Good Morning



CHELSEA RAYFIELD MANAGEMENT & PROGRAM ANALYST

Chelsea joined LAD in July 2018. She has a Master of Public Administration from the University of Montana.

Her previous work includes the MT Developmental Center Closure, MDT Aeronautics Division, and State Employee Settlements.

Performance Audit of the Medical Assistance Program

Department of Labor & Industry













TABLE OF CONTENTS

01. Background Information

02. Program Vendor Transitions& Inconsistent Program Data

03. Current Vendor Oversight & Board Engagement

Background Information

Non-treatment monitoring program

Four professional licensure boards

SUD, mental, or physical illness (impairing)

DLI administers contract with vendor

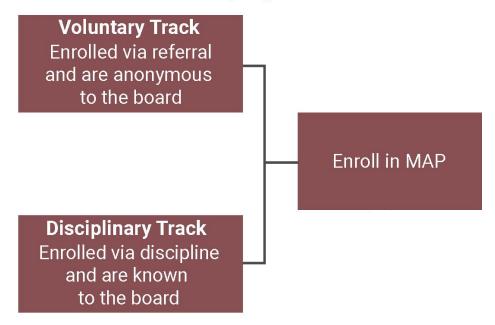
- Dentistry
- Medical Examiners
- Nursing
- Pharmacy

Effective Oct 1, 2025:

- Chiropractors
- Veterinary Medicine

Background Information

Licensees **enter** the program...





AUDIT OBJECTIVES:

01. Does DLI effectively administer the medical assistance program?

02. Do the four MAP boards effectively engage the program to ensure public safety?



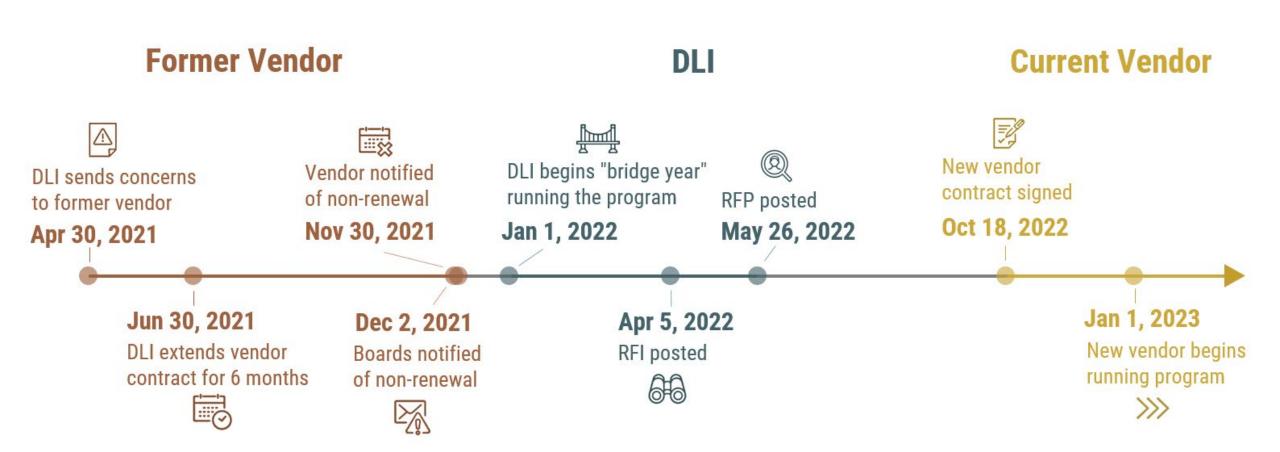
TABLE OF CONTENTS

01. Background Information

02. Program Vendor Transitions & Inconsistent Program Data

03. Current Vendor Oversight & Board Engagement

Vendor Transitions & Inconsistent Data



Vendor Transitions & Inconsistent Data

Former vendor 30+ years

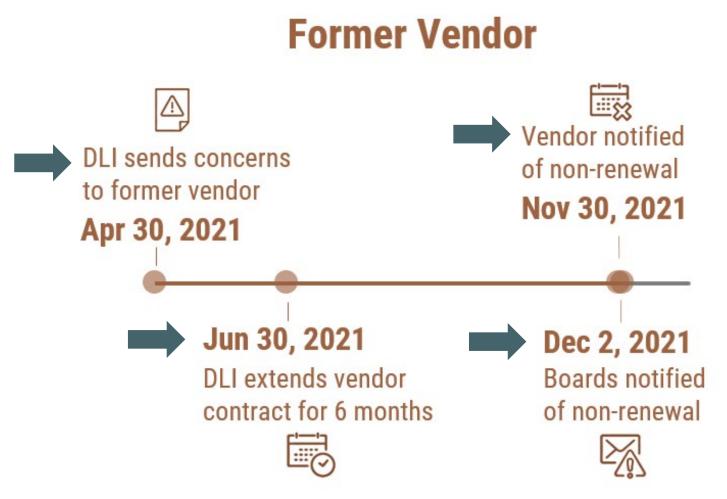
Concerns about vendor director

 Sex-based discrimination and retaliation

Opened the state to legal exposure



Vendor Transitions & Inconsistent Data



Minimal notice to boards and stakeholders

Backlash and concerns:

