

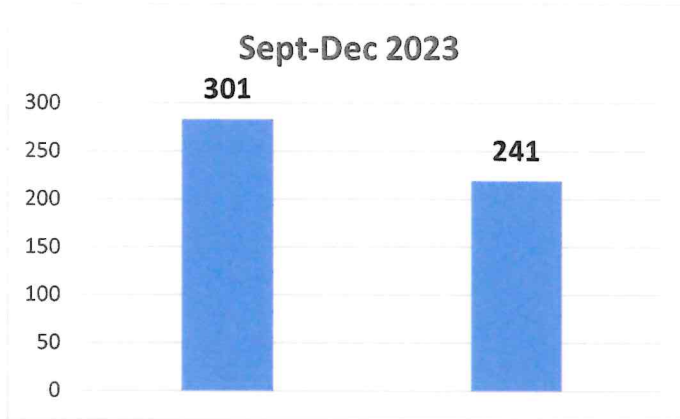


BEHAVIORAL HEALTH ALLIANCE MEDICAID RATE INCREASE IMPACTS

December 2023

The Medicaid rate increases authorized by the 2023 Legislature went into effect in September 2023, retroactive to July 1, 2023. As of the first week of December, all retroactive rates have been put in place by Montana Medicaid and agencies have, for the most part, received retroactive payments to July 1, 2023.

The positive impact of the rate increases includes a **net increase of 60 staff** hired by the Medicaid state-approved behavioral health agencies.



Since September **eleven programs** have opened or reopened including:

- YBGR reopened 10 beds!
- One agency is expanding to adult services.
- One agency had to hire more staff for increased need for children’s services.
- One adult group home reopened in Helena.
- One children’s group home reopened in Boulder.

- A new school-based therapy program has started.
- A drop-in resource center focused on re-entry has opened in Billings.
- A new SUD service has opened in a previously underserved rural county.
- A new Certified Community Behavioral Health Center has opened with SAMHSA funding.
- A new service line has opened at Helena Urban Indian Alliance.

COMMENTS ON THE INCREASES:

- ✓ Aside from expanding our community services we have been able to increase our direct care provider wages, which has increased our retention.
- ✓ We haven't needed to close another program since the rate increases were implemented!
- ✓ Sustained programs for those eligible for continued Medicaid
- ✓ We are primarily a CSCT provider and CSCT rates did not significantly increase.
- ✓ Too early in the rate increases to experience significant positive developments.
- ✓ The rate increases have supported the wage increases and our capacity to recruit.
- ✓ Of the 21 employees hired in October, five (5) of them were rehired. This is a positive sign that individuals are willing to return.

Respectfully submitted,
Mary Windecker
Jan. 11, 2023

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, January 18, 2024 7:58 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Follow Up Flag: Follow up
Flag Status: Flagged

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 18th January 2024 07:57

First Name:
Jennifer

Last Name:
Kingan

Email Address:
jenni@mtbeginnings.com

Subject:
Medicaid Audits

Comment:

Hello Mr chair and representatives, thank you for providing us with the opportunity to address the ongoing Medicaid audit and the implications it has for our work. As providers of speech, occupational, and physical therapy services, our foremost commitment is to the well-being and progress of our patients. Medicaid plays an invaluable role in making these essential services accessible to the individuals who need them most. The auditing process, while intended to ensure compliance and accountability, is crucial to maintaining the integrity of the Medicaid system. Nonetheless, it is essential that this process is conducted fairly and with due consideration for both the providers and recipients of care. Our decision to proceed with a fair hearing is rooted in our dedication to continue serving our patients without unjust impediments. We advocate for a system that recognizes the complexity of individual cases and the necessity for flexibility in providing high-quality care. Our concern lies not with the audit itself, but with ensuring that it accurately reflects the realities of therapeutic care. The audit should accommodate the nuances of individual treatment plans and the professional judgment of licensed therapists not left up to changes in interpretation of manuals by the Medicaid department. We aim to work collaboratively with policymakers to enhance the audit process, making it more representative of the care provided and less disruptive to the continuum of services. We understand the importance of fiscal responsibility and adherence to regulations; however, we must balance this with the understanding that therapy services cannot be put into a one-size-fits-all approach and be subject to drastic changes with interpretations for documentation and coding by the department. Our patients exhibit a spectrum of conditions and challenges, requiring customized therapeutic interventions. An audit process that does not acknowledge this and is not consistent with past payment or maintenance of records methodology ultimately does a disservice to the very individuals Medicaid intends to support. We ask for your support in establishing a dialogue that bridges the gap between the administrative objectives of Medicaid and the clinical realities faced by therapists and patients. We encourage an audit system that

values outcome-based evidence over rigid conformance, putting the patients' progress and quality of life at the forefront. We ask that you drop all current recoup of payments on audits currently going on. In conclusion, we stand ready to engage in constructive conversations and to offer our expertise to ensure that the Medicaid auditing process is both fair and effective. We invite you to consider the human impact of the services we provide and to work with us in safeguarding accessible, individualized care for every Medicaid beneficiary who relies on us. Thank you for your time, and we look forward to a positive and progressive resolution. Thank you, Jennifer Kingan, MS CCC-SLP Speech-Language Pathologist Feeding Specialist CEO/Healthy Beginnings Pediatric Therapy Healthy Beginnings Pediatric Therapy

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, January 18, 2024 8:46 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Follow Up Flag: Follow up
Flag Status: Flagged

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 18th January 2024 08:46

First Name:
Jacquie

Last Name:
Helt

Email Address:
Jacquie.Helt@seiu775.org

Subject:
Behavior Health Worker Burnout

Comment:

TO: Children, Families, Health, and Human Services Interim Committee FROM: Jacquie Helt, Montana State Director, SEIU 775 DATE: January 18th, 2024. RE: Public comment Behavioral Health Workforce Burnout Mr. Chair and members of the Children, Families, Health, and Human Services Interim Committee, My name is Jacquie Helt, and I am the Montana State Director with SEIU 775, a union representing 45,000 long-term care workers providing quality in-home care, nursing home care, behavioral health and adult day health services in Montana, Washington, and Alaska. I want to thank the Committee for including this crucial topic in their agenda, and the panelists for their expertise and work to address this issue. As direct care workers, our members provide much-needed services to thousands of Montanans across the state. Throughout staggering, historic levels of inflation, staff shortages, and increasing demand for home and community-based Medicaid services, they have continued to work for their clients and loved ones. And they've continued to do this under conditions that the Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized results in a high percentage – around 50% - of behavioral healthcare workers' burnout: high levels of work-related stress, low salaries, high student debt, and full caseloads. But we also know these from the stories and experiences of our workers: increasing demands for the services that Montanans need, have not been met with adequate support systems to prevent and alleviate burnout and strengthen the workforce: notably, adequate staffing and workers not being able to find affordable childcare. Workforce shortages, particularly in rural areas, create an environment where behavioral health workers must care for clients with increasingly complex needs, all while facing unmanageable workloads. On top of that, direct care workers are struggling to meet their basic needs – such as housing and affordable childcare – and are forced to leave the workforce. Thus, reinforcing workforce shortages and burnout among workers that remain in the workforce. We appreciate the efforts made by the last Legislature to provide historic rate increases for home and community-based services and are sure this will be critical to strengthen the workforce. We

also need to recognize that the only way to make this investment sustainable would be to 1) tie this initial investment to an inflationary measure to routinely review and adjust Medicaid rates, so that they can keep up with the increasing costs of living and demand for services in our state; 2) expanding access to programs that provide affordable healthcare, and affordable housing options for direct care workers. Care work in Montana is at a crucial moment. We Montanans can work together to build Medicaid home and community-based services that recognize the value of caregiving as professional work, as life sustaining for our families, communities, and economies, and that address the most pressing challenges our state is facing. Thank you for your time.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

TO: Children, Families, Health, and Human Services Interim Committee

FROM: Jacquie Helt, Montana State Director, SEIU 775

DATE: January 18th, 2024.

