

MEETING MINUTES
HUMAN SERVICES SUBCOMMITTEE
FEBRUARY 16, 1987

The meeting of the human services subcommittee was called to order at 8:07 a.m. on February 16, 1987 in room 108 of the state capitol building by Chairman Cal Winslow.

ROLL CALL: All members were present.

HB 217 - AN ACT APPROPRIATING MONEY TO THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES FOR IN HOME SERVICES.

Rep Kelly Addy, District 94, Billings, introduced the bill by relating the need for this type of services versus the cost of convalescent care.

PROPOSERS

(42a:428) Mary Munger, Registered Nurse, presented her prepared text (exhibit 1) in support of HB 217. She stated research is proving what some people have known intuitively, that helping people remain as independent as possible and involving them in making decisions about themselves, lessens their dependency on others including the health care system. She explained that 34.8% of individuals aged 85 and older require assistance; with the projection that older adults will constitute 20% of the population by the year 2030. The number of adults over the age of 85 years is also increasing at six (6) times the rate of the general population, the largest growing segment of the population.

(42a:525) Joe Upshaw, American Association of Retired Persons (AARP), read his prepared testimony representing AARP and the priorities for People (PFP) process (exhibit 2). He stated that this is the only bill that the two (2) groups favor that has a fiscal note, but that in the long run this legislation will prove to be a savings. He stated the in-home care services that could be provided with this money will keep the prospective long term health care patient in his own home rather than in the very expensive institution, with the additional benefit of having the individual being able to retain the independence and dignity of living in his own home and his customary environment. He closed by asking that HB 217 be given favorable consideration.

(42a:596) Elmer Hausken, AARP Lobbyist, briefly spoke in support of HB 217 representing the 80,000 members of AARP residing in Montana (exhibit 3).

HUMAN SERVICES SUBCOMMITTEE

FEBRUARY 16, 1987

PAGE 2

(42a:616) Agnes Crow, director of the Senior Helping Hands Program in Billings, described the services provided by this organization, and a client profile of the individuals served through this program (exhibit 5). Her testimony was accompanied with letters of support from staff and clients, part of exhibit 5.

(42b:014) Pearl Bruno, Area Agency on Aging Director's Association, presented statistics in support of HB 217. She stated 80% of the care that is given to infirmed elderly is coming from family members, 60% of that care is by spouse, people whose average age is over 50; 30% of the partners are disabled or over the age of 74; 30% to 40% of the care givers are working on a full time basis with the people they are serving. She stated there are many invisible costs that are never calculated to these families: costs of home modification, rented equipment not covered by other health care insurance, special food, and heating bills. The most important relief to this population in giving care to infirmed family members is respite. Another part of the elder population, those living alone, comprise 30% of the elderly population, mostly 80 years or older, female, and have lived alone for ten (10) years or more. Of this population, 25% are below the poverty level and in poor health, 21% have medicare only, 92% have Social Security as their only income and 40% were fearful of health problems, financial problems and dependency on someone else. She concluded by stating policies are needed that affect families, and supports this legislation as a step in that direction.

Other Proponents: Bob Brown, Legacy Legislature, Jim Smith, PFP.

(42b:155) Rep Addy then presented his closing remarks. He stated two (2) questions come up at this time: Can we afford \$500,000 for in home services, and if we don't - Where are we going to find the \$14.5 million to provide institutional care for the same segment of the population.

(42b:172) Bob Barthalemew, Community Services, SRS, in response to a question from Sen Himsl, stated this funding is a program enhancement to the SRS Area Agencies on Aging, and part of the local community programs.

HB 635 - AN ACT TO ALLOW THE DEPARTMENT OF SRS TO MAINTAIN POSITIVE CASH BALANCES IN THE FEDERAL SPECIAL REVENUE FUND BY BORROWING FROM THE GENERAL FUND WHEN FEDERAL MATCHING FUNDS ARE NOT YET RECEIVED.

Rep Bruce Simons, House district 91, Billings, introduced his legislation and its purpose.

Pat Godbout, administrator of Centralized Services, SRS further described this legislation. She stated this bill was the result of the last legislative audit that indicated that the department had a loan of about \$1.7 million from the general fund that had been used to pay county bills and was carried over the end of the fiscal year. She explained the department pays the paychecks for all the county staff, and the counties are billed and pay the state back. Payments from the counties are sometimes slow in returning to the state, causing a lapse and payments not received until after the closing of the fiscal year. The federal government has a delay of draw, which means that when the state writes checks, the federal government waits ten (10) days to send the state the money. The state ends up with unauthorized loans from the poor fund, and the legislative auditor suggested that legislation be introduced to correct this problem. The legislation is restrictive and limited, and basically asks to carry loans along until the department has collected all the county funds.

(42b:252) Rep Simon stated this is strictly an accounting problem within SRS that came up through the audit committee, and the legislation was introduced to rectify the problem.

EXECUTIVE ACTION

DEPARTMENT OF SOCIAL AND REHABILITATIVE SERVICES (DSRS)

Vocational Rehabilitation

(42b:303) Sen Manning made a motion to adjust the Vocational Rehabilitation modified request for General Rehabilitation Services from \$671,674 for 1989 to \$820,714.

A voice vote was taken and the motion PASSED unanimously.

