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DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

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October 22, 2024

DPHHS Response to HB 29 Transition Review Committee Recommendations[1]

1. Establish a procedure to bridge Medicaid funding as part of the discharge planning process, including application assistance and approval before a patient is discharged whenever possible.

   The Montana State Hospital (MSH) eligibility specialist is an already established position. This position collaborates with the Office of Public Assistance (OPA) regarding Medicaid applications, including Long-Term Care Medicaid, when patients meet eligibility criteria. This position is ultimately responsible for ensuring that Medicaid-eligible patients have their Medicaid eligibility established and pending prior to discharge. This ensures that when patients are ready to be discharged into the community, Medicaid eligibility is not a barrier to receiving necessary community-based care.

2. Expand opportunities for Medicaid add-on payments for assisted living facilities (ALFs), nursing homes, and other community-based residential facilities. Streamline the add-on application process and provide applicants with a detailed rubric so they know what to expect from the assessment process. Implement automatic add-on approval for facilities receiving or diverting patients from Montana State Hospital.

   The Department is already modifying the add-on payment process so Medicaid eligible individuals who are transitioning from MSH to a skilled nursing facility (SNF) will automatically qualify for the add-on payment for a period of six months. At the end of the six-month period, the SNF will be able to submit the required information to extend the authorization for the add-on payment based on the individual's current needs and circumstances. The Department has conducted two trainings on the existing rubric and process for SNFs and will schedule additional trainings once the revised process is finalized. The Department is also exploring the potential of amending the Big Sky Waiver (BSW) to allow for reserved capacity for individuals transitioning out of MSH who do not require nursing facility level of care. The Department is also interested in working with providers and Case Management Teams (CMTs) to identify potential

[1] Recommendations issued via two letters to Director Brereton on July 24 and October 4, 2024.

changes to current processes that would streamline add-on payments to divert patients from MSH.

3. Provide training grants to community-based residential facilities that wish to give employees evidence-based training tailored to caring for patients with traumatic brain injury and dementia, especially patients with advanced disease or complex care needs. We particularly recommend grants to encourage training on de-escalation techniques, understanding and managing common behaviors, and communication techniques. The committee encourages Montana State Hospital to train its staff on these topics as well.

   Through the Civil Monetary Penalty (CMP) program, SNFs are currently able to apply for funds (up to $5,000 per year) to support training efforts that directly benefit nursing facility residents. A recently approved CMP project will provide 12 SNFs with EssentiALZ training and certification. EssentiALZ training and certification, developed with evidence from the Dementia Care Practice Recommendations, educates professional care providers on current evidence-based, person-centered practices to care for individuals living with dementia. This training will provide essential guidance to care professionals and families for optimizing care and communication and will enable participating SNFs to demonstrate to prospective residents and their families that they are implementing the latest evidence-based, person-centered care practices for persons living with dementia. This training and certification will positively impact up to 240 front line staff, which in turn will result in higher quality care. In addition to this training and certification initiative, the Department is exploring the development of a training grant program for other community-based providers, such as ALFs, who do not have access to CMP funds.

4. Explore options for on-call support that offer tailored and skilled assistance to community-based residential facilities so their staff have an alternative to emergency services when patients experience challenging behavioral and psychiatric symptoms of traumatic brain injury and dementia. Encourage community facilities to create and foster relationships with their local crisis response teams.

   Mobile Crisis Response (MCR) services are available on a limited basis in a limited number of communities across the state. These services are designed to provide assistance to individuals in a crisis when they are in the community and outside of a residential setting. Medicaid and State funding is available to reimburse for these services.MCR can also be a resource for residential providers who do not have internal capacity to stabilize their residents.

Additionally, crisis receiving centers can provide a safe and appropriate place to go for individuals in crisis when they cannot be stabilized in the community. Receiving centers act as a low-barrier alternative to emergency department settings for individuals in crisis who need tailored services in a clinically appropriate setting. The Department has already partnered with the University of Montana to develop standardized training resources for crisis workers across Montana. These resources are being designed to better prepare crisis workers to respond to specific populations, such as those with intellectual/developmental disabilities, dementia, and other mentally compromising symptomology.

5. Provide an MSH representative to work with committee Member Ms. Heather O'Hara to compile useful data for the committee.

   The HIPAA Privacy Rule is established to protect individuals' medical records. The review of confidential medical records is ultimately required to collect and analyze data for the committee. Only authorized DPHHS personnel may review these records.

6. Replicate the portal used by the Developmental Disabilities Program to connect individuals with services, programs, and facilities.

   The Senior and Long-Term Care Division (SLTC) will work with CMTs and BSW providers to explore replicating the port list for the BSW. If CMTs and BSW providers believe a port list would be beneficial, SLTC will provide administrative support to develop and maintain the port list.

7. Implement automatic Medicaid add-on approval for facilities receiving or diverting patients from Montana State Hospital.

   Please see the response to #2.

8. Create a grant program or other funding stream for long-term care providers that need additional resources to retrofit their facilities to welcome patients discharged from the MSH. We encourage the grants be made available across the spectrum of community- and home-based services.

   The Department is already exploring the development of a transition grant program for long-term care providers. As part of the evaluation process, the Department is considering long-term funding sustainability for a grant program of this nature.