RE: Public comment Behavioral Health Workforce Burnout

Mr. Chair and members of the Children, Families, Health, and Human Services Interim Committee,

My name is Jacquie Helt, and I am the Montana State Director with SEIU 775, a union representing 45,000 long-term care workers providing quality in-home care, nursing home care, behavioral health and adult day health services in Montana, Washington, and Alaska. I want to thank the Committee for including this crucial topic in their agenda, and the panelists for their expertise and work to address this issue.

As direct care workers, our members provide much-needed services to thousands of Montanans across the state. Throughout staggering, historic levels of inflation, staff shortages, and increasing demand for home and community-based Medicaid services, they have continued to work for their clients and loved ones. And they've continued to do this under conditions that the Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized results in a high percentage – around 50% - of behavioral healthcare workers' burnout: high levels of work-related stress, low salaries, high student debt, and full caseloads.

But we also know these from the stories and experiences of our workers: increasing demands for the services that Montanans need, have not been met with adequate support systems to prevent and alleviate burnout and strengthen the workforce: notably, adequate staffing and workers not being able to find affordable childcare.

Workforce shortages, particularly in rural areas, create an environment where behavioral health workers must care for clients with increasingly complex needs, all while facing unmanageable workloads. On top of that, direct care workers are struggling to meet their basic needs – such as housing and affordable childcare – and are forced to leave the workforce. Thus, reinforcing workforce shortages and burnout among workers that remain in the workforce.

We appreciate the efforts made by the last Legislature to provide historic rate increases for home and community-based services and are sure this will be critical to strengthen the workforce. We also need to recognize that the only way to make this investment sustainable would be to 1) *tie this initial investment* to an inflationary measure to routinely review and adjust Medicaid rates, so that they can keep up with the increasing costs of living and demand for services in our state; 2)

expanding access to programs that provide affordable healthcare, and affordable housing options for direct care workers.

Care work in Montana is at a crucial moment. We Montanans can work together to build Medicaid home and community-based services that recognize the value of caregiving as professional work, as life sustaining for our families, communities, and economies, and that address the most pressing challenges our state is facing.

Thank you for your time.

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, January 18, 2024 3:00 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 18th January 2024 15:00

First Name:
Maranda

Last Name:
Grund

Email Address:
mgrund@butte4-cs.org

Subject:
Peer Support

Comment:

Hello, My name is Maranda Grund. I was invited to speak with you regarding peer support through Beth Ayers. I work at the Butte 4-C's for a program called Parents for Parents. This is a peer support program that offers help and support to parents who are currently involved with CPS. As a parent with lived experience, I have a unique ability to relate to parents going through the system on a level that most people cannot. I teach a monthly class called Dependency 101, which provides parents education on how the dependency court process works, who the professionals are in each case, and I help connect parents to court ordered services. This class is designed to educate and empower parents with the tools, strategies, and support they can use throughout the court process. I also offer individualized mentoring and guidance to parents before, during and after hearings, or meetings with CPS. I meet parents on a weekly basis where we work on a plan to keep moving their case in the right direction. I had stated before that I am a parent with lived experience, meaning I was involved with CPS and had my children removed from my care. Even though I resolved my case successfully, having a peer support back then would have made things so much easier for myself. After my children were removed from my care, I was frozen in fear. I didn't know who to talk to or how to even begin to put my life back together. I was terrified of not knowing what I needed to do to have my children returned to me. That fear kept me frozen in place and I know from experience that many parents feel the same way. Having a peer support can really change the course of a person's case with the end result being reunification. As this program grows, we look forward to sharing our success, seeing the rate of children in out of home foster care decrease, and parents reunifying with their children increase. Thank you for your time, Maranda

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Friday, January 26, 2024 1:18 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 26th January 2024 13:18

First Name:
Kiely

Last Name:
Lammers

Email Address:
kiely@mtfamiliesforvaccines.org

Subject:
Thank you!

Comment:

Dear Chair Lenz and Committee Members, Thank you for continuing your informal objection to the childcare rules package. While we don't want to hold up the things that need to be passed, we must work to get the immunization rules right to protect the youngest Montanans from preventable diseases. Please let us know if we can assist in finding a solution. All the best, Kiely Lammers MT Families for Vaccines

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

DATE: June 10, 2021
TO: Adam Meier, Director Montana DPHHS; Mike Foster, Chair ARPA Health Commission
CC: Charlie Brereton, Governor's Health Policy Advisor; Kristen Juras, Lt. Governor; Marie Matthews, Director, Montana Medicaid
RE: Request for Relief of Montana Behavioral Health Crisis Post-COVID 19

The behavioral health system in Montana is in danger of imminent collapse unless it receives immediate relief.

Montana has an enormous opportunity over the next 3.5 years to transform the broken behavioral health system into one that serves all our one million Montanans. With the influx of \$2.7B of American Recovery Program Act (ARPA) funding over the next four years, we have a once in a lifetime opportunity to not only fix the system but, transform it into a model for behavioral health in the United States. Under Governor Gianforte's leadership, we can finally develop sustainable solutions to mental health and substance abuse problems that have plagued the state for decades. The Behavioral Health Alliance of Montana submits these solutions with the full support of our members, and we stand ready to partner with DPHHS and the administration to enact the Governor's vision.

I. IMPACT OF COVID 19 ON BEHAVIORAL HEALTH IN MONTANA.

The impact the pandemic has had on Montana mental health and substance abuse treatment agencies cannot be understated:

- Shodair has 74 beds for children and adolescents; only 30 beds can currently be staffed due to worker shortages. Shodair currently has a waiting list of 66 kids.
- Yellowstone Boys & Girls Ranch receives 110 referrals a month; they can only accept up to 10 kids per month at most.
- AWARE, due to staff shortages, has closed three children's homes, and has consolidated day services for an additional two therapeutic group homes and four developmental disability residences.
- Intermountain has closed one children's home due to an inability to staff the home.
- Youth Dynamics has 80 beds in 10 group homes and are at a full census and there is a current waiting list of 46 children. They have referrals for over 130 community children in need of services that are awaiting assessments to be performed.
- Rimrock has an adult substance use residential home closed due to staff shortages, with a waiting list of 6-8 weeks for residential homes that are in operation.
- Youth Homes is at capacity and is seeing dramatic increases in referrals from State agencies to accept children who are denied admission to higher levels of care due



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

to lack of capacity. It is also important to note that the safety net that shelters provide are not reimbursed through Medicaid, and therefore only receive a rate that covers about 50% of the actual cost. They are not reimbursed by Medicaid as they are not considered therapeutic even though a majority of the children have a Serious Emotional Disturbance (SED) diagnosis.

- Providence inpatient adolescent unit's 12-beds are full and there is nowhere to discharge to for step-down. The length of stay is typically 7-10 days; they now have kids for 30-40+ days.
- A survey of behavioral health providers across all four Behavioral Health Alliance sectors (children's, adult, Tribal and SUD) found employee vacancy rates from 20-50% in April 2021).
- Many outpatient SUD clients could not be served in the SUD Intensive Outpatient Program due to a lack of therapists available to work in that program.
- Home Support Services are unavailable in most areas due to the low rate of reimbursement and the inability to find therapists and care coordinators who will work for below-market salaries.
- CSCT programs across the state - providing accessible therapy and behavioral health treatment for children in schools - have had to close or reduce supports due to inability to staff teams with qualified direct care or licensed staff and due to the funding crisis at DPHHS for this program.
- Montana kids have been sent out-of-state due to the workforce shortage in Montana at a huge cost to the state of 133% of in-state Psychiatric Residential Treatment Facility (PRTF) plus full payment for education costs to out-of-state providers with no quality assurance.
- Room and Board for children in therapeutic group homes and PRTFs is no longer paid by Montana Medicaid. If a family cannot pay the room and board or if the agency cannot fund this cost through donations, the agency cannot afford to care for that child. CFSD does pay room and board for children in their care admitted to the facilities.