Disability Determination Bureau

Personal Services

Sen Hims1 made a motion to accept the executive FTE level of 44.13 for the biennium.

A voice vote was taken and the motion PASSED unanimously.

Sen Hims1 made a motion to accept the LFA of \$1,216,174 for 1988 and \$1,220,214 for 1989 for personal services, adjusted.

A voice vote was taken and the motion PASSED unanimously.

Operating Expenses

(42b:346) Sen Manning made a motion to accept the executive of \$1,075,751 for 1988 and \$1,075,397 for 1989.

A voice vote was taken and the motion PASSED unanimously.

Equipment

Sen Manning made a motion to accept the executive of \$16,816 for 1988 and \$6,435 for 1989.

A voice vote was taken and the motion PASSED unanimously.

Grants

(42b:408) Sen Manning made a motion to accept the executive of \$75,891 for 1988 and \$75,891 for 1989.

A voice vote was taken and the motion PASSED unanimously.

In response to a question from Sen Hims1, Peter Blouke noted that this grant funding could not be transferred, only carried over to another fiscal year or revert to the federal government.

(42b:472) Peter Blouke, LFA, stated historically the legislature has set the AFDC payment level as a percent of the Federal Poverty Index (FPI). At the current level the average payment would translate into 44% of the FPI in 1988 and 42% of the FPI in 1989 due to the inflation in the poverty index and the freeze of the payment level. Mr Blouke covered the additional cost to the general fund if the committee were to adopt a different percentage of the FPI in establishing AFDC payments (exhibit 8).

(42b:503) Chairman Winslow noted the freeze translated into a substantial cut, from 47% from two (2) years ago to 44% and 42% for the next biennium. He stated his intent, as a part of the reduction in general fund cuts for the general assistance program, would be to shift funds saved from previous action into this area, recognizing that if the legislation does not pass, and the money is not available, that it would have to be removed at a later date. He stated his concern was that the problem be recognized and an attempt be made to increase benefits in consideration of past legislative decisions in Montana and elsewhere.

EXECUTIVE ACTION

(43a:000) Sen Manning made a motion to set the AFDC benefit level at 47% of the Federal Poverty Index for the biennium, an additional \$1,887,492 of general funding, adjusted for the county assumption figures, total additional funding of \$2,019,922 for 1988, and \$4,746,692 for 1989.

A voice vote was taken and the motion PASSED, with Rep Switzer voting no, and Sen Manning absent.

(43a:073) Chairman Winslow introduced his proposal of New Horizons (exhibit 10), a pilot program directed at long term (over nine (9) months) AFDC individuals, with an incentive pool of revenue generated from the divorce filing fees to displaced homemaker programs placing these individuals in gainful employment. A \$350 cash bonus would be awarded to the program for each AFDC eligible client completing a training program and obtaining gainful employment for six (6) months. Another \$350 bonus would be given after the completion of one (1) year of gainful employment. The individual would receive six (6) months of assistance in the form of day care and health coverage (or until additional insurance is obtained, pending authorization of a waiver for such a program). He noted that it appears that for every dollar invested in the program, \$14 could be saved.

Dave Lewis, DSRS, stated Project Pride is being implemented in the Billings area this spring, and is basically the same type of program aimed at AFDC clients.

Peter Blouke briefly described the Non Resident General Assistance program, and gave the committee copies of the draft legislation (exhibit 8) prepared by the department at the committee's request. The legislation states (SEC 1, line 3) medical assistance for nonresidents of this state will not be provided. The intent of the appropriation under this legislation would be to provide basic transient assistance for a short period of time.

(43a:211) Dave Lewis, DSRS, noted two (2) problems with this proposal: the hospitals will serve these individuals, and if the county or state cannot be billed, they will absorb these costs into other hospital rates; and if the individual makes declaration that they intend to become a resident of the state, they would then be covered under the regular general assistance program.

After discussion, it was noted that the amended language would repeal transient assistance as an entitlement.

Section 1 line 4 was amended to read as follows: Non state assumed counties may adopt a plan of temporary assistance.
~~not-inconsistent-with-this-section~~

EXECUTIVE ACTION

(43a:308) Rep Switzer made a motion to accept the draft legislation for an appropriation bill, to be redrafted with the amendment of section 1, line 4.

A voice vote was taken and the motion PASSED unanimously, with Rep Bradley absent.

Chairman Winslow noted that if the legislation passes for the state assumption, \$100,000 could be removed for legal services to move people to SSI from the AFDC program, as this would be a county responsibility.

(43a:391) Sen Manning resumed the meeting in the absence of Rep Winslow.

(43a:407) Peter Blouke presented an overview of the medical assistance program, including long term care workers, operating expenses, Consultec and the MMIS system. The contract for the payment system will be under negotiation, and the department is requesting \$200,000 a month for the operation of this system for the biennium.

(43a:481) Lee Tickell, Economic Assistance, SRS, then briefly recapped previous testimony on the payment system, currently under contract with Consultec, and Consultec's responsibility under that contract. He stated there was no assurance that the monthly operational cost would be less than \$200,000.

