MINUTES

MONTANA HOUSE OF REPRESENTATIVES
51st LEGISLATURE - REGULAR SESSION

SUBCOMMITTEE ON INSTITUTIONS

Call to Order: By Rep. William Menahan, on January 26, 1989, at 8:00 a.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Taryn Purdy, Associate Fiscal Analyst

Announcements/Discussion: Hearing - Montana Developmental Center

Curt Chisholm, Director, Dept. of Institutions announced this is the last of the Institutions' budgets they will be presenting out of the Treatment Services Div. He explained the interim leadership at the Montana Developmental Center and stated the direction that must be taken not only to improve services at the facility and improve the conditions there, but to regain certification of the facility that is now lost relative to their failure to meet HCFA requirements.

Jennifer Pryor, Superintendent of the Montana Developmental Center, passed out Exhibit 1, which described the capacity, HCFA conditions of participation and an explanation of the care that is provided, treatment and training to developmentally disabled persons. There are 228 licensed beds and 187 current clients. They have a wide range of services such as those who need basic skills, vocational training, clients who are working on clerical services, clients who are doing food service and are being paid a commensurate wage, clients who are trained to work in the laundry and are also paid a wage. They then expanded their recycling program so that many more clients with fewer skills can participate. She explained a normal day in the lives of the clients.

She explained a cycle on the sheet which starts with Assessment, Interdisciplinary Team, Plan Development, Plan Implementation, Documentation and Monitoring and back to Re-Assessment. That is the basic cycle in active treatment. It has to be focused on outcome and has to be an ongoing process, be constantly reassessed, and moving those clients forward. It also has to be working toward greater independence and preventing the deterioration of skills, not maintenance.

Their budget request addresses facility staffing, physical environment, health care services and dietetic services. All are necessary to provide active treatment,and all are conditions of participation in the HCFA standards.

Mr. Chisholm then addressed budget issues in personal services. He mentioned that benefits on some personal services were left out of the executive recommendation by mistake. The position deleted due to appropriations committee policy, an Administrative Assistant II, was recommended to be deleted from the staff at the Montana Developmental Center because it's one of four positions that was identified as vacant for the entire year to be used as forced vacancy savings. Actually this position was intended to be used by the facility to help the habilitation service manager coordinate the direct care nursing staffing, which is critical on a daily basis. He also addressed the additional 17.5 positions requested which are intended to upgrade the number of habilitation aides to take care of patients in the cottages.

Mr. Chisholm stated there have been a number of classification changes made that are not reflected in the base budget totaling $70,000. In addition, they are continuing to pay the former Superintendent's position out of the current interim Superintendent's position, as he is on medical leave and entitled to his former salary.

Mr. Chisholm said an attitudinal and a philosophical change has to take place.

Taryn Purdy went over the LFA budget for the Montana Developmental Center on Page D47 under the MDC tab. The average daily population was 195 in fiscal 1988 and the population now is 187. The population has remained fairly stable for the first six months of fiscal 1989 at 185 residents. The budget shows that the total general fund

contribution to the center is $11.7 and $11.8 million dollars. With the addition back in of the vacancy savings that will push general fund over $12 million dollars in this center each year. Costs incurred due to the vacancy of the physical therapist were deleted. The HPI contract has been added to the current level. The main issue is Medicaid certification. She directed attention to Page D-49 which shows that in fiscal 1988 the contribution of federal funds to the cost of this institution was over 50% or $6.2 million dollars. If the average daily population of the last three years holds and if the LFA estimated reimbursement per day for Medicaid holds for the 1990-1991 biennium the federal participation would be over 7.2 million dollars each year. She also pointed out a cost of over $12,000,000 into this center equates to $166.00 per day per resident or over - $60,000 per year per resident, and that the federal government participates in over $30,000 of that cost per year.

Ms. Purdy went over the comparison sheet and mentioned some of the things already addressed by Mr. Chisholm. The Administrative Assistant II has been deleted and it would require specific subcommittee action to re-instate that position. There are several positions flagged due to recruiting problems. Vacancy savings is added to both current level and executive budget due to the Appropriation Committee action. She mentioned that the executive budget includes the benefits and insurance that were inadvertently omitted totaling $87,608 for fiscal 1990 and $93,244 for fiscal 1991.

Operating Expenses: The HPI management fee has been taken into account and the primary differences are the non-inclusion in the LFA current level of an additional $15,000 to replace the USDA commodities and certain reductions that were made due to out of the ordinary expenses in fiscal 1988.