II. HISTORIC FAILURE OF CARING FOR MONTANANS.

- ✓ Montana is consistently in the top four states in the nation for suicides.ⁱ
- ✓ Montana is near the top in the nation per capita for children placed in foster care.ⁱⁱ
- ✓ Native Americans in Montana die one full generation ahead of the rest of the population.ⁱⁱⁱ
- ✓ Sixty-four percent of Montana children removed from the home were for reasons related to parental substance use.^{iv}
- ✓ Substance use treatment is reimbursed by Medicaid at the lowest rate in the four contiguous states to Montana, and those rates have been stagnant for a decade.^v
- ✓



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

- ✓ Among Medicaid patients, the percentage of infants with perinatal drug exposure increased from 3.7 percent (2010) to 12.3 percent (2016) and has continued to increase since 2016.^{vi}
- ✓ Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.^{vii}

All these statistics were true prior to the pandemic. The situation is now much more dire, and the already-decimated behavioral health system is about to collapse:

During the COVID-19 pandemic, concerns about mental health and substance use have grown, including concerns about suicidal ideation. ... In a survey from June 2020, 13% of adults reported new or increased substance use due to coronavirus-related stress, and 11% of adults reported thoughts of suicide in the past 30 days.

...Child abuse-related emergency department (ED) visits dropped during the COVID-19 outbreak; however, the severity of injuries among child abuse-related ED visits has increased and resulted in more hospitalizations. Child abuse can lead to immediate emotional and psychological problems and is also an adverse childhood experience (ACE) linked to possible mental illness and substance misuse later in life....^{viii}

With the increased demand for services, Montana is also facing a crisis in behavioral health workforce. Montana remains one of the last fee-for-service states that reimburses Medicaid providers in “units” and only for direct services. This archaic system does not reimburse for the full cost of providing care. Unlike hospitals and Federally Qualified Health Centers (FQHCs) that are reimbursed on a Prospective Payment System (PPS) rate that includes the full cost of delivering the care, the majority of community providers serving the most challenging consumers are unable to pay market wages because of the low reimbursement. These providers have experienced a steady decline in the ability to recruit and retain licensed and unlicensed workers for several years. Due to the low reimbursement rates, behavioral health providers are competing on wages with the retail and food service industries in most of the state for direct care staff while requiring more training, education, and emotionally difficult work environments.

We cannot survive until the legislature-ordered \$2.7M Medicaid rate study is even partially completed.

III. IMMEDIATE RELIEF FROM ARPA REQUIRED TO SAVE THE SYSTEM.

1. Use the 10% FMAP increase to pay all state-approved mental health, substance use disorder treatment (SUD), Tribal behavioral health, and developmentally delayed (DD) Medicaid providers 15% over FY2020 annual revenue to be used for immediate relief for retention or recruitment of staff at the agency’s discretion and reopening costs of centers after COVID. All providers will sign an attestation that these funds go to immediate relief of workforce issues or reopening costs. (Provider Types 32, 59, 38, 64, 61, 82, and children’s shelters.)



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

2. Increase all state-approved Medicaid mental health, SUD, and DD provider rates by 10% for the duration of the ARPA funding so that agencies can stabilize and work toward sustainable solutions with DPHHS. This could also be used to fund the room and board costs for children in therapeutic or shelter residential facilities. (Provider Types 32, 59, 38, 64, 61, 82, and children's shelters.)
3. Pay all Montana Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home (TGH) providers 133% of in-state reimbursement and full education costs so that Montana kids can be treated in-state and Montana providers can afford to recruit and retain a Montana workforce instead of sending our kids as far away as Georgia. The current state compact required to send Montana kids far away from their families requires several weeks for approval and the kids and families are suffering unnecessarily when they could be treated close to home.
4. Workforce housing and daycare affordability are two main barriers to attracting a workforce to the low-reimbursed and low-paid behavioral health field. An enormous amount of money is available in Montana for both housing and daycare assistance, but the eligibility requirements are so stringent that most workers do not qualify until they are at least one month in arrears on payments. We ask that the housing assistance and daycare assistance through ARPA be made available to behavioral health workers for Mental Health Centers, Chemical Dependency Clinics, Therapeutic Group Homes, Psychiatric Residential Treatment Facilities, children's shelter homes, and Psychiatric Acute Units if they have a household income at 80% of median county income and work at a state-approved Medicaid agency that has at least a 50% Medicaid payor mix. If Montana is not able to reduce eligibility requirements for this funding due to federal requirements, we would ask that you increase the lump sum payment in #1 from 15% to 20% per agency to allow the agencies to increase stipends to the behavioral health workforce for housing and daycare. Again, providers would sign attestations that the money would only be used for these purposes.

IV. RELIEF FROM ARPA NEEDED WITHIN THE NEXT 12 MONTHS.

1. Use ARPA funds to provide 100% student loan repayment for any current employee or recruited employee for BA, MA, MSW, LCSW, LCPC, LMFT, LAC, psychologists, psychiatrists, and psychiatric nurse practitioners working in state-approved Medicaid Mental Health Centers, Chemical Dependency Clinics, Therapeutic Group Homes, Psychiatric Residential Treatment Facilities, and Psychiatric Acute Units, with at least a two-year commitment that includes a loan repayment forfeiture if two-year commitment is not met very much like the current NHSC- HRSA program. This can be used as a recruitment tool to get providers into the Medicaid behavioral health workforce. (Provider Types 32, 59, 38, 64, 61, 82, and children's shelters.)



BEHAVIORAL HEALTH
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2. Increase Home Support Services reimbursement from the low 15-minute unit rate to the higher day rate like the proposed rate for CSCT to allow for therapists and case coordinators to work with kids in their homes and reduce the need for higher cost, higher acuity residential care.
3. Continue the emergency moratorium on prior authorizations, continued stay requirements, and suspend Quality Assurance and Surveillance and Utilization Review (SURs) audits for the next year at least. Specialty behavioral health providers have been disproportionately targeted for audits by the Quality Assurance Division.^{ix} In order for providers to work through this crisis, QAD and licensing need to be available to support, not penalize, agencies for innovations. This punitive atmosphere has undermined the ability of Medicaid provider agencies to conduct business in an efficient manner, and has, in fact, penalized agencies for working in the behavioral health system. For example, one PRTF closed a unit because they could not staff it due to the workforce shortage. When they reopened it, they were required to relicense it and were no longer eligible for the previous grandfathered-in license exceptions. The licensure reverted to the highest level in the country, which was the same as an acute care hospital even though the Medicaid reimbursement is much lower for a PRTF than an acute care hospital. The state needs to work as a partner in remedying this crisis, not exacerbate it.
4. Expand the Behavioral Health Alliance workforce recruitment and retention campaign^x and establish a state-led behavioral health workforce taskforce with the university system, two-year colleges, BHAM and AHEC to recruit and retain a long-term behavioral health workforce.

V. LONGER TERM BEHAVIORAL HEALTH SYSTEM REFORM.

1. Establish a Medicaid Prospective Provider System (PPS) reimbursement for specialty behavioral health providers to level the reimbursement playing field with hospitals and FQHCs.^{xi}
2. Submit an 1115 waiver or State Plan Amendment (SPA) requesting the implementation of Certified Community Behavioral Health Centers (CCBHCs) in the next 2-3 years. CCBHCs come with enhanced federal reimbursement that would provide a PPS Medicaid rate for specialty behavioral health and would allow for expansion of care sites into the rural areas of Montana.^{xii}
3. Fund broadband infrastructure to expand telehealth into the rural areas of Montana. We will never have enough behavioral health boots on the ground to serve the one million Montanans living across 143,000 square miles and need to increase proficiency in technology solutions like telepsychiatry and telehealth. As you know, Montana's current broadband coverage is one of the last in the nation and leaves our rural communities without support.
4. Develop behavioral health quality outcome metrics like quality metrics for hospitals and FQHCs that can prove the efficacy of the treatment provided by specialty



BEHAVIORAL HEALTH
ALLIANCE OF MONTANA

5. behavioral health providers. It is time for behavioral health specialty providers in Montana to become full-fledged partners in the healthcare continuum.

