

Department Updates

Children, Families, Health, and Human Services Interim
Committee

March 9, 2026



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

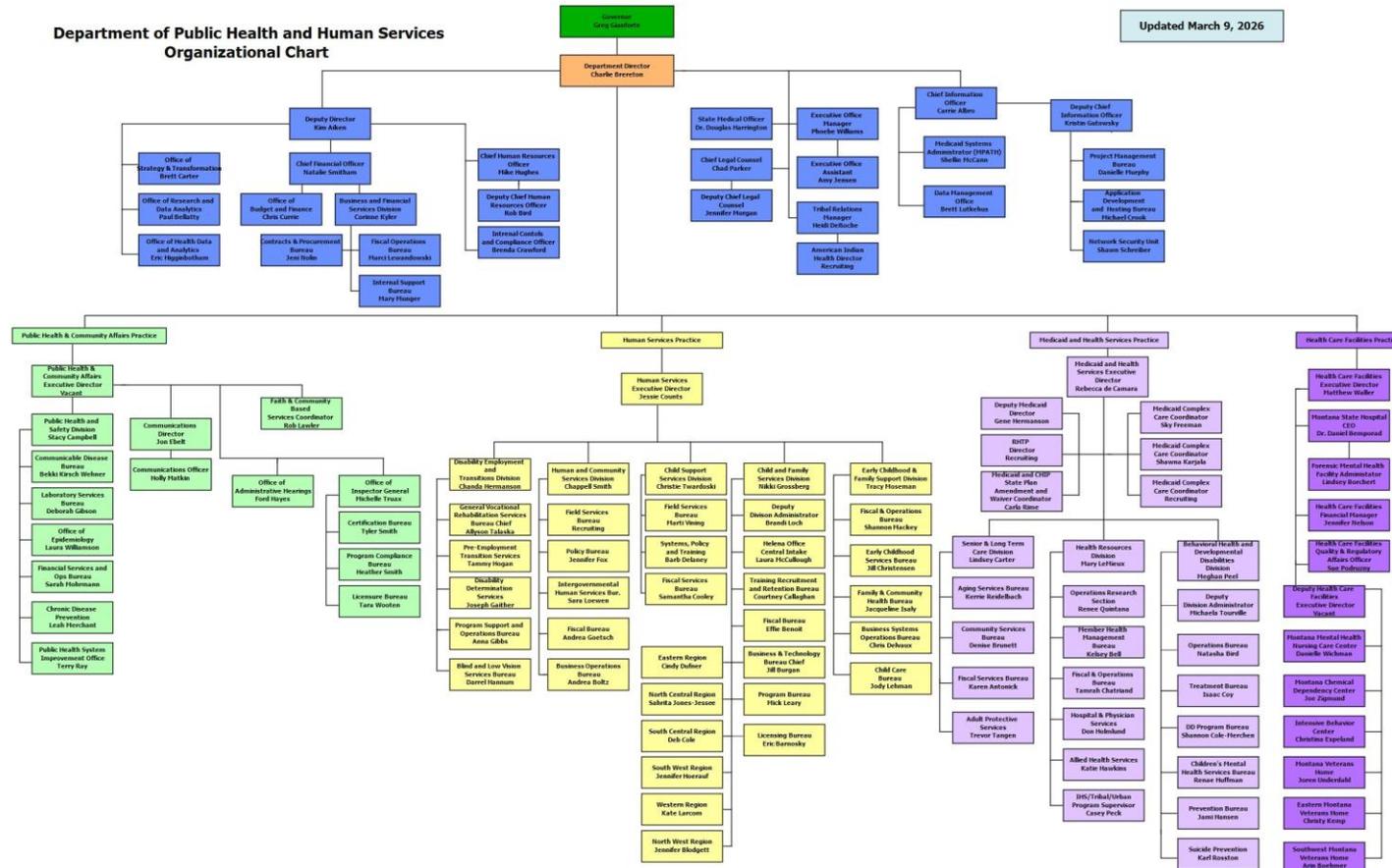
- H.R. 1 Implementation
- Rural Health Transformation Program (RHTP)
- Technology Modernization Update
- Montana State Hospital: Continuous Improvement and Recertification Update
- Olmstead Plan Update



DPHHS Organizational Chart

Department of Public Health and Human Services
Organizational Chart

Updated March 9, 2026



H.R. 1 Implementation

Jessie Counts, Human Services Executive Director



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Montana's Commitment to July 1 Implementation of Medicaid Expansion Community Engagement Requirements

Montana state leadership, including the Governor and Legislature, have long signaled their commitment to implementing work requirements (i.e., community engagement (CE) requirements)

- In 2019, the Montana Legislature passed HB 658, which included CE requirements.
- In 2025, Montana submitted an 1115 Demonstration waiver to CMS to align the state's Medicaid Expansion program with H.R. 1 requirements, including CE, and gain authority to implement them as soon as possible.
 - Based on feedback from CMS, DPHHS now intends to pursue CE requirements in H.R. 1 through a State Plan Amendment, not the 1115 Demonstration waiver.
- Montana intends to use lessons learned from these efforts to effectively implement CE requirements as a national "early adopter" with a go-live date of July 1, 2026.