There are two modified budget requests. The first continues the 15.0 FTE habilitation aides added in fiscal 1988 after medicaid surveyors cited deficiencies in meeting medicaid standards. There is also a request for an additional 2.5 FTE aggregate positions to meet HCFA staff training requirements. The other modified budget would add a 1.0 FTE aggregate position to establish a resident work program, and would allow residents to be compensated for work performed.

Sen. Bengtson asked Ms. Pryor about the attitudinal

and philosophical changes and wondered what took place before she took over the job. She was of the impression over the years as they did the budget that those attitudes for active treatment and the philosophy of the Development Center was always to keep these clients occupied under active treatment. She asked if it was short-handedness that has led to the change and attitude or what is the basis.

Ms. Pryor stated this has been the standard all along. She thinks there has been a change in the sophistication of the surveyors which necessitates a change in the way service is provided. To provide good active treatment and consistent programs you have to provide consistent care throughout the day. There has been a change of philosophy in order to get those clients independent including better supervision and more active involvement with the professional staff. They need to build up the professional staff to provide good service.

Sen. Bengtson asked that in comparing this change of attitude and change of treatment plans is that the sort of model that community based services are providing or are they following the old way. Is the center working in concert with the kind of philosophy that she expects to be done in the communities.

Ms. Pryor stated that they don't operate under the same mandates that she does. They have to have the same kind of service if they meet the ICFMR standards. That philosophy should be there but the community programs are not under the same standards that they are.

Rep. Menahan mentioned inspections and the Center would have many a year where the group home might have one a year. They are under continual training. He asked if the Center had a high rate of professional people leaving.

Ms. Pryor said they do as the pay is not there. Rep. Menahan asked about the hands on feeding. Ms. Pryor stated some clients need to have active treatment. Some clients require hands on feeding. In a group home it would not be the same because the numbers aren't as high. She stated there are good points about both and bad points too. Rep. Menahan said they didn't think the same rules were applied in the community as at Boulder. The community programs have a very high turnover rate. If there was a concern for the well being of the people in the community

wouldn't the problem be considered about the high rate of turnover. He has never seen that recommendation come from SRS or anyone else that these people in the community are not receiving the treatment they should be because half the staff is undertrained.

Rep. Grady asked what rate of return of clients does the Center get from the group homes. Ms. Pryor could not give numbers but clients have been returned because of behavioral problems. She cited one client who had been returned by the group home. He was not a behavioral problem to them. Rep. Grady asked if there was no other place the clients can go if they come back to Boulder from a group home. Ms. Pryor stated that was right. The stigma stays with them.

Sen. Harding had a question. Why does the Center have more strict regulations than group homes? Mr. Chisholm explained the Medicaid waiver but there is a difference in the functioning of the group home and the functioning at the Montana Developmental Center. In order to participate in the federal entitlement programs that Medicaid and Medicare fund they are obligated to operate under the conditions of participation established by HCFA. The group homes are not ICFMRs. They do not have to operate under the demands of HCFA.

Sen. Harding asked that if they get the same kind of care in a group home and yet they do receive Medicaid why don't they have to meet the same standards. Mr. Chisholm stated they are not an ICFMR and are not obligated to give the same kind of care. He stated one of the problems is that there are movements to close Boulder or reshape Boulder and radically redo the whole DD system. There has been a lot of confusion in both the legislative and executive levels in what they expect at the Developmental Center. He feels that right now it is his intention to get the facility recertified.

Rep. Grady asked how often the Center is visited by the agencies over a year's span. There are about 15 a year for various kinds of standards that have to be met according to Ms. Jones.

Sen. Aklestad asked if they could supply him with a an hour by hour day on paper of what has been the service and activity provided for an average patient and the same

request for their new approach so he can fully understand more where the operation is going. Ms. Pryor said they could pick an average client and give a normal routine. Sen. Aklestad stated that in that hour by hour program he would like to see what the patient is doing now, what they anticipate he will be doing a year from now, and what the same patient was doing five or six years ago for a 24 hour period.

Rep. Peterson discussed a little of the change that is occurring concerning the lunch program. She wondered what kind of training and what kind of expectation by administration are in the group home. Mr. Chisholm does not know what the criteria is. Rep. Menahan stated there are no special qualifications.

Sen. Bengtson said when she thinks about the change in attitude there must be a tremendous responsibility with changing the attitudes of 400 FTEs and they've been working at it for three years and still haven't made any progress. Mr. Chisholm stated he needs a rallying to the cause. They need better clinical direction and this needs a better attitude.

Sen. Harding said she knows these people work hard, but does the staff have any kind of direction and training or any means of communication so that these ideas can be incorporated. Maybe have more of a plan for progression rather than a day to day series of steps that have to be done. Ms. Pryor stated some of that is going on now. They work with them every day trying to use that system, with increased training to staff.