We reiterate that the behavioral health system is in a crisis such has never been seen in Montana. Now is the time with the available ARPA funding to transform the system and establish quality outcomes that make us proud to serve our fellow Montanans.

Respectfully submitted by the Pandemic Behavioral Health Crisis Taskforce of the Behavioral Health Alliance of Montana:

Mary Windecker, Behavioral Health Alliance of Montana
Lenette Kosovich, Rimrock
Jim FitzGerald, Intermountain
Mike Chavers, Yellowstone Boys & Girls Ranch
Barb Cowan, Partnership for Children
Matt Bugni, AWARE
Dennis Sulser, Youth Dynamics
Skip Rosenthal, Youth Homes
Craig Aasved, Shodair
Eric Arzubi, MD, Frontier Psychiatry

ⁱ <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

ⁱⁱ <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/montana.html>

ⁱⁱⁱ <http://ibis.mt.gov/indicator/view/PopDemoRaceAIAN.Cnty.html>

^{iv} <https://mthcf.org/grantee/providence-montana-health-foundation-2/>

^v Rimrock Comparison Spreadsheet 2019 – unpublished. Available upon request.

^{vi} <https://mthcf.org/grantee/providence-montana-health-foundation-2/>

^{vii} <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/montana-opioid-involved-deaths-related-harms>

^{viii} [The Implications of COVID-19 for Mental Health and Substance Use | KFF](#)

^{ix} <https://dphhs.mt.gov/Portals/85/qad/documents/ProgramCompliance/SURS/SURSSTATSSFY20.pdf>

^x <https://montanabehavioralhealth.org/news-resources/>

^{xi} <https://medicaidprovider.mt.gov/Portals/68/docs/manuals/RHCFQHC/RHCFQHCmanual03202020.pdf>

^{xii} <https://www.thenationalcouncil.org/wp-content/uploads/2020/03/2020-CCBHC-Impact-Report.pdf?dof=375ateTbd56>

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Friday, January 19, 2024 8:02 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 19th January 2024 08:01

First Name:
Kim

Last Name:
Gillan

Email Address:
kjgmontana@gmail.com

Subject:

I am commenting on the DPHHS response to request for data. First, I respect the hard work of state agency staff. However, the redetermination process was, according to CMS guidelines allowed to take place over a 12 month process. Furthermore, it was not a surprise but rather notice was given in advance by HHS/CMS. During the legislative session, the issue of need for staff and resources was raised, however, DPHHS dismissed the need for additional assistance. Also, there has been for some time the possibility of a 30 day pause which DPHHS refuses to do. As a former legislator, former RD for HHS I find this an ongoing effort to dismantle Medicaid in Montana. The lack of concern over the excessive delays in payment for providers is a bad business practice and seems somewhat intentional. The Federal government has already contacted DPHHS twice about their handling of these issues. The human toll for this bureaucratic snafu will be considerable.

Comment:

Montanans deserve a state government that works for them, not against them.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, January 25, 2024 12:45 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 25th January 2024 12:45

First Name:
Julia

Last Name:
Middleton

Email Address:
juliacmiddleton@gmail.com

Subject:
nonmedical exemptions for vaccines in daycares

Comment:
Hello - Thank you for your informal objection to the expansion of nonmedical exemptions for vaccines in daycares. As a physician and a mother with children in daycare, I hope you move forward with a formal objection. Thank you.

Sent via www.leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Friday, January 26, 2024 10:42 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 26th January 2024 10:41

First Name:
Trista

Last Name:
Gilmore

Email Address:
tgilmore@libby.org

Subject:
Thank you

Comment:
Thank you for continuing your objection and drafting a formal one. We in Lincoln County support your decision for our families and yours.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Friday, January 26, 2024 1:54 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 26th January 2024 13:54

First Name:
Rebecca

Last Name:
Squires

Email Address:
bsquires749@gmail.com

Subject:
Vaccines

Comment:
Thank you for your continued work to protect the children of our state.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Sunday, January 28, 2024 9:00 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 28th January 2024 21:00

First Name:
Carley

Last Name:
Robertson

Email Address:
carleyrobertson7@gmail.com

Subject:
Physician Wellbeing

Comment:

I wanted to express my thanks for your committee's dedicated efforts to understand the prevalence and growth of burn-out in health care professions. Having practiced medicine for over 40 years, I see firsthand the impact to my colleagues and the patients they care for. It is understandable why this is recognized as a crisis. You heard about the extensive studies that have been done to examine the level of burn-out among the physician population. As a physician, we look to studies from differing sources and identify similar patterns. It is clear that we must do more to address burn-out in our profession as the implications stretch beyond personal and family consequences, which are serious, to the quality of patient care delivered to workforce retention to economic impact. I share this need for a legislative call to action because physicians have been in this place of pain for years and other earlier actions are no longer enough. We need more than one tool to address this challenge. I am a member of the Board of Medical Examiners and am expressing my personal views and not that of the Board. The medical assistance program, established decades ago, is an effective tool and protects patients. The program provides much needed coordination for a physician in crisis, or near a point of crisis. It works with evaluators and qualified treatment providers who specialize in caring for physicians. Based on the evaluation, a treatment plan is developed, a contract signed and the physician is monitored. This means random blood or urine tests, check-ins, and/or worksite requirements. It could be a time when the physician is determined "not fit to practice" and they take extended leave. If the physician breaks the contract, perhaps has a couple of relapses, they could face the loss of their license. The studies show there is fear of potential loss of licensure among those professions, like physicians, where these statutorily required programs are in place. This fear, layered with stigma of getting help and having invested years to become a physician, prevents them from getting help early, before harm is done. Physicians need to be provided the opportunity to get confidential care early, and have those conversations protected. Since these programs were created, medical knowledge has evolved and mental health illnesses and substance use disorders are now recognized chronic diseases. Modernization of existing law to allow flexibility to participate in other self-referral programs, recognized for their specialized work with health care professionals, and added clarity on obligations for reporting to the licensing board, is necessary. The existing medical assistance program allowed for in law should be

maintained for those licensees that need monitoring. We need access to new tools to allow for earlier care to better address this challenge. As state legislators, you can make a difference in the lives of clinicians, protect patient safety and maintain access to care by crafting transformative legislation to allow for another confidential resource for early referral and provide immunity for participants and privileged communications when utilizing that resource, and support of educational and prevention programs. Ensuring that resource is one that specializes in treating health care professionals, just as we do now with the medical assistance program, will be important as will be having the program administered by a trusted organization. I also would encourage legislation that brings consistency to the statutes across the professional boards as related to the medical assistance program. I extend my appreciation to your work in past sessions to address the burden of prior authorizations by adding timeframes and ensuring decisions are clinically based. Your discussion of autonomy speaks to having the freedom to practice medicine as we are trained. One of our top struggles is finding the time to work through the piles of prior authorizations – averaging at 14 hours every week and time away from patient care. National rules now address the problem of prior authorizations in medicare advantage health plans this month. Legislation will continue to pass in more states to address this issue in private health plans and reduce prior authorizations that do not add value to patient care. I want to recognize the efforts of Senator Lenz and Senator Gross in this space and, with the link between burn-out and administrative burdens being so apparent, hope this committee might renew those efforts in the coming session.