Overview: Montana's Approach for Community Engagement and Six-Month Redetermination Implementation

- DPHHS will be **operationally ready to launch CE and six-month redetermination requirements** established in H.R. 1 (One Big Beautiful Bill Act) on **July 1, 2026**
- The launch will also **move renewed and approved cases to a six-month renewal timeline**
 - On July 1, DPHHS intends to **implement the new six-month cycle and “pull forward” cases for an early redetermination** to align with the new six-month certification period

Note: MT's Medicaid eligibility process includes a 60-day redetermination process and a 30-day cure period.



Renewals

JULY – SEPTEMBER 2026

- DPHHS will implement CE requirements on July 1, 2026, **impacting cases with renewals due in August – October 2026 and the “pulled forward” cases with renewals due in February – April 2027.**
 - For example, **in July, the renewal process will be initiated for cases with renewal due dates of August 2026 and February 2027.**
 - For these existing client renewals, compliance with CE requirements will be evaluated, **but non-compliant cases will receive an informational notice/warning and will not yet be disenrolled.** A referral will be made to Helplink.
 - During this period, clients will be evaluated on an individual basis for verified exemptions.

POST-SEPTEMBER 2026

- **DPHHS will begin disenrolling for noncompliance with CE requirements**
- **In October 2026, cases with renewals due in November 2026 and May 2027 will be evaluated for CE compliance, and, in the case of noncompliance, the case will proceed to the 30-day cure period and potential disenrollment.**
 - The **first disenrollments for non-compliance would take effect December 31, 2026,** and the full caseload will be evaluated for CE requirements by April 2027, with any disenrollments for noncompliance completed by May 31, 2027.



New Applications

JULY – SEPTEMBER 2026

- DPHHS will implement CE requirements on July 1, 2026, **impacting new applications. New applications received from July 1 through September 30, 2026 will be evaluated for financial eligibility and CE requirements.**
 - Individuals who are financially eligible but do not meet CE requirements **will receive an informational notice/warning and will be approved.** A referral will be made to the HELP-Link Program.
 - During this period, clients will be evaluated on an individual basis for verified exemptions.

POST-SEPTEMBER 2026

- DPHHS will **begin denying new applications for noncompliance with CE requirements.**



DPHHS H.R. 1 Hiring and Training Update

Hiring Overview

- To manage the increased workload from H.R. 1 requirements, DPHHS is hiring 59 new staff members
- **Hiring status as of 2/26/2026:** For 59 funded H.R. 1 positions, 39 are filled and 20 are vacant (10 of the 20 are still in budget approval status)

Hiring Cost

- Anticipated cost for increased staffing is approximately \$4.3M for the first year

Training Timeline

- DPHHS will train two cohorts in 2026 in preparation for July 1st go-live:
 - Cohort 1: Trained from 1/18/2026 - 5/1/2026
 - Cohort 2: Trained from 3/9/2026 – 6/27/2026
 - Cohort 3 + ongoing recruitment: TBD



Communications and Stakeholder Engagement Approach

To effectively communicate to clients and stakeholders prior to the July 1st CE and six-month redetermination go-live, Montana plans to execute the following communications and stakeholder engagement activities:

	Cross-Cutting	Client Outreach	Community Partner Outreach	Provider Outreach [^]	DPHHS Staff
Immediate Priority: Complete by 3/31 (per CMS guidance)	<ul style="list-style-type: none"> Press Release Portal message* DPHHS Website* (single source of truth for information) 	<ul style="list-style-type: none"> Mailed and/or emailed informational notices (Expansion and Traditional Medicaid)* 	<ul style="list-style-type: none"> <i>N/A, direct to website (single source of truth) for information</i> 	<ul style="list-style-type: none"> <i>N/A, direct to website (single source of truth) for information</i> 	<ul style="list-style-type: none"> Department-wide email describing H.R. 1 changes
Future Priority: Complete after 3/31		<ul style="list-style-type: none"> Client-specific flyer/one-pager Medicaid Member Guide updates Standard CHIMES system notices 	<ul style="list-style-type: none"> Community partner webinar Tribal-specific outreach Training and engagement with MT Department of Labor and Industry 	<ul style="list-style-type: none"> Provider notice (letter/email) Provider-specific flyer/one-pager Provider training/webinar 	<ul style="list-style-type: none"> Department-wide email to announce go-live

*Activities used to meet CMS requirements for client communication

Key Takeaways

- Community Engagement
 - DPHHS will implement CE and six-month redeterminations early, with go-live on July 1, 2026
 - DPHHS is in the process of drafting a State Plan Amendment for CE authority
 - Cases will be “pulled forward” for six-month redeterminations
 - SNAP and TANF data will be leveraged from our integrated eligibility system, CHIMES
 - Six-month redeterminations will be aligned with SNAP due dates when possible
 - Client informational notices will be mailed on 3/13 for arrival before 3/31
- Premiums
 - Pending HELP 1115 waiver will cover premiums authority only
 - CMS has signaled that premiums won’t be considered until 2027



Rural Health Transformation Program (RHTP)

*Rebecca de Camara, Medicaid and Health Services Executive
Director*



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