- Communication
- Expertise
- Program Instability

Vendor Transitions & Inconsistent Data

DLI requested data

Vendor assistance required

Issues acquiring data

Concerns with quality and consistency



Vendor Transitions & Inconsistent Data

Determine if participants unaccounted for

Various data sets

- Former vendor reports
- DLI program data
- DLI disciplinary data (two types)

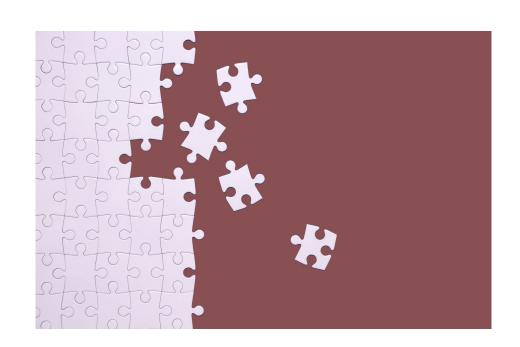


Vendor Transitions & Inconsistent Data

Data limitations and reliability concerns

Some unaccounted for in DLI's program data

Former vendor's reports inaccurate and incomplete



Vendor Transitions & Inconsistent Data



DLI aware of data issues but no further action



DLI: Other guardrails sufficient



Program data necessary for proactive public safety

RECOMMENDATION #1

DLI identify participants not in DLI program data, including:

- A. Determining license status and program status of those identified
- B. Identify any additional individuals unaccounted for
- C. Pursuing action to re-enroll, if applicable

Partially Concurred

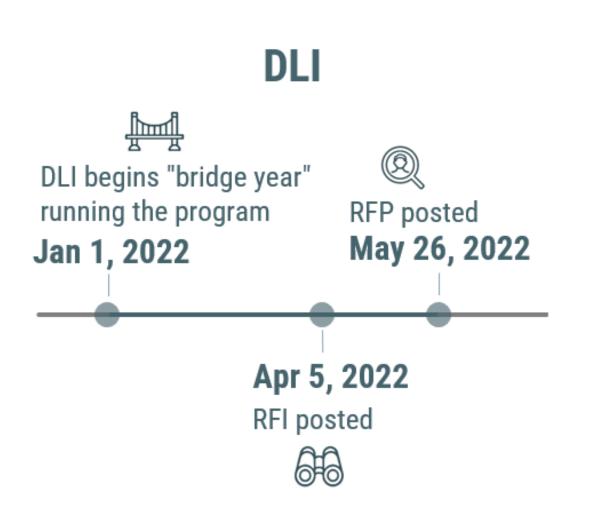
Vendor Transitions & Inconsistent Data

Disciplinary Function



Program Function

Vendor Transitions & Inconsistent Data



Procurement efforts

DLI sought board feedback

Stakeholder frustration

- RFI unnecessary
- Selection panel

DLI followed policies

- Conflicts of interest
- Appearance of impropriety

Vendor Transitions & Inconsistent Data



DLI worked closely with vendor

Updated contract language

Transition challenges

- Limited timeline (> 3 months)
- Ongoing data difficulties

Vendor Transitions & Inconsistent Data



Challenges experienced during transitions



Lasting impacts threaten program success



Transition plans mitigate disruption and ensure communication

RECOMMENDATION #2

DLI make a vendor transition plan:

- A. Stakeholder analysis and communication plan
- B. Strategies for full contract enforcement, incl. data transfer
- C. Any additional activities to ensure service continuity

Concurred



TABLE OF CONTENTS

01. Background Information

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Current Vendor Oversight & Board Engagement

Surveyed and/or interviewed:

- Current vendor
- Board members
- Participants
- Treatment providers
- Professional associations