(43a:622) Dave Lewis, DSRS, added that Consultec had bought in on the front end of the system, and are now in a good position to continue to operate the system; and for another company to bid to take the system over would be cost prohibitive. The department has contemplated running the system in house through the Department of Administration, which is an option; but stated he had some misgivings about the state's ability to attract and hold the kind of high quality systems analysts that is needed to run a system like this.

In response to a question from Rep Switzer, Dave Lewis stated Consultec has an edge in the fact that their installation is established, their equipment and personnel (30 employees) are in place; where another company would have to develop the installation from the ground up.

The meeting was adjourned at 10:10 (43a:724).



Cal Winslow, Chairman

HUMAN SERVICES SUB COMMITTEE

Date _____

Feb. 16, 1987

CS-30

EXHIBIT 1
DATE 2-16-87
RE

February 14, 1987

Testimony of Mary D. Munger in support of H.B. 217
Appropriations sub committee 2/16/87 8:00 a.m.

Mr. Chairman, members of the Committee, my name is Mary Munger and I am here this morning to offer personal testimony in support of H.B. 217. My background as a registered nurse with advanced study in community health nursing offers the opportunity to follow trends and issues in the delivery of health care. With the cost of health care as a major issue in this state and country it is important to look at financing ^{in-home} services which not only could improve the quality of life for many of our older citizens and their families but could reduce the long term cost of care. Compare the cost of maintaining people at home to the cost of nursing home care to determine the amount of money saved and then add to that the value of helping people remain as independent as possible.

More and more research is proving, what some people have known intuitively, that helping people remain as independent as possible, and involving them in making decisions about themselves, lessens their dependency on others including the health care system. This is the goal of gerontological nursing and should be the goal of in-home services of any kind. By providing support services to individuals at home, or to family members who are most apt to be assisting their aging spouses or parents, you at least offer older people more control over their lives which keeps them more alert, oriented, and hopefully, better able to cope with the limitations that too often accompany the aging process.

EXHIBIT 1
data to 2-16-87
DATE

A recent article from a nursing journal provides use in making decisions about legislation like H.B. 217. A

definition of long term care is provided as follows: "Long term care is comprehensive, coordinated health and supportive services (physical, psychologic, spiritual, social, economic) provided in a variety of settings to individuals with chronically impaired function in order to attain, maintain and/or regain health and optimal function." As you can see in-home services are only one type of service that would fit into this definition, but are an essential part of a comprehensive package.

Quoting further from the article: " There is a need to improve all aspects of long term care for individuals of all ages but particularly for older adults who are the fastest growing segment of the population. Maintaining and/or regaining the ability to perform everyday activities is a key concept in long-term care. As adults become older, there is an exponential increase in need for assistance with at least one activity of daily living. While only .5 percent of the population requires assistance at ages 18-44, this increases to 34.8 percent by the age of 85 years and older. The increasing risk of dysfunction with age and the need for long term care are coupled with the projection that older adults will constitute 20 percent of the population by the year 2030. The number of adults over the age of 85 years is also increasing at 6 times the rate of the general population; the "old old" are the largest growing segment of the population.

Currently only 20% of the aged in need of long term care use services such as home health care or nursing homes; 60 to 80 percent of long term care is provided in the home by family care givers, referred to as informal long term care. However, it is projected that this major pool of care givers, usually wives and daughters, will diminish in the future as a result of the

decline in birth rates and because of the greater numbers of women in the work force. Older adults may also outlive their children, or their elderly children may be impaired. This decrease in the number of family care givers occurs concurrently

2-16-87

with the increase in the number of older adults requiring care." (1)

Money spent today to establish systems for providing in-home services for our older citizens could save us money in the long run to say nothing of what it could mean to the people receiving the services. I urge your support for H.B. 217.

(1) Engle, V. " Bridging the Research Gap Between Acute and Long Term Care of Older Adults", IMAGE, Volume 18, number 4, Winter-1986.

Testimony *Joe Upshaw*
MR CHAIRMAN, MEMBERS OF THE COMMITTEE.

FOR THE RECORD, I AM JOE UPSHAW OF HELENA REPRESENTING THE AMERICAN ASSOCIATION OF RETIRED PERSONS IN MONTANA. I also worked with priorities for people AS A REPRESENTATIVE OF THE RETIRED AND AGING COMMUNITY. ONE THING WAS PREDOMINATE IN THE PRE SESSION DELIBERATIONS OF BOTH THE AARP AND THE PFP, ^{IT} THAT BEING THE FACT THAT LACK OF MONEY WOULD BE THE PRIME CONSIDERATION AT ALL TIMES. CONSEQUENTLY, WE AGREED THAT WE WOULD COOPERATE IN EVERY WAY ~~POSSIBLE~~ TO REDUCE COSTS WHEREVER POSSIBLE --AND TO ASK FOR ADDITIONAL FUNDS ONLY WHERE WE DEEMED IT TO BE VITALLY NECESSARY. YOU NO DOUBT HAVE NOTICED THAT WE HAVE BEEN QUITE VISIBLE IN OUR EFFORTS TO HAVE LEGISLATION ENACTED THAT WE FELT NECESSARY FOR THE GOOD OF THE RETIRED AND AGING, BUT LEGISLATION THAT DID NOT COST ONE CENT. THIS IS THE ONLY BILL THAT WE ARE APPEARING IN FAVOR OF THAT DOES COST AND WE WILL ADMIT THAT A HALF MILLION IS NOT PEANUTS. THERE IS NO DOUBT IN OUR MINDS THAT HOUSE BILL 217 WILL BE A SAVING IN THE LONG RUN. THE "IN HOME CARE SERVICES" THAT COULD BE PROVIDED BY THIS MONEY WILL KEEP THE PROSPECTIVE LONG TERM HEALTH CARE PATIENT IN HIS OWN HOME RATHER THAN IN THE VERY EXPENSIVE INSTITUTION. THIS WOULD RESULT IN A TREMENDOUS SAVING. Additionally, A FAR GREATER BENEFIT WOULD ALSO OCCUR - THE PERSON INVOLVED WOULD RETAIN THE INDEPENDENCE AND DIGNITY OF LIVING IN HIS OWN HOME AND HIS CUSTOMARY ENVIRONMENT.