Nadiean Jensen, former employee of Boulder, and executive director of Montana State Council and American Federation of State employees, which represent the service personnel, the direct care personnel etc. at Boulder, urged the committee to listen to the people from the Institution. She agreed with the needs and they are negotiating with the State. She testified in support of the Center.

Julie Dahlin, works at Boulder and is President of the AFSCME, Local 971. She testified in support of the Center. She asked the committee to fund the positions needed.

Terry Minow, who represents Montana Federation of Teachers and Montana Federation of State Employees, testified in support of MDC. Rep. Grady asked her what some of the salaries are for the specialists. They start at $8.00 an hour. In some of the group homes the people are getting minimum wage. He mentioned there was a high turnover in the group homes. Rep. Peterson asked if the group home employees have to be certified and Rep. Menahan stated they are certified by SRS. There are some standards that have to be met. Sen. Bengtson stated that they would hear that proposal on Friday.

Daniel Reeves and Vera Bauerman, teachers at Boulder testified in support of the Center and explained their duties and progress that has been made, and the physical work load.

Rep. Bob Marks, who represents the district where the Boulder center is located, gave his remarks and discussed the progress that has been made. He also testified in support of the Center and asked for support of the training.

Sen. Aklestad asked if they were going to see a staffing pattern of what they have had the last eight years,such as a ratio of direct care positions to patients. Mr. Chisholm stated he was sure they had that information.

ADJOURNMENT

Adjournment At: 9:45 a.m.

Rep. Wm Menahan

REP. WILLIAM MENAHAN, Chairman

WM/ms

2224.min

Exhibit 1

MONTANA DEVELOPMENTAL CENTER

CAPACITY: 228 Licensed Beds CURRENT POPULATION: 189

LEVELS:
- Borderline - 3
- Mild - 12
- Moderate - 35
- Profound - 124
- Severe - 13

HCFA CONDITIONS OF PARTICIPATION:

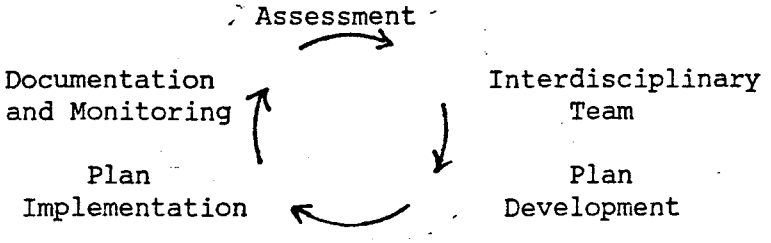
1. Client Protections (rights)
2. Facility Staffing
3. Active Treatment Services
4. Client Behavior and Facility Practices
5. Health Care Services
6. Physician Environment
7. Dietetic Services

As an ICF/MR, MDC provides care, treatment and training to developmentally disabled persons. To be Medicaid certified we must provide **Active Treatment.** This concept has been part of HCFA standards from the beginning but only in recent years has it been stressed and attended to by survey teams.

WHAT IS ACTIVE TREATMENT?

- Not custodial care
- Not protective oversight
- Not 3 hots and a cot

- It is an ongoing process with a focus on **OUTCOME.**



Plan = Plan for Life. Must meet clients' needs whenever and wherever they occur.

Outcome = Independence. Active treatment must be aimed at increasing the clients' level of independence or preventing for the deterioration of skills, <u>not</u> maintenance.

Budget Request - addresses facility staffing, physical environment, health care services and dietetic services. All are necessary to provide **Active Treatment.** All of Conditions of Participation in the HCFA standards.

VISITOR'S REGISTER

_______________ SUBCOMMITTEE

AGENCY(S) _______________ DATE 1-26-89

DEPARTMENT _______________

NAME	REPRESENTING	SUP-PORT	OP-POSE
Virginia Kenyon	Bd of Visitors	X	
Julie Dahlin	AFSCME Local 971	X	
Daniel Reeves	MFT	X	
[illegible]	MFT	X	
Dave Depew	MPEA		
Nadiean Jensen	AFSCME		
Terry Minow	MFT	X	
Bob Marks		✓	
Hank Whitaker	Dept of Instit.	X	
[illegible]	" " "	✓	
Gail Briese	" " "	✓	
Keith Burns	Mt. Nurses Ass'n	✓	
John Free	[illegible]	*	
Sylvia Danforth	DEAP/MAIDS	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT.
IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.

FORM CS-33A
Rev. 1985