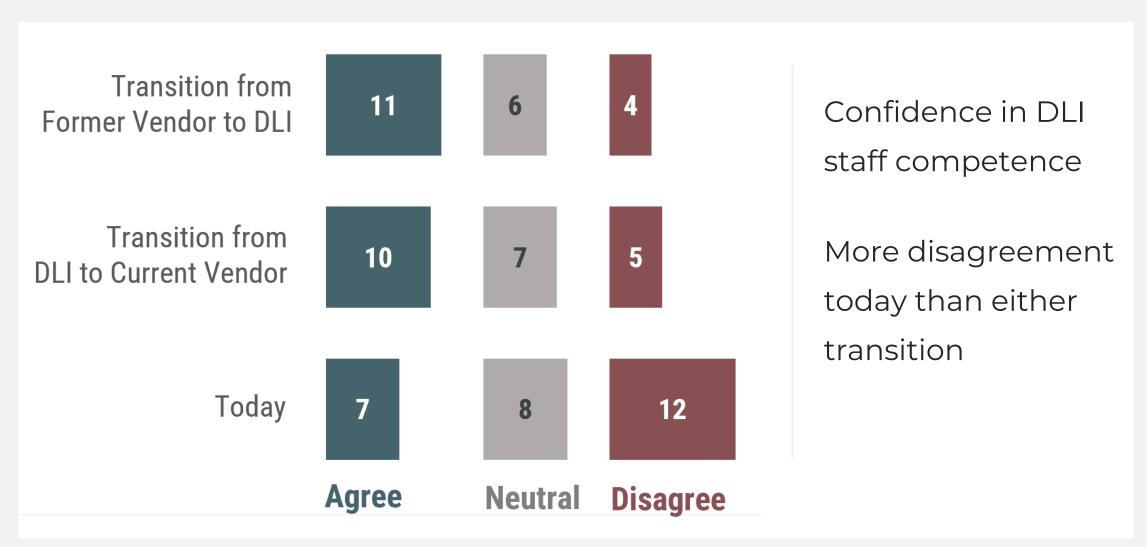
Current Vendor Oversight & Board Engagement

Current Vendor

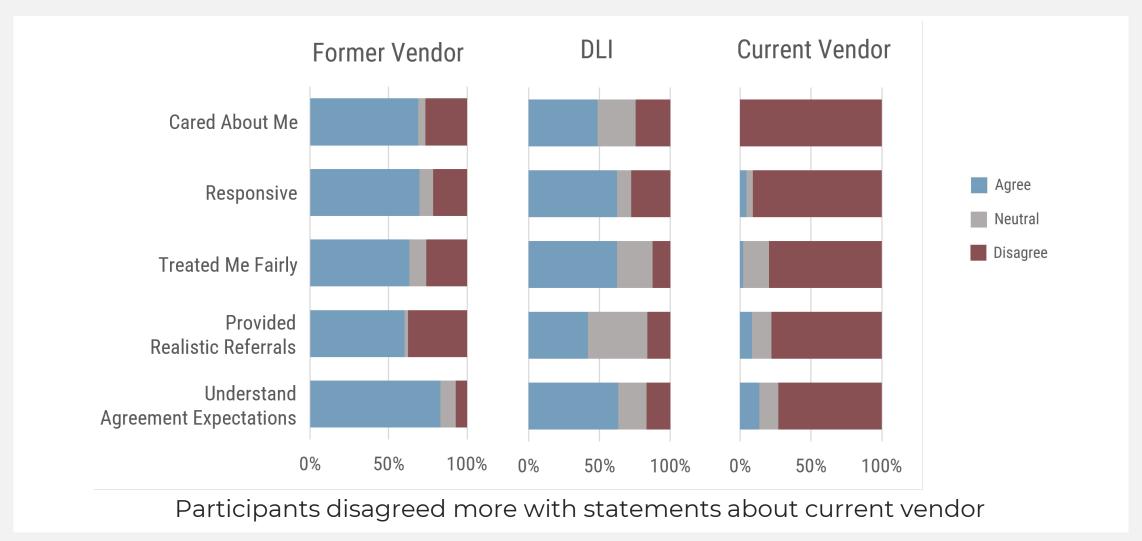
- Satisfied with DLI's support
- Previously lacked accountability
- No formal internal quality assurance process (not required)



Current Vendor Oversight & Board Engagement



Current Vendor Oversight & Board Engagement



Current Vendor Oversight & Board Engagement

Additional participant concerns:

- Difficulty reaching staff
- Conflicting guidance
- Monitoring requirements changed mid-program
- Not following clinical recommendations



Current Vendor Oversight & Board Engagement

DLI staff liaison with contractor

- Receives concerns
- Determines further action

Participants' perceived barriers

- Liaison is a board officer
- Fear of vendor retaliation



Current Vendor Oversight & Board Engagement

Treatment Providers

- Lack of rural experience
- No staff in Montana
- Not following treatment recommendations

Professional Associations

- Not recovery-based
- Treats participants unfairly
- No healthcare community outreach

Current Vendor Oversight & Board Engagement

State law requires external audit

- Every 10 years
- Last done in 2013

DLI working on completing

Difficulty acquiring third party



Current Vendor Oversight & Board Engagement





Ongoing scrutiny may decrease effectiveness



QA systems evaluate operational success



Demonstrate operating as intended

RECOMMENDATION #3

DLI improve its vendor oversight to understand operations and confirm operations by:

- A. Timely completion of statutory external audit
- B. Work with vendor to ensure QA process and reporting
- C. Regularly engage stakeholders to address concerns

Concurred

Current Vendor Oversight & Board Engagement



How and when boards engage program



Both licensing and disciplinary processes

CONCLUSION

- Boards, DLI, and program engage across processes
- Help ensure information to protect public while maintaining participant privacy
- Program keeps boards informed of individual circumstances



Happy to answer any questions