MEMBERS OF THE COMMITTEE, WE ARE NOT SPEAKING OF JUST A FEW OLD GEEZERS _ WE ARE TALKING ABOUT THE 5PERCENT OF OUR ^{elderly (over 65)} POPULATION NOW IN NURSING HOMES AND THE GREATER PERCENTAGE AS THE YEARS PASS. IN 1980, THERE WERE 1.2 MILLION PERSONS ^{over the age 65} IN NURSING HOMES AND THE LATEST ESTIMATES PREDICT THAT THIS NUMBER WILL ^{THE} SURPASS THE 4 MILLION MARK SHORTLY AFTER THE TURN OF THE CENTURY. JUST IMAGINE THE STAGGERING COST INVOLVED- BETTER YET - I ASK YOU TO THINK OF THE MONEY THAT COULD BE SAVED IF ONLY 10 PERCENT OF THESE PEOPLE COULD BE KEPT IN THEIR OWN HOMES WITH A RELATIVELY SMALL OUTLAY FOR IN HOME HEALTH CARE SERVICES.

2
2.16.87

DURING THE PAST FEW DAYS, WE HAVE BEEN INFORMED THAT THE SO CALLED "BOWEN PLAN" RELATING TO CATASTROPHIC CARE WILL BECOME A REALITY IN THE NEAR FUTURE. THERE IS WIDESPREAD THOUGHT THAT THIS PLAN THAT THE PRESIDENT ANNOUNCED WILL PROVIDE INSURANCE COVERING LONG TERM NURSING HOME CARE. ON THE CONTRARY, THIS ACT WILL, FOR A MONTHLY OUTLAY OF \$4.92, COVER THE INSURED AGAINST BILLS INCURRED FOR CERTAIN HIGH COST ILLNESSES WITH CERTAIN LIMITATIONS, AND DOES NOT COVER THE NURSING HOME CARE THAT WE ARE CONCERNED WITH HERE.

IN CLOSING, I ASK THAT YOU GIVE FAVORABLE CONSIDERATION TO HB 217.

WITNESS STATEMENT

EXHIBIT 3

DATE 2.16.87

HB

NAME ELMER HAUSKEN BILL NO. 217
ADDRESS 1400 HIGHLAND, HELENA DATE 16 FEB 87
WHOM DO YOU REPRESENT? AARP
SUPPORT X OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: I AM A VOLUNTEER, UNPAID, REGISTERED
LOBBYIST FOR THE AMERICAN ASSOCIATION OF RETIRED PERSONS,
REPRESENTING THE 80,000 MEMBERS OF AARP RESIDING IN
MONTANA, IN SUPPORT OF EXTENDED HOME HEALTH CARE
IT IS FAR MORE ECONOMICAL TO CARE FOR PEOPLE
IN THEIR HOME IF POSSIBLE THAN TO PAY FOR REST HOME
COSTS. PEOPLE LIVE LONGER UNDER THIS CARE, TOO.

Elmer Hausken
AARP

HB 217

Mr. Chairman and committee members. My name is Helen McKnight and I'm speaking on behalf of the Montana Senior Citizen Association, an organization representing over 7,000 seniors. I am here today in support of House Bill 217, the appropriation of \$500,000 dollars for in-home services.

The ability to live in one's own home and community and to remain independent is of paramount importance to the majority of senior citizens. However, because many may need help with homemaking functions, taking care of their personal needs or because they are plagued by chronic illness or disability, the independence

NB 217, pg. 2

of these seniors may be severely jeopardized if they are without access to in-home services. For this reason we join with other senior groups in urging you to support House Bill 217. Help seniors retain their dignity, their independence and their quality of life. Thank you.



Senior Helping Hands Program
1031 Calhoun Lane
Billings, Montana 59101
(406) 259 3111

5
2.16.87

My name is Agnes Crow from Billings, I am the Director of the Senior Helping Hands Program that is currently providing services to the frail elderly with State In Home Funding in , Carbon, Stillwater Golden Valley and Yellowstone Counties. I am here to urge you to pass H. B. 217 a very cost effective use of our Tax Dollars. This fund helps the fastest growing segment of our population the elderly over 75.

I would like to tell you of a client Mrs. Smith a client that does receive these services Mrs Smith is 85 she is nearly blind, has severe crippling arthritis, has a heart problem, is a widow, and has no children or other family in the State. Because of her vision she no longer can drive. We help this lady with her Light house cleaning, her laundry, change her bed linens, aide her with her correspondence and take her for groceries and medications. this averages two(2) hours a week. We also make sure she gets help with her small yard and with the snow when needed.