Sent via www.leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, February 1, 2024 10:17 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 1st February 2024 10:17

First Name:
Corinne

Last Name:
Kuntz

Email Address:
tbn.director@gmail.com

Subject:
Rule Change Package

Comment:

First, I would like to thank you for not allowing the proposed rules surrounding vaccination to be approved. I believe that childcare businesses should have the right to choose what is best for their micro-community or continue to require children enrolled in childcare to be vaccinated. We should never be REQUIRED to enroll unvaccinated children. I would also like to express my concern that all the other proposed changes that would be beneficial to the childcare industry are at risk of being turned down due to the vaccine holdup. I hope to see the rule change package passed with the sole exception of the vaccine changes. I am happy to elaborate on the many other proposed changes and how each of them benefits the childcare industry.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, February 8, 2024 1:09 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 8th February 2024 13:09

First Name:
Charla

Last Name:
Lardner

Email Address:
charlaldner@yahoo.de

Subject:
Public Comments for CFHHS Interim Committee - Montana State Legislature

Comment:
Wow, incredible weblog layout! How long have you ever been running a blog for? you made blogging glance easy. The full glance of your site is wonderful, as smartly as the content! You can see similar: <https://intellara.top> and here <https://intellara.top>

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, February 15, 2024 11:27 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 15th February 2024 11:26

First Name:
Mary

Last Name:
Windecker

Email Address:
mwindecker@montanabehavioralhealth.org

Subject:
Medicaid Rate Increases report for Sept 2023 - January 2024

Comment:
I don't know if you've been receiving these reports so wanted to submit the most current one for the committee to review. Thanks, Mary Windecker

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Tuesday, March 5, 2024 12:28 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 5th March 2024 12:28

First Name:
Andrea

Last Name:
Melle

Email Address:
a.melle@hotmail.com

Subject:
Long Term Services and Supports Continuum of Care Solutions: Solution #3 – Unpaid Caregiver Services and Supports

Comment:

I am writing concerning the meeting being held 3/12-3/13. I am going to reference the part of your meeting about Long Term Services and Supports Continuum of Care Solutions: Solution #3 – Unpaid Caregiver Services and Supports. I appreciate the wanting to provide unpaid family caregivers more services and support as they are needed. But more needs to be done than just that. In 2023, AARP found that there are 112,000 unpaid family caregivers valued at \$1.76 BILLION in Montana alone! I am one of those unpaid family caregivers as I care for my two adult children with Autism 24/7/365 (as well as being their legal guardian/conservator) since their birth and will be forever God willing. Being 24/7 means I am unable to work outside of my home as I do this all alone. Services you can get for someone who is "sick" or elderly is way different and more available than someone with IDD. As the Behavioral Health System for Future Generations Commission reported recently, there is an "88% turnover rate for intellectual and developmental disability (IDD) care workers in Montana, more than double the US rate"! Many "clients" cannot deal with having a new care worker in and out every month or more including my son which leads to zero chance of success. My son has been on the "waiver wait list" with AWARE for years with no end in sight and when/if that time comes, good luck finding IDD care support to come into the home consistently or be willing to take him out in public. My son has been with Voc Rehab for years but they also have never been able to help him as they too have little to no care support workers. In a Disability Scoop article Caregiving Pressures Mount For Families Of Those With IDD. by Michelle Diament (January 22, 2024), it states that "more than 80% of caregivers are providing more support than ever before". I am the one who takes my adult children out into the community and takes them to go do activities. I am the one taking my daughter back and forth to her minimal part time job she is fortunate to have. I am the one taking my son to the Library to volunteer so he can dust and have a purpose. I do all of this alone and at my expense and time. The State and the Federal Government are willing to pay "strangers" who do not know my children or even have experience with Autism \$14-\$20+ an hour but the unpaid family caregiver is just that; unpaid. That same article in Disability Scoop states that more than half the caregivers are "very or extremely stressed". The financial hardship and worries (along with physical and mental health issues) we go through to do what we do, all while saving our state and government billions a year is beyond

overwhelming. What do I do when my car dies, or my house needs a repair, or an emergency happens? There is nothing to fall back on and that is frightening. Giving more money to help with services is great but if there is still nowhere for them to go or no IDD care workers to help especially in rural Montana like now, then nothing has been achieved. I strongly urge you to consider financial help for the ones who give their all and then some to our loved ones; the ones we work with, care for and keep safe; the ones who do all the work of paid care workers for but free. Please look into financially helping ALL unpaid family caregivers in Montana as not all are in a relationship where one person can be the guardian/conservator while the other one can be a paid caregiver as that is how it works in Montana according to every organization I have talked to over the years. The Governor and others keep stating people want to “age at home”, “be cared for at home” and with many nursing homes and group homes losing funding or closing, more needs to be done to help the unpaid family caregiver; more than just to provide more “services” that many already cannot access. 12 of the 13 items listed in solution #3 would not help my family and our situation; it doesn’t know and wouldn’t then. Thank you for reading this and I pray you consider financial help for the thousands of Montana’s unpaid family caregivers.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Thursday, March 7, 2024 2:12 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 7th March 2024 14:12

First Name:
Ariella

Last Name:
Fabra

Email Address:
ella@beln.org

Subject:
Department of Public Health & Human Services (DPPHS) - Early Childhood Services Bureau (ECSB) Child Care Licensing new rules and regulations package

Comment:

Ariella Fabra Executive Director Bitterroot Early Learning Network Ravalli County, MT ella@beln.org 406-363-1688
03/07/2024 Dear Children, Families, Health, and Human Services Interim Committee, I am writing to express my strong support for the passing of the Department of Public Health & Human Services (DPPHS) - Early Childhood Services Bureau (ECSB) Child Care Licensing new rules and regulations package. It is crucial that this document passes in its current form to provide clarity for professionals in the field and to ensure a focus on the quality of programming for our children. As a child care provider with 10 years of experience, I have seen firsthand the impact that clear guidelines and regulations can have on the quality of care we provide. The new rules and regulations package proposed by the DPPHS-ECSB Child Care Licensing addresses key areas such as health and safety standards, staff qualifications, and program requirements, which are essential for ensuring the well-being and development of the children in our care. Passing this document will provide consistency and clarity for providers, allowing us to focus on providing high-quality programming for children. It will also ensure that all providers are held to the same standards, regardless of their location or size. In conclusion, I urge you to pass the DPPHS-ECSB Child Care Licensing new rules and regulations package as it stands. Doing so will not only benefit the children and families of Montana but also support the professionals who work tirelessly to provide quality care and education for our youngest citizens. Thank you for your attention to this matter. Sincerely, Ariella Fabra Executive Director Bitterroot Early Learning Network

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Friday, March 8, 2024 8:19 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 8th March 2024 08:18

First Name:

Julie

Last Name:

Wray

Email Address:

Juliewray72@gmail.com

Subject:

Elderly Medicaid redetermination

Comment:

To all this is addressed, I would like to express utter disappointment that my mom, Peggy, was recently deemed ineligible and removed from Medicaid because she failed to complete her redetermination letter. Mom did not fail, the system did. Peggy is 75 years old, living on around \$1000/month in Social Security benefits, and is in the early stages of Alzheimer's dementia. Additionally, she has type 2 Diabetes and heart disease. My siblings and I have been slowly working towards moving her into assisted living because her cognitive abilities are lessening by the day. Two weekends ago, I helped her clear four years of paperwork clutter from her dining room table. No doubt her redetermination letter was buried in there somewhere. I am acutely aware the Department of Health has been under scrutiny for the lack of transparency regarding disenrollment figures. Why didn't this redetermination program provide a fail-safe for those who are particularly needy and vulnerable? An article recently published last month [mcknights.com] underscores how terrible this redetermination process has been, leaving Montana nursing home residents without coverage. How many more elderly and at-risk residents received ineligibility letters that they didn't understand? How many of those don't have advocates to assist in navigating through all the paperwork and red tape the DPHHS spits out? How many more already stressed caretakers must spend their precious time on hold with the DPHHS to try and rectify their situations? 77% of disenrollments have been due to procedural issues, not eligibility! This is shameful. Medicaid is a crucial component of my mom's move to assisted living. Without Medicaid supplementation, she cannot afford the facility. Additionally, the situation is not just health-related, but I fear for her safety. She lives in a HUD apartment in Shelby where she suffers late-night knocks on her door from drunk or meth-addled people asking for rides to the grocery store or nearby towns, secondhand smoke from residents who blatantly flaunt the rules, and mold infestation. There are openings this spring in the assisted living facility, but now we must wait for her to be re-enrolled into Medicaid. Today, I'll call the DPHHS to request a hearing and review of Mom's redetermination letter. I have no doubt I'll be on hold for at least an hour. In her confusion, she missed the deadline for continuation of benefits while awaiting a hearing, so for now, only Medicare will cover any of her medical and pharmaceutical needs. Cordially, Julie Wray

