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Transition Review Committee

68th Montana Legislature

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November 7, 2024

Director Charles Brereton
Department of Public Health and Human Services
111 North Sanders, Suite 301
Helena, Montana 59601

Dear Director Brereton:

The 68th Montana Legislature charged the Transition Review Committee with making recommendations to the Department of Public Health and Human Services on potential solutions for alleviating problems encountered during the transition of patients from the Montana State Hospital to community settings. At its meeting on October 23, 2024, the Transition Review Committee identified several additional recommendations and requests for information.

Recommendations

Community-based assisted living and skilled nursing facilities consistently testify to the Committee that Medicaid add-ons are crucial to their ability to properly care for patients transitioning from the Montana State Hospital. When commitment to the Montana State Hospital is no longer an option for high-needs patients with a primary diagnosis of dementia or traumatic brain injury, these add-ons will ensure community-based facilities are ready to serve as primary placement facilities.

The Committee thanks the Department for opening Medicaid add-on opportunities to assisted living facilities, and believes this is an important step toward developing community placement opportunities for Montanans who need high levels of care. The Committee recommends that the Department:

1. Replace the current policy of not granting Level III add-ons with a policy allowing Level III add-ons.

2. Allow add-ons for all categories of assisted living for this population. Consider that the add-on is for the person who needs care, wherever they can find a bed.

3. Provide rejected add-on applicants with opportunities to file a grievance or have a hearing to restate their case.

4. Encourage assisted living facilities to apply for Medicaid add-ons for eligible patients, through DPHHS marketing of these opportunities and add-on application guidance.

5. Develop a continuation plan for add-on rates to help maintain a level of care that best meets the needs of patients. Successful continuation plans should include flexibility to allow for changing patient needs, including higher or lower care levels. Continuation plans should not include artificial barriers (such as standardized facility caps on add-ons or short approval periods before required renewal).

Requests for Information

The Committee requests a response to the following information requests by December 2, 2024:

1. Of the patients at Montana State Hospital, how many need to transition to a skilled nursing facility? For how many would an assisted living facility be the appropriate level of care?

2. Why does the Department outsource add-on determinations? How much does it cost to outsource add-on determinations? How much did it cost to process add-on applications "in house" by Department staff? Who is responsible for the decision to make tier 3 add-ons "very rare?"

3. How many assisted living facilities have applied for add-on rates for Level II services? How many Level II applicants were approved for Level II add-ons, and how many Level II applicants were approved for Level I? How many were denied for add-ons at all levels, and for what reasons?

4. The Department provides grants to community facilities, primarily for training staff to work with patients who have dementia or traumatic brain injury. What other types of grant funding for facilities has the Department implemented? How many grant applications has the Department received? How many have been approved? How many grants, and how much total funding, has been distributed?

The Committee discussed the potential contract with iCare to administer services to the population identified in House Bill 29 (2023) in addition to justice-affiliated individuals. The Committee recognizes that an "iCare facility" is in the earliest stages of development, but still has several concerns and questions:

5. The Department indicated that iCare is for "difficult to place" patients. What criteria will be used to assess who is "difficult to place"? How will those criteria ensure that patients are not sent to iCare if it is an inappropriately restrictive setting for them?

6. Could the iCare facility be placed at the Montana State Hospital?

7. How will iCare serve the needs of justice-affiliated patients while providing less restrictive care for other patients?

By passing House Bill 29 (2023), the Legislature expressed its desire that individuals with primary diagnoses of traumatic brain injury, Alzheimer's disease, and other dementias be served in community-based settings that provide appropriate care and effective treatment in the least restrictive environment possible.

Representatives of community-based facilities express an earnest desire to welcome these patients, and have voiced what support they require to do so safely. It is our hope that the presence of an iCare facility in Montana will not extinguish opportunities for patient placement in other community settings. Can you assure the Committee that this facility will not be established in lieu of developing community-based placements across Montana?

If the Department needs support to implement the recommendations outlined in this letter, or those outlined in our October 23, 2024 and July 24, 2024 letters, the Committee will assist you in any way possible. The Committee next meets on December 13, 2024.

Sincerely,

Jennifer Carlson

Representative Jennifer Carlson
Presiding Officer
Transition Review Committee

Senator Chris Pope
Vice Presiding Officer
Transition Review Committee

CC: Transition Review Committee members; Dr. Douglas Harrington, State Medical Officer; Dr. Kevin Flanigan, Montana State Hospital CEO; Rebecca de Camara, Interim Executive Director of Medicaid & Health Services; Lyndsey Carter, Interim Division Administrator of the Senior & Long Term Care Division; and Rose Hughes, Executive Director of the Montana Health Care Association