Mrs Smith is only one of the 306 different elderly we have served since the 1st of July, 1986. these clients are in Bridger, Joliet, Red Lodge, Custer, Columbus, Abscon, Laurel and Billings. In this 7 month period this service has cost the tax payers \$21,348 or \$5.68 an hour. If only 25% of these elderly *were in nursing homes* (71) it would cost the tax payers average \$11.00 a day per person or for the 7 months for the 71 clients the cost would be \$824,670.00 of tax payers dollars. These are the reasons I am urging you to pass H. B. 217.

The last thought I would like to leave you with is remember that these elderly built our state and the aide to help them stay independent in their own homes is a small thing to do for them.

This In Home service also provides employment in the State.

JAN. 14 - '87

To Helping Hands,
Wellaustone Co. Home,
Noblesville Care Program.

I have had the Helping
Hands come to my home for
the last three months.

Just once a week since
I was released from the
hospital, a dear hard, ~~working~~
woman, who can accomplish
more in a few hours than
anyone can imagine!

I do appreciate all
the program means to those
who need help in their home.
We hope the Legislature
will approve to continue the

Program. Thanks You,
Margaret Brance - 1046 Yale Ave
East 455th. Billings Mt. 59102

Dear Mrs Brow

Through your Helping Hands
Program I have been receiving
much on wheels and light
has been changing - due to
a Total Hip Top Joint Replacement
these services were a God send
to me - very helpful, courteous
and positive people. I could
not have gotten along alone
without them. Thank you
very much.

Sincerely
Louise R. Peterson

Recd
Nov 7-86

Senior Helping Hand Program.

Concern

So whom it may concern the

I am writing to comment on

Senior Helping Hand Program

have been receiving

the services we have been

in our home.

My husband, who is a paraplegic

and a stroke person requires special

Care. The help is well trained, can depend

on these people from the house for

and a stroke person requires special

Care. The help is well trained, can depend

on these people from the house for

and a stroke person requires special

Care. The help is well trained, can depend

on these people from the house for

and a stroke person requires special

Care. The help is well trained, can depend

on these people from the house for

and a stroke person requires special

Care. The help is well trained, can depend

Mrs Agnes Crowe-
1031 Calhoun
Billings, MT.

Dear Mrs Crowe:

I've seen on T.V. that you
are having trouble keeping the
organization going that has helped
me so much these last few years.

It would be such a great loss
to me to lose the help I'm inure
your organization like me.

there are many more and one
with the help you send me
I can stay in my apartment at
833 Ave G but without that help
I don't know what I'll do. I am
I hope things improve & stay here.

I hope things improve & stay here.
I hope things improve & stay here.
I hope things improve & stay here.

I hope things improve & stay here.
I hope things improve & stay here.
I hope things improve & stay here.

I hope things improve & stay here.
I hope things improve & stay here.
I hope things improve & stay here.

I hope things improve & stay here.
I hope things improve & stay here.
I hope things improve & stay here.

I hope things improve & stay here.
I hope things improve & stay here.
I hope things improve & stay here.

I hope things improve & stay here.
I hope things improve & stay here.
I hope things improve & stay here.

Sincerely Scott

Margaret D- #113
833 Ave

Very grateful

Margaret D- #113

2142
Exp. 59102

To whom it may concern,

I have worked for Senior Help
Hands for five years. I help the
Elderly with their personal care, in
in and out of bath tub, bed bath,
shampoo - set, shave and many
other seemingly small tasks that are
impossible for them to do. This
service is very important to these
people. It enables them to remain
in their home, and very importantly
remain clean. Many of these
elderly cannot get in or out of
the bath tub alone. With me there
to assist them, they have no fear
of falling and breaking a bone
or other serious injuries. Without
this type of service many of
my elderly people would be forced
into a nursing home. They would
lose their independence and whatever
savings they have managed to save.
It (Independence) is very important
as I'm sure you can agree. I
hope as you and I become aged
the government will have the good
insight to understand this and
see these types of programs are
kept going.

Sincerely, Sheila Seery
Home Health Aide
Billings Mont

To whom it may concern:

I am an employee of the Senior Helping Hand Program. I see first hand the need for this service. Most of the people I help are in their 70's + 80's. I clean their bathrooms vacuum dust clean their kitchens, I do their dishes if needed, I clean their stoves and refrigerators. Some I do their laundry. Two of my ladies cannot see the dials on the washers or dryer. They also do not have the strength to turn the dials even if they could see. One lady is nearly blind and gets terrible headaches if she bends over very much. Another lady is blind enough so she cannot see the programs on TV but listens to her game shows. Most of them are very independent and with our help can stay in their own homes or apartments. Go out when they want to, do what they want to and be independent. None of them want

to go to a nursing home at Foster
home where independence is lost

This program also gave me
a chance for employment. I
looked for work for two years
after the place I worked for
15 years closed because ~~the~~
Government funding was cut.
I'm 60 yrs. old and on my own.
It has given me the opportunity
to work and keep my own home.
And I hope I have helped
the people I work with to stay
in their home a little longer.

Barbara Shank.