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 9:59 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 09:59

First Name:
Tim

Last Name:
Brurud

Email Address:
timbrurud@gmail.com

Subject:
Childcare Licensing

Comment:

Hello Interim Committee, I would like to take this opportunity to urge you to pass the proposed childcare licensing rules as set forth by DPHHS. I work for a Boys & Girls Club, and the ability to be licensed and have the families we serve access best beginnings scholarships would be a huge benefit for the Club and the families. Clubs provide a safe positive place for kids to be afterschool and during the summer months, and have a proven track record of effectiveness, increasing test scores and reducing youth crime. I would urge you to find a way to come to terms with DPHHS, or to separate the school-age portion of the rules to avoid putting off taking action for further years. The youth serving organizations of Montana have been consistently clear with you that these rules are a major step forward, and I would appreciate you listening to us and taking action. Feel free to contact me if you have any questions, thank you for your time.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 10:21 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 10:20

First Name:

Kezia

Last Name:

Halverson

Email Address:

kezia@bgcmisoulacounty.org

Subject:

Best Beginnings

Comment:

Hello, as a former daughter of two in-home daycare providers and currently in my career as Interim CEO of the Boys and Girls Club of Missoula County, please consider that: The proposed rules provide a much-needed clean-up of the existing childcare rules and create a viable path to licensure for programs that may want to license, but exclusively serve school-age children, which the current rules do not provide for. Out-of-school-time programs, like Boys & Girls Clubs, provide flexible, affordable, high-quality options and choices for families with school-age children, after school and during the summer, that critically support families in improving their situations. The Department worked with many stakeholders over multiple years to create the proposed rules, which are much better than the existing childcare rules, and it is unacceptable that the rules continue to be held up by this Committee. These revised rules are important to my program, the families we serve, and businesses in my community, which will benefit when more parents can fully engage in the workforce because their children are safe and engaged every day after school and in the summer. Boys & Girls Clubs make a difference for children and families and have been proven to increase graduation rates, reduce crime, substance abuse, and early pregnancy, and build critical skills to succeed in college and the workforce. Approval of the proposed licensure rules would provide another tool for Clubs to access funds to augment our programs and increase the quality, capacity, and impact we have on children and families. We encourage you to refrain from formally objecting to these rules today and to work with the Department, to find a way to move the rule package forward. We recognize there are severely objectionable parts of the rules, and we suggest those parts be separated for further work, and the vast majority of the rules move forward so the children and families we serve, do not lose two to three more years without the support these revised rules could provide.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 10:31 AM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 10:30

First Name:
Jim

Last Name:
Fletcher

Email Address:
jfletcher@bgcofcarboncounty.org

Subject:
Proposed Childcare Rules

Comment:

Dear Members of the CFHHS Interim Committee, I am writing to express our wholehearted support for the proposed childcare rules and to urge the Committee to move them forward. These rules represent a crucial step towards improving childcare services, particularly for out-of-school-time programs like Boys & Girls Clubs, and they offer essential support to families in our community. The proposed rules address significant shortcomings in the existing childcare regulations by providing much-needed cleanup and offering a viable path to licensure for programs exclusively serving school-age children. This adjustment is long overdue and will ensure that all childcare programs, regardless of their focus, can meet necessary standards and provide quality care. Out-of-school-time programs, such as Boys & Girls Clubs, play a vital role in our community by offering flexible, affordable, and high-quality options for families with school-age children, both during afterschool hours and in the summer. These programs not only support working families but also contribute to children's academic success, social development, and overall well-being. While we acknowledge that there may be objections to certain aspects of the proposed rules, we urge the Committee to refrain from formal objections and instead collaborate with the Department to address any concerns. Separating contentious parts for further review should not delay the approval of the majority of the rules, which are crucial for the well-being of the children and families we serve. Sincerely, Jim Fletcher

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 2:58 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 14:57

First Name:

Jackie

Last Name:

Mohler

Email Address:

jmohler@familyoutreach.org

Subject:

Concerns with Part-C and FES funding policy

Comment:

See attachment sent to Milly Allen.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/



March 12th, 2024

To the Children, Families, Health, and Human Services Interim Committee,

We sent a letter on January 17th, 2024, to express the need for appropriate policies that allow for cost of living increases, one-time-only funding, and other necessary funding increases for Early Intervention programs across the state, which include Part C and Family Education and Support (FES) services for families of children aged zero to twenty-one. We were hoping to receive an update on the current status of our request. As service providers in western Montana are still struggling to provide these critical services despite increasingly limited funding, the situation requires immediate action to begin preparing policies for legislative consideration at the next session to ensure continued availability of services for Montana's families going forward.

Early Intervention is an effective program that prevents more costly state expenditures down the road:

- Research indicates that for every \$1 spent on early childhood programs, such as Part C services, there can be a \$2 to \$17 return on investment.
(www.ncbi.nlm.nih.gov/pmc/articles/PMC6075808/; Clothier & Poppe 2017)
- Providing Part C services also reduces the number of children who will need special education services. Special education costs per student can be double that of students in typical public school programs, and our state government and taxpayers foot about 60% of the bill for those costly services.
(www.air.org/sites/default/files/SEEP5-Total-Expenditures.pdf;
www.edweek.org/teaching-learning/how-special-education-funding-actually-works/2023/04)
- The benefits of these programs are financial *and* social: Part C services can reduce costs associated with child abuse and neglect, which can be expensive for government systems and taxpayers. Part C services may also reduce grade repetition, teen pregnancies, and crime rates, all of which are costly for government systems and taxpayers.
(www.rand.org/pubs/monographs/MG341.html;

mnachievementgap.mnnp.org/shelf_list/doc69_FRBMpls_2007_HighReturn.pdf;

Bernanke 2007; Heckman & Masterov 2006)

In 2018, Early Intervention service providers received significant funding cuts after the adjustments to the reimbursement model. These services have since been without an increase to reimbursement rates for seven years now, the entire duration of the most recent contract period with DPHHS. During the Health & Human Services Interim Budget Committee Section B meeting on December 13th, 2023 (video: tinyurl.com/secbdec13), DPHHS Director Brereton presented an effective and appropriate plan to fund these rates in accordance with Guidehouse rate study recommendations going into SFY 25. The Director also discussed the importance of mutual cooperation in the executive planning process, with their DPHHS presentation stating, "EPP is the only mechanism to increase long-term enhanced funding for the program" (page 30). He also emphasized the need for timely appropriations funding to prevent a funding cliff effect for the 2027 biennium. Many different parties are working together to address this issue, including the Interim Budget Committee Section B for the funding pathways and the Children, Families, Health, and Human Services Interim Committee for the required policy framework.

We remain hopeful that the Governor's office, the Department, Montana legislators, Committees, and Commissions will all contribute to a workable solution in the best interest of individuals with disabilities and the Montana community at-large. Thank you for working with all stakeholders to develop a long-term solution that ensures these fundamental programs remain widely available to Montana's families.

