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Transition Review Committee

68th Montana Legislature

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October 4, 2024

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

Dear Director Brereton:

At its meeting on September 13, 2024, the Transition Review Committee identified several recommendations and information requests for the Department. Additionally, the committee again discussed a representative from Montana State Hospital working with committee member Ms. Heather O'Hara to compile useful data for the committee. This idea was first discussed at the July meeting. Ms. O'Hara has not yet received a response.

Recommendations

These new recommendations supplement the recommendations made by the committee detailed in our letter to the Department on July 24, 2024 (attached). We welcome a response and discussion to those recommendations, as well as these three new recommendations.

1. Replicate the portal used by the Developmental Disabilities Program to connect individuals with services, programs, and facilities.
2. Implement automatic Medicaid add-on approval for facilities receiving or diverting patients from Montana State Hospital.
3. 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 Montana State Hospital. We encourage the grants be made available across the spectrum of community- and home-based services.

Requests for Information

The committee would appreciate responses to the following requests in advance of the October 23, 2024 meeting:

1. What Medicaid waivers are currently available in Montana to support individuals with a traumatic brain injury or dementia?

2. What are the policies and procedures for approving (or denying) behavioral health Medicaid add-ons for community placements outside of a facility? Are there add-ons available that could help patients receive care at home, or in the home of a relative?

3. Committee discussion often returns to the idea of pre-placement visits. Community providers emphasize that they find these visits helpful to ensure their environment is appropriate for a patient, and to understand what care the patient needs. However, the committee recognizes the Department faces barriers to implementing pre-placement visits, including custody concerns for patients committed by a judge.

   We would like to know what the Department and Montana State Hospital would require to implement pre-placement visits. What are the barriers at the state and federal level? What other barriers exist? Is there anything the legislature or judiciary could do to mitigate custody-related concerns?

4. The committee discussed allowing community providers to evaluate the patient at the Montana State Hospital as an alternative to a pre-placement visit. An evaluation at the hospital could also supplement pre-placement visits, ensuring that a patient's routine is not disrupted unnecessarily by a pre-placement visit in a facility that cannot meet their current or ongoing needs.

   What would the Department and the Montana State Hospital require of a community provider before the community provider may evaluate a patient at the Montana State Hospital? Are there any other requirements before providers may perform these evaluations at the Montana State Hospital?

5. The committee is curious about the add-on decision-making process at Mountain-Pacific Quality Health. The committee requests:

   - a copy of the rubric Mountain-Pacific Quality Health uses to evaluate add-on requests;
   - specific details about why add-on requests were denied; and
   - the rate of denials made by Mountain-Pacific Quality Health, and the rate of denials made by the Department when it reviewed add-on requests.

6. In what ways does the Department work with community supports – facilities, nonprofits, churches and religious organizations, AmeriCorps service programs, and other entities and resources – to support individuals with dementia and traumatic brain injury who are at risk of being committed to the Montana State Hospital?

Ideas

The above information requests were spurred by the committee's discussion on potential recommendations. We want to understand the Department's perspective and learn about any

potential challenges before we translate a few of our ideas into formal recommendations. To contextualize to our requests, we have included the related ideas below.

The Transition Review Committee would like to explore ways to:

- Leverage community supports to help patients transition from the Montana State Hospital to, and succeed at remaining within, the least restrictive setting appropriate for their condition and behaviors.
- License eligible long-term care providers as category D facilities, as there are currently no facilities with this license in Montana.
- Open up the behavioral health add-on policy for community placements outside of a facility.

We recognize that there are administrative concerns to consider before implementing any recommendation or idea. Our recent discussions with the Department helped illuminate some of these potential challenges, and we are keen to continue this open dialogue. If there is any other information you would like us to have, or if you have questions about our recommendations and ideas, please let us know.

Sincerely,

Representative Jennifer Carlson
Presiding Officer
Transition Review Committee

Senator Chris Pope
Vice Presiding Officer
Transition Review Committee

Attachment: the Transition Review Committee's July 24, 2024 letter to the Department

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