SENIOR HELPING HANDS PROGRAM INC.

Provides Home Assistance for Senior Citizens

PURPOSE

Provide assistance to senior citizens who need help to remain independent in their homes.

ELIGIBILITY

- * At least 60 years of age
- * Limited Income
- * Not eligible for Public Assistance

PROGRAM FUNDING

- Donations from those receiving services
- Memorials and contributions from the community
- Yellowstone County Council on Aging
- United Way
- State of Montana
- Revenue Sharing from:
Billings
Laurel

For More Information Contact:
SENIOR HELPING HANDS PROGRAM

Agnes Crow, Director
Phone (406) 259-3111
Hours: 8 A.M. to 5 P.M.
Monday - Friday

1031 Calhoun Lane
Billings, Montana 59101
(406) 259-3111

SERVICES PROVIDED BY SENIOR HELPING HANDS

HOMEMAKER

- Light Housekeeping
- Grocery/Medication Shopping
- Personal Laundry
- Mending
- Meal Preparation
- Correspondence
- Patient Sitting

HOMEMAKER - HOME HEALTH AIDE*

- Personal Care
- Bathing
- Skin and Fingernail Care
- Hair Care

- Homemaker - Home Health Aide
- * Services Available in the Following
Counties:

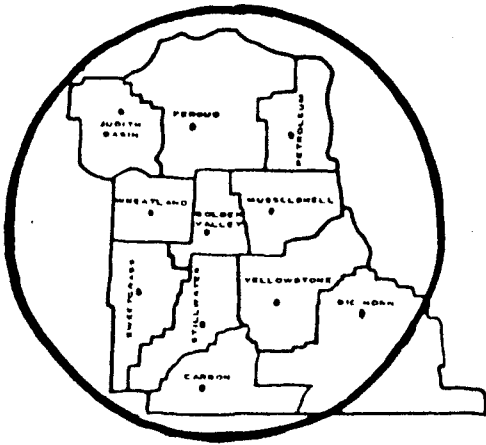
Carbon
Golden Valley
Musselshell
Stillwater
Sweetgrass
Yellowstone

CHORE SERVICE

- Lawn/Yard Care
- Snow Removal
- Change Storm Windows
and Screens
- Simple Repairs
- Wash Windows
- Heavy Housecleaning
- Kitchen and Bathroom Walls

- * Works Under Supervision of the
Visiting Nurse Service.

EXHIBIT 6
2-16-87



AREA AGENCY ON AGING MONTANA - AREA II

2031 HEWITT DRIVE
BILLINGS, MONTANA 59102
PHONE (406) 656-6746

February 12, 1987

Representative Kelly Addy
Capitol Station
Helena, Montana 59620

Dear Representative Addy:

I am very pleased to see that you are sponsoring HB-217 which is requesting an additional \$500,000 in support of the in-home services program for the elderly. The present level of funding for this program is a little over \$550,000 for the bi-ennium which is totally inadequate to provide the needs for such services as; homemaker, home health, home repairs, home chores, respite care, transportation, visiting, shopping, meals on wheels, etc.

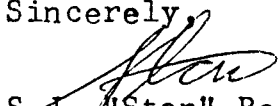
The demands for these services continues to increase because of; increase in population of 60 years of age & older, dramatic increase for health care especially those advance age 75 years and older, need for home care because of DRGs', decrease in availability of informal support groups, such as children, friends, or family members living away, reduction in home attendant staff at the county level and the availability of services in rural communities.

This program is no doubt one of the most cost effective programs. It should be considered an investment rather than an expense since it is a proven fact that this program helps to either keep people out of nursing home or delay their admission. If not for this program the admissions to nursing homes would be much greater and the states portion of medicaid payments would also be greatly increased.

Kelly, the need for additional funds for this program has been given a high priority support by the Legacy Legislature, Montana Senior Citizens Association, SRS Priority for People, Area Agencies on Aging and the Governor's Advisory Council on Aging. I recognize that the state budget situation doesn't look good, however this request should be looked at as an investment rather than expense.

God Bless.