Kind regards,



Jackie Mohler, M. Ed, LBA

Executive Director

Region IV Family Outreach, Inc.

Greg Malone

Greg Malone (Mar 11, 2025 15:02 MDI)

Greg Malone

Interim Executive Director, CFO, COO

Child Development Center

Montana Milestones: Part C & Family Education Support Program

Montana Milestones is DPHHS's program for early intervention

- Part C of the Individuals with Disabilities Education Act (ages 0-3) instructs that entities must serve all children eligible for the program
 - FFY23: \$2,587,723 federal block grant; \$2,272,000 GF MOE; \$600,000 SSR = \$5,459,723
 - SFY23 (SSR) contracts amended to add up to 10% for reimbursement of copays and deductibles
 - ARPA (no supplanting): \$120,000 per provider to offer additional Child Find from 7/1/21 to 9/30/23
 - Total expended as of 12/1/23: \$512,635
- Family Education Support (ages 3-21) funding is limited to 546 slots
 - \$3,100,000 SSBG
- 5 current provider contracts competitively procured in 2017 (under one RFP) expire 6/30/24



Montana Milestones: Part C & Family Education Support Program (cont.)

In November 2021, DPHHS retained Guidehouse to study a variety of Human Services program rates, including Part C and FES. **The Human Services rate study was completed mid-way through CY2023 following the 2023 Legislative Session.**

Rationale for Human Services Rate Study

- Current contracts expire 6/30/24 and need to be competitively re-procured.
- Currently we pay the same rate for FES and Part C services with slots capped for FES.
- Department recognized rates were locked under the 2017 RFP and cannot be adjusted without a new RFP.
- Current tiered rates are obsolete, and rates have not been significantly readjusted since 2017.
 - Montana Milestones providers did not receive a provider rate increase for the 2025 biennium, as this would have required a new RFP in advance of the 7-year contract cycle.

Montana Milestones: Part C & Family Education Support Program (cont.)

Montana Milestones Provider Rate Study Results:

- Target population rates
 - Part C
 - Currently operating at 1.74%, but state goal is 2.36%. Projected increase target to 2.86% for FFY 2025, yet Montana has a declining population. ECFSD epidemiology staff are currently assessing what the target population will be.
 - FES
 - Estimated 70% of the Part C population
- Costs
 - Part C costs more to administer than FES

Montana Milestones: Part C & Family Education Support Program (cont.)

Current Rate Structure

Part C					
Region	# Served	Monthly Amount per tier		Entry of Tier	Top of Tier Rate
Region 1					
Tiers					
117% plus	92+	\$	43,172.01	\$ 518,073.72	\$ 469.27
110% - 116%	87-91	\$	41,004.00	\$ 492,048.00	\$ 471.31
100% - 109%	79-86	\$	37,652.89		\$ 476.62
95% - 99%	75-78	\$	35,770.25		\$ 476.94
80% - 94%	62-74	\$	29,519.87		\$ 468.57
70% - 79%	55-62	\$	25,302.74		\$ 460.05
Region 2					
Tiers	# Served	Monthly Amount per tier		Entry of Tier	Top of Tier Rate
117% plus	161+	\$	75,415.79	\$ 904,989.48	\$ 468.42
110% - 116%	152-160	\$	71,627.24		\$ 471.23
100% - 109%	138-151	\$	65,773.41		\$ 476.62
95% - 99%	131-137	\$	62,484.74	\$ 749,816.88	\$ 476.98
80% - 94%	110-130	\$	51,566.35		\$ 468.79
70% - 79%	97-109	\$	44,199.73		\$ 455.67
Region 3					
Tiers	# Served	Monthly Amount per tier		Entry of Tier	Top of Tier Rate
117% plus	209+	\$	97,921.93	\$ 1,173,863.16	\$ 468.05
110% - 116%	197-208	\$	92,907.80		\$ 471.51
100% - 109%	179-196	\$	85,314.78		\$ 476.62
95% - 99%	170-178	\$	81,049.04		\$ 476.76
80% - 94%	143-169	\$	66,886.79		\$ 467.74
70% - 79%	125-142	\$	57,331.53		\$ 458.65
Region 4					
Tiers	# Served	Monthly Amount per tier		Entry of Tier	Top of Tier Rate
117% plus	227+	\$	106,563.79	\$ 1,278,789.48	\$ 469.45
110% - 116%	214-226	\$	101,212.41		\$ 472.96
100% - 109%	195-213	\$	92,940.69		\$ 476.62
95% - 99%	185-194	\$	88,293.65	\$ 1,059,523.80	\$ 477.26
80% - 94%	156-184	\$	72,865.50		\$ 467.09
70% - 79%	136-155	\$	62,456.14		\$ 459.24
Region 5					
Tiers	# Served	Monthly Amount per tier		Entry of Tier	Top of Tier Rate
117% plus	266+	\$	124,600.00	\$ 1,495,200.00	\$ 468.42
110% - 116%	250-265	\$	118,340.66		\$ 473.36
100% - 109%	228-249	\$	108,669.11		\$ 476.62
95% - 99%	217-227	\$	103,235.65		\$ 475.74
80% - 94%	182-216	\$	85,196.58	\$ 1,022,358.96	\$ 468.11
70% - 79%	160-181	\$	73,025.64		\$ 456.41

Proposed Rate

Structure	SFY 25 Cost
Program	PMPM
Part C (Part C Only)	555.83
Part C (Combined)	546.32
FES ("Top-Down")	532.46
FES ("Bottom-UP")	475.59

Montana Milestones: Part C & Family Education Support Program (cont.)

Next Steps:

- Department is analyzing the population projections from the study to determine service population for the new RFPs.
- Department will assess the potential for a budget request for 2025 legislative session. **EPP is the only mechanism to increase long-term enhanced funding for the program.**
- Department will release two RFPs (Part C and FES) in early 2024 for new contracts to begin July 1, 2024 (SFY25).






CFHHS Follow-up Letter March 2024

Final Audit Report

2024-03-11

Created:	2024-03-11
By:	Family Outreach (adobe29@familyoutreach.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAL-DbbXodWf-n-S5D8j3EYy1J5yryPn5-

"CFHHS Follow-up Letter March 2024" History

-  Document created by Family Outreach (adobe29@familyoutreach.org)
2024-03-11 - 7:59:39 PM GMT
-  Document emailed to Greg Malone (gmalone@childdevcenter.org) for signature
2024-03-11 - 7:59:45 PM GMT
-  Email viewed by Greg Malone (gmalone@childdevcenter.org)
2024-03-11 - 8:01:52 PM GMT
-  Document e-signed by Greg Malone (gmalone@childdevcenter.org)
Signature Date: 2024-03-11 - 8:02:31 PM GMT - Time Source: server
-  Agreement completed.
2024-03-11 - 8:02:31 PM GMT

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 3:02 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 15:02

First Name:
Katie

Last Name:
Holman

Email Address:
katie@bgcmisoulacounty.org

Subject:
Proposed Childcare Rules

Comment:

I am writing in strong support of the proposed childcare rules. The proposed rules provide much needed clean-up of the existing childcare rules and create a viable path to licensure for programs who may want to license, but exclusively serve school-age children, which the current rules do not provide for. Out-of-school-time programs, like Boys & Girls Clubs, provide flexible, affordable, high-quality options and choices for families with school age children, afterschool and during the summer, that provide critical support that help families improve their situation. Boys & Girls Clubs make a difference for children and families and have been proven to increase graduation rates, reduce crime, substance abuse, early pregnancy and build critical skills to succeed in college and the workforce. Approval of the proposed licensure rules would provide another tool local for Clubs to access funds to augment their programs and increase the quality, capacity, and impact they have on children and families. I encourage you to refrain from formally objecting to these rules today and to work with the Department, to find a way to move the rule package forward. I recognize there are severely objectionable parts of the rules, and I suggest those parts be separated for further work, and the vast majority of the rules move forward so the children and families Boys & Girls Clubs in Montana serve do not lose two to three more years without the support these revised rules could provide.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

March 11, 2024

Children, Families, Health, and Human Services Interim Committee and
Director Charlie Brereton, DPHHS
111 North Sanders, Room 301
Helena, MT 59620



Dear Director Brereton and CFHHS Interim Committee,

We, Montana Families for Vaccines, a group of parents, grandparents, and community members, commend your efforts to establish new childcare package rules for childcare programs. We want to acknowledge that the majority of the proposed changes within draft rule 37-1044 are favorable in supporting children, families, and the workforce. Nonetheless, concerns related to the changes in immunizations require further consideration, such as the inclusion of religious exemptions for vaccinations and the weakening of outbreak mitigation controls.

Specifically, the New Rule LXV should be removed from the draft rules package because it adds a religious exemption to all childcare vaccine requirements. Small childcare providers (15 children or less) have the choice to enroll children with religious exemptions if they have written policies that regulate parent notification of unimmunized children in their centers. However, large childcare centers with more than sixteen children do not have a choice. They must accept religious exemptions without any mandate to notify parents if unimmunized children are in their centers. This rule weakens public health and safety by increasing the risk of vaccine-preventable disease (VPD) transmission.

If a VPD outbreak occurs at a childcare center, public health's ability to protect the safety of children and staff should be the standard. Outbreak mitigation is paramount in stopping the spread of VPD, and this is done by maintaining data and records of immunization statuses for children and staff. Also, local health departments need the authority to quarantine sick and high-risk people to stop a VPD outbreak, along with reporting and recordkeeping to ensure that an outbreak doesn't spread further and last longer in the community. The proposed rules package removes this vital function and should not be included. Parents and caregivers should know that children are protected while in a provider's care.

DPHHS is charged with protecting the health and safety of children and staff in childcare centers licensed by the state. The proposed rules don't do that; instead, they raise the risk of VPD. We appreciate the interim committee's formal objection to the rules. Still, more than their objection is needed to address the real problem, which would allow additional exemptions that would increase the risk of VPD. We'd urge the committee to make a formal objection to the vaccination aspect of the rules by removing the confusing religious exemptions language and leaving the outbreak mitigation functions while passing the rest of the childcare package.

Draft rule 37-1044 is good for business because it helps childcare providers navigate licensure and registration expectations in our state. Sadly, New Rule LXV will cause more children to get sick and more parents to miss work, which in turn is bad for businesses. Businesses and parents should have an option; the outbreak mitigations will protect everyone.

In closing, I am a parent of five small children and know that when I leave them in the care of others, including childcare centers and childcare providers, I expect the highest standard of care and safety. Vaccinations for my children not only protect them from VPD but also babies and young children who have not yet been fully vaccinated. It is all of our responsibility to protect them. It is also our right to know the risks when choosing a childcare center that accepts unimmunized children in the event of a VPD outbreak. Montana families and I are truly grateful for your vital work in our communities. Please let us know if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'L. Killback', with a stylized flourish at the end.

Lawrence Killback, MPH
Director, MT Families for Vaccines

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 3:35 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 15:34

First Name:
Lawrence

Last Name:
Killsback

Email Address:
lawrence@mtfamiliesforvaccines.org

Subject:
Opposing vaccination exemptions with proposed rules for childcare centers.

Comment:

Dear Director Brereton and CFHHS Interim Committee, We, Montana Families for Vaccines, a group of parents, grandparents, and community members, commend your efforts to establish new childcare package rules for childcare programs. We want to acknowledge that the majority of the proposed changes within draft rule 37-1044 are favorable in supporting children, families, and the workforce. Nonetheless, concerns related to the changes in immunizations require further consideration, such as the inclusion of religious exemptions for vaccinations and the weakening of outbreak mitigation controls. Specifically, the New Rule LXV should be removed from the draft rules package because it adds a religious exemption to all childcare vaccine requirements. Small childcare providers (15 children or less) have the choice to enroll children with religious exemptions if they have written policies that regulate parent notification of unimmunized children in their centers. However, large childcare centers with more than sixteen children do not have a choice. They must accept religious exemptions without any mandate to notify parents if unimmunized children are in their centers. This rule weakens public health and safety by increasing the risk of vaccine-preventable disease (VPD) transmission. If a VPD outbreak occurs at a childcare center, public health's ability to protect the safety of children and staff should be the standard. Outbreak mitigation is paramount in stopping the spread of VPD, and this is done by maintaining data and records of immunization statuses for children and staff. Also, local health departments need the authority to quarantine sick and high-risk people to stop a VPD outbreak, along with reporting and recordkeeping to ensure that an outbreak doesn't spread further and last longer in the community. The proposed rules package removes this vital function and should not be included. Parents and caregivers should know that children are protected while in a provider's care. DPHHS is charged with protecting the health and safety of children and staff in childcare centers licensed by the state. The proposed rules don't do that; instead, they raise the risk of VPD. We appreciate the interim committee's formal objection to the rules. Still, more than their objection is needed to address the real problem, which would allow additional exemptions that would increase the risk of VPD. We'd urge the committee to make a formal objection to the vaccination aspect of the rules by removing the confusing religious exemptions language and leaving the outbreak mitigation functions while passing the rest of the childcare package. Draft rule 37-1044 is good for business

because it helps childcare providers navigate licensure and registration expectations in our state. Sadly, New Rule LXV will cause more children to get sick and more parents to miss work, which in turn is bad for businesses. Businesses and parents should have an option; the outbreak mitigations will protect everyone. In closing, I am a parent of five small children and know that when I leave them in the care of others, including childcare centers and childcare providers, I expect the highest standard of care and safety. Vaccinations for my children not only protect them from VPD but also babies and young children who have not yet been fully vaccinated. It is all of our responsibility to protect them. It is also our right to know the risks when choosing a childcare center that accepts unimmunized children in the event of a VPD outbreak. Montana families and I are truly grateful for your vital work in our communities. Please let us know if you have questions. Sincerely, Lawrence Killsback, MPH Director, MT Families for Vaccines

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 6:23 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 18:23

First Name:
Amy

Last Name:
Vaughan

Email Address:
ceo@bgclublewistown.com

Subject:
Childcare Licensure decision & its impact on afterschool programs

Comment:

The current rules package paves the way for school age exclusive programs to actually obtain licensure, something that can provide better oversight from the state and ultimately insure better programming. These rules were developed with the feedback of many stakeholders over the last few years, in an effort to understand the perspectives of many and find a solution that can be implemented with fidelity. Boys & Girls Clubs across this state, and across the nation, make a huge impact in communities large and small. Not just supporting working families, but providing engaging and life giving activities that encourage children to think about a brighter future for themselves, rather than spending their out of school time on screens, wandering town, or other non productive situations. Moving this licensure forward is a great step towards making licensure for afterschool age focused programs a reality.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

Songer, Jolanda

From: donotreply@legmt.gov
Sent: Monday, March 11, 2024 7:59 PM
To: LEG Cmte-CFHHScomment
Subject: Public Comment for CFHHS

Public Comments for Children, Families, Health, and Human Services Interim Committee

Date: 11th March 2024 19:59

First Name:

Anne

Last Name:

Reimann-Moody

Email Address:

areimannmoody@gmail.com

Subject:

Child care vaccine laws

Comment:

It is incredibly important that daycare centers require vaccines for children under their care. As a healthcare professional, I am concerned that by not requiring vaccinations, disease outbreaks will spread. It is vital to the health of our communities that we recognize the importance of requiring vaccinations in spaces likely to spread disease, such as daycare centers.

Sent via leg.mt.gov/committees/interim/cfhhs/public-comments-cfhhs/

