attendee: My agency can, yes.
- Attendee: So, if you're doing a bundled service, and not billing individually for each of these different categories, how would you answer that question? Would you pick the various things that are in your bundle?
  - GH: Can you give me an example of where you bill in a bundled way?
- Attendee: Residential Rehabilitation and Prevocational Services and Transportation.
  - GH: You don't bill for those discretely? What do you bill those as? It's an area we can follow up with the Division on bundled vs. unbundled. We'll be attentive to that.
- Attendee: Where is assisted living?
  - GH: We have it in supported living, but we'll double check.
- Attendee: Who would I reach out to follow up with questions?
  - GH: [MT-DPHHS-Rates@guidehouse.com](mailto:MT-DPHHS-Rates@guidehouse.com) or Jackie Jandt with DPHHS directly

#### **4. Training and Technical Assistance**

Guidehouse presented on Training and Technical Assistance. Attendees had no questions or comments on the agenda topic.

#### **5. Timeline and Next Steps**

Guidehouse presented the Timeline and Next Steps. Attendees had no questions or comments on the Agenda Topic.

#### **6. Provider Workgroup Questions and Answers**

Guidehouse opened it up for further questions and answers for attendees. Attendees had no further questions or comments.

#### **7. Public Comment**

Guidehouse provided an opportunity for members from the general public to speak i.e., non-workgroup or steering committee members.

- Public Attendee: My child receives home based private duty nursing services due to a complex medical need. There are many difficulties with nursing needs especially due to the pandemic. Nurses do not see pay raises. Home care and agency nurses do not receive the same pay rates compared to hospitals. Please assess Medicaid reimbursement rates for private duty nursing and request emergency funding increase due to the need.
  - GH: There is significant acknowledgement that costs have changed and in the last several years these services have practitioners who can be retained and

have services pay for competitive compensation to attract a workforce, that is a priority concern and nobody has been shy about where that issue lands.

- Public Attendee: Director of Rehab in Wyoming, hiring home health nurses is difficult in a good economy. Our home-based nurses are paid a competitive wage compared to the hospitals and have received raises in 2021 and 2022.
  - GH: We hope to be collecting relevant details for nursing and all services.

## **8. Adjournment @ 1:00 PM (MST)**

**Meeting Contact:** Jackie Jandt, Medicaid Reform Initiative Specialist,  
Email: [jjandt@mt.gov](mailto:jjandt@mt.gov)  
Phone: (406) 444-9656