Sincerely,


S. J. "Stan" Rogers
Area II, Senior Citizens
Advocate

2-16-87

COMPARISON OF HOME SERVICES

	Home and Community Services (Medicaid Waiver)	Personal Care - Medicaid SRS-EA Medicaid Bureau	Medicaid Home Health SRS-EA Medicaid Bureau	In-Home Services SRS Community Services Division	County-Homemaker/ Home Attendant Services SRS Community Services Division
Program Administration	SRS-EA Medicaid Bureau contracts with 9 case management teams to provide services in 23 counties	SRS-EA Medicaid Bureau contracts with West Mont for statewide personal care services	SRS-EA Medicaid Bureau contracts with 30 licensed home health agencies which are Medicare certified	State Unit on Aging contracts with the eleven (11) Area Agencies on Aging (The Aging Network). The Area Agencies contract with programs in local communities.	supervises 30.4 FTE's located in County Human Service Offices throughout the State
Funding	67% federal funds 33% state general fund	67% federal funds 33% state general fund	67% federal funds 33% state general fund	100% state general funds (enhances services funded under the Older American's Act).	100% general fund - assumed counties 87.5% general fund/12.5% county - non-assumed counties
Program Requirements	Must meet Medicaid financial eligibility requirements Must meet nursing home level of care Services must be prescribed by physician Recipient must be age 65 or over, or certified as disabled by the Social Security Administration Must reside in approved counties Plan of care required All services must cost less than cost of nursing home	Must meet Medicaid financial eligibility requirement Services must be prescribed by physician and supervised by registered nurse No age limit Statewide coverage Plan of care required Services must cost less than cost of nursing home Limit of 56 hours per week	Must meet Medicaid financial eligibility requirement Must be homebound and require skilled nursing care that is provided on a part-time or intermittent basis Services must be prescribed by physician and reviewed every 60 days No age limit Statewide coverage Plan of care required Services limited to maximum of 200 visits per recipient per fiscal year Prior authorization required for services over \$400/month	Services provided without regard to income The "at risk" elderly population that meet some or all of the following characteristics: Advanced age (75 and older) Living alone Lacking transportation Moderate to low income One or more chronic diseases that cause some limitation in the performance of daily living activities Social Restorative Services: Being a friend to client, reading or writing letter, etc. Teaching Services: Hair care or personal hygiene, how to prepare meals, maintaining homes.	Individuals must be receiving Adult or Child Protective Services. Attendants provide: Household Management Services: Meal preparation, shopping, management of finances, light housework, care of clothing, locating new housing. Health Support Services: Medical transportation, supervising self-administered medication, follow medical instructions like diets, personal care activities (only by trained home attendants). Social Restorative Services: Being a friend to client, reading or writing letter, etc. Teaching Services: Hair care or personal hygiene, how to prepare meals, maintaining homes.
Covered Services and Reimbursement Rates	Case management \$4.27/day Personal care \$5.25/hour Homemaker Avg \$5.60/hour Env. Mod Per job Medical Alert Approx \$15/mo Social Transp 21c mile Respite Average \$45 daily rate or \$4.75 hourly rate	Help with activities of daily living, such as bathing, hair/skin care, ambulation, self-administered medications, dressing, feeding, toileting. Meal preparation, home management and escort. \$5.25 per hour.	Skilled nursing services as defined in Nurse Practice Act Speech therapy Occupational therapy Physical therapy Home health aide services if in conjunction with one of above skilled services Medical supplies and equipment Reimbursement varies by provider. Average indexed rate for skilled nursing visit is \$40.34 and health aide is \$24.41.	Homemaker home-chore, personal care, medical alert, home health agency services and medically related transportation FY86 SERVED 8,027 older persons, 53,697 units of in-home services or \$57.25 per unit or \$35.25 per recipient.	Homemaker home-chore, personal care, medical alert, home health agency services and medically related transportation FY86 SERVED 8,027 older persons, 53,697 units of in-home services or \$57.25 per unit or \$35.25 per recipient.

13-Feb-87

EXHIBIT 8

DATE 2-16-87

HS

Assistance Payments

AID TO FAMILIES WITH DEPENDENT CHILDREN

Adjustment to payment level as a function of poverty index
Additional funds: ()

	Fiscal 1988	Fiscal 1989	Biennium
100%			
Federal Funds	(\$35,158,521)	(\$42,933,770)	(\$78,092,291)
County Funds	(\$954,091)	(\$1,059,421)	(\$2,013,512)
General Funds	(\$14,908,315)	(\$16,545,120)	(\$31,453,435)
Total Funds	(\$51,020,927)	(\$60,538,311)	(\$111,559,238)

50%			
Federal Funds	(\$3,303,245)	(\$5,652,290)	(\$8,955,535)
County Funds	(\$89,640)	(\$139,474)	(\$229,114)
General Funds	(\$1,400,679)	(\$2,178,187)	(\$3,578,867)
Total Funds	(\$4,793,564)	(\$7,969,952)	(\$12,763,516)

47%			
Federal Funds	(\$1,391,929)	(\$3,366,354)	(\$4,758,283)
County Funds	(\$37,773)	(\$83,067)	(\$120,840)
General Funds	(\$590,221)	(\$1,297,271)	(\$1,887,492)
Total Funds	(\$2,019,922)	(\$4,746,692)	(\$6,766,615)

46%			
Federal Funds	(\$754,823)	(\$2,621,768)	(\$3,376,591)
County Funds	(\$20,484)	(\$64,694)	(\$85,178)
General Funds	(\$320,069)	(\$1,010,334)	(\$1,330,403)
Total Funds	(\$1,095,375)	(\$3,696,797)	(\$4,792,172)

Assistance Payments

AID TO FAMILIES WITH DEPENDENT CHILDREN

Adjustment to payment level as a function of poverty index

Additional funds: ()

	Fiscal 1988	Fiscal 1989	Biennium
45%			
Federal Funds	(\$117,718)	(\$1,877,182)	(\$1,994,900)
County Funds	(\$3,194)	(\$46,321)	(\$49,515)
General Funds	(\$49,916)	(\$723,398)	(\$773,314)
Total Funds	(\$170,828)	(\$2,646,901)	(\$2,817,729)

43%			
Federal Funds	\$1,156,494	(\$388,010)	\$768,483
County Funds	\$31,384	(\$9,575)	\$21,809
General Funds	\$490,390	(\$149,525)	\$340,865
Total Funds	\$1,678,267	(\$547,109)	\$1,131,157

42%			
Federal Funds	\$1,793,599	\$356,576	\$2,150,175
County Funds	\$48,673	\$8,799	\$57,471
General Funds	\$760,542	\$137,412	\$897,954
Total Funds	\$2,602,814	\$502,786	\$3,105,600

40%			
Federal Funds	\$3,067,810	\$1,845,748	\$4,913,558
County Funds	\$83,251	\$45,545	\$128,796
General Funds	\$1,300,848	\$711,285	\$2,012,133
Total Funds	\$4,451,908	\$2,602,578	\$7,054,486

13-Feb-87

EXHIBIT 8

DATE 2-16-87

HB

Assistance Payments

AID TO FAMILIES WITH DEPENDENT CHILDREN

Adjustment to payment level as a function of poverty index
Additional funds: ()

	Fiscal 1988	Fiscal 1989	Biennium
38%			
Federal Funds	\$4,342,021	\$3,295,265	\$7,637,286
County Funds	\$117,829	\$81,313	\$199,142
General Funds	\$1,841,153	\$1,269,876	\$3,111,029
Total Funds	\$6,301,003	\$4,646,454	\$10,947,457
36%			
Federal Funds	\$5,616,232	\$4,786,524	\$10,402,757
County Funds	\$152,407	\$118,111	\$270,518
General Funds	\$2,381,458	\$1,844,554	\$4,226,012
Total Funds	\$8,150,097	\$6,749,189	\$14,899,286

EXHIBIT

DATE

BILL NO.

INTRODUCED BY

BY REQUEST OF THE HOUSE
APPROPRIATIONS COMMITTEE

A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE LAWS RELATING TO GENERAL RELIEF; ELIMINATING PAYMENTS FOR MEDICAL ASSISTANCE TO NONRESIDENTS, AND LIMITING THE AMOUNT OF NONMEDICAL ASSISTANCE; AMENDING SECTION 53-3-205, MCA AND REPEALING SECTION 53-3-307 MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Temporary emergency assistance may be provided to those persons whose income and resources meet the criteria set forth in 53-3-205 but who are not otherwise eligible for general relief assistance.

(2) Temporary emergency assistance is limited to the following:

- (a) food, for no more than 3 days in any 12-month period;
- (b) transportation to return to the state of residence or origin; and
- (c) shelter, for no more than 3 days in any 12-month period.

(3) Medical assistance for nonresidents of this state will not be provided.

(4) Nonstate-assumed counties may adopt a plan of temporary assistance. ~~not inconsistent with this section.~~

Section 2. Section 53-3-201, is amended to read:

(4) Nonresidents or interstate transients may receive temporary ~~relief from county funds~~ emergency assistance in cases of extreme necessity and destitution ~~until they are returned at state expense to their state of residence or origin.~~ only as provided in [section 1].

Section 3. Repealer. Section 53-3-307, MCA is repealed.

NEW SECTION. Section 4. Severability. If a part of this act is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of this act is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from invalid applications.

NEW SECTION. Section 5. Extension of authority. Any existing authority of the department of social and rehabilitation services to make rules on the subject of the provisions of this act is extended to the provisions of this act.

NEW SECTION. Section 6. Codification instruction. Section 1 is intended to be codified as an integral part of Title 53, Chapter 3 and the provisions of Title 53, Chapter 3 apply to section 1.

-END-

NEW HORIZONS

The purpose of the pilot project would be to focus on and establish, as an incentive program, movement of AFDC clients from the program and move them into the work force.

The project would initially be managed only through Montana's recognized Displaced Homemakers Program.

There would be two (2) forms of incentives provided:

1. To provide an incentive for the displaced homemakers program , there would be a \$350 cash bonus awarded for each AFDC eligible client completing a training program and obtaining gainful employment for six (6) consecutive months. After the completion of one (1) complete year, another \$350 award would be given.

Documentation will be required to demonstrate the clients past reliance on AFDC for nine (9) consecutive months and successful placement into employment.

2. To provide an additional incentive for the AFDC client to seek gainful employment, it will be proposed to get Medicaid Waiver provisions to continue health coverage for up to six (6) months, or until additional insurance is obtained.

In addition, it is proposed that up to six (6) months of assistance in the form of day care be provided for the first six (6) months of employment.

FUNDING:

1. There will be established a \$25,000 per year incentive pool funded by an increase in the dissolution of marriage fees.
2. Through Medicaid Waiver, the Medicaid coverage will be provided.

VISITORS' REGISTER

HUMAN SERVICES SUBCOMMITTEE

BILL NO. _____

DATE

February 16, 1987

SPONSOR _____

DEPT _____

NAME (please print)	Representing	SUPPORT	OPPOSE
Joe Upshaw	AARP	HB217	
R.H. Brown	Legtex Legislator ^{Hanahan}	HB217	
Mrs R H Brown	Legtex Legislator ^{Hanahan}	HB217	
Lois STEINBECK	OBPP	HB217	
Agnes Crow		HB217	
Gama Lagon		HB217	
Robert Hansen	AARP	HB217	
Barbara Archer	Women's Lobbyist Fund		
Charles Byrns	Governor's Office		
Wash Brundage	State Assoc. of Real Estate Agents	HB217	
Steve Walden	MRCCA		

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.