HB 29 Transition Review Committee

December 13, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agenda

- HB 29 Patient Identification Process
- Follow up on 22 HB 29 patients
- Add-On Expenditures and Denials
- DPHHS Progress
- DPHHS Next Steps

HB 29 Patient Identification Process

- A patient admitted under court order with a diagnosis of Alzheimer's disease, other forms of dementia, or TBI who is a danger to themselves or others at time of admission (not a HB 29 patient)
- A patient who is successfully treated during hospitalization, resulting in stabilization of the patient's status and an opportunity for community placement (a HB 29 patient)
  - This status initiates DPHHS's required discharge process

October 2024

Follow up on 22 HB 29 Patients

Patient Status	Week 1	Week 2	Week 3	Week 4
Ready for Discharge (30 days stability)	15	17	15	16
Pending discharges	2	2	2	2
Denials from providers	5	8	1	0
Discharged	0	1	0	0
Remaining 22 Patients	22	21	21	21

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November 2024

Follow up on 22 HB 29 Patients

Patient Status	Week 1	Week 2	Week 3	Week 4
Ready for Discharge (30 days stability)	15	14	14	14
Pending discharges	1	1	1	1
Denials	2	1	1	1
Discharged	2	1	0	0
Remaining 22 Patients	19	18	18	18

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FY 2024/FY 2025 To Date Add-On Expenditures and Denials

Behavior Requests	Authorized Amount	Approved	Denied
FY 2024	$1,126,690.00	70	58
July 2024	$67,500.00	5	5
August 2024	$202,500.00	12	5
September 2024	$310,500.00	19	13
October 2024	$364,500.00	19	12

*In FY 2025 data, six denials were later approved with subsequent request.

Denial Reason (SFY2024-October 2024)	# of Denials
Documentation does not support criteria for request	53
Does not meet criteria	39
Cannot be backdated	1

Add-On Policy and Training

Add-on Policy

- Add on payments are intended for patients with “above and beyond” the normal scope of care needed for nursing facility patients.
- Requests are approved for cases based on the complex-care levels that are medically necessary and relate specifically to the patient’s diagnosis and documented plan of care.
- The rates for add-on levels are set at $75 increments. Each level has specific criteria based on the level of care/assistance needed. The program is intended for temporary assistance for these cases; however, some residents may need additional supports on a long-term basis.

Mountain Pacific Review

- Add-on requests are submitted through Mountain Pacific, which does a clinical review. The Complex Care Levels Request Form (https://medicaidprovider.mt.gov/docs/forms/MedicaidNursingFacilityAdd-onApplication.pdf) is submitted along with supporting documentation; additional information can be requested by Mountain Pacific as needed. All denials are peer reviewed by a physician. A denial letter includes a description of the reason why the request was denied and an explanation of the appeal process.

Training

- Training was provided in February, September, and December 2024. A recording of the training is available on Mountain Pacific’s website: Medicaid Portal - Education & Training - Mountain-Pacific Quality Healthcare (mpqhf.org)

DPHHS Progress

In reference to reporting requirements HB 29 Section 7 (1)(a)(ii) and (iii):

- DPHHS Complex Care Coordinators regularly meet with different facilities and develop community-based relationships
- MSH CEO, State Medical Officer, and DPHHS Complex Care Coordinators continue to review medical and discharge information pertaining to HB 29 patients
- Eligibility and Enrollment Specialists are onsite at MSH and coordinate with DPHHS Office of Public Assistance Health Coverage Unit
- **DPHHS continues to face significant challenges with finding appropriate placement for patients with Alzheimer's, other forms of dementia, and/or TBI**
- DPHHS continues to educate providers on the add-on process and how to appropriately maximize these payments to facilitate placements

DPHHS Next Steps

In reference to reporting requirements HB 29 Section 7 (1)(a)(ii) and (iii):

- Transition grants of up to $10,000 per patient will be available to nursing facilities or other community-based providers to support the discharge of HB29 patients from MSH.

- Effective November 1, 2024, SLTC has revised the add-on process to automatically authorize Level III add-ons for HB 29 patients transitioning from MSH or other institutional settings to a skilled nursing facility for a period of six months.

- Provider training on the add-on process, automatic add-on changes and transition grants was held on December 10, 2024.

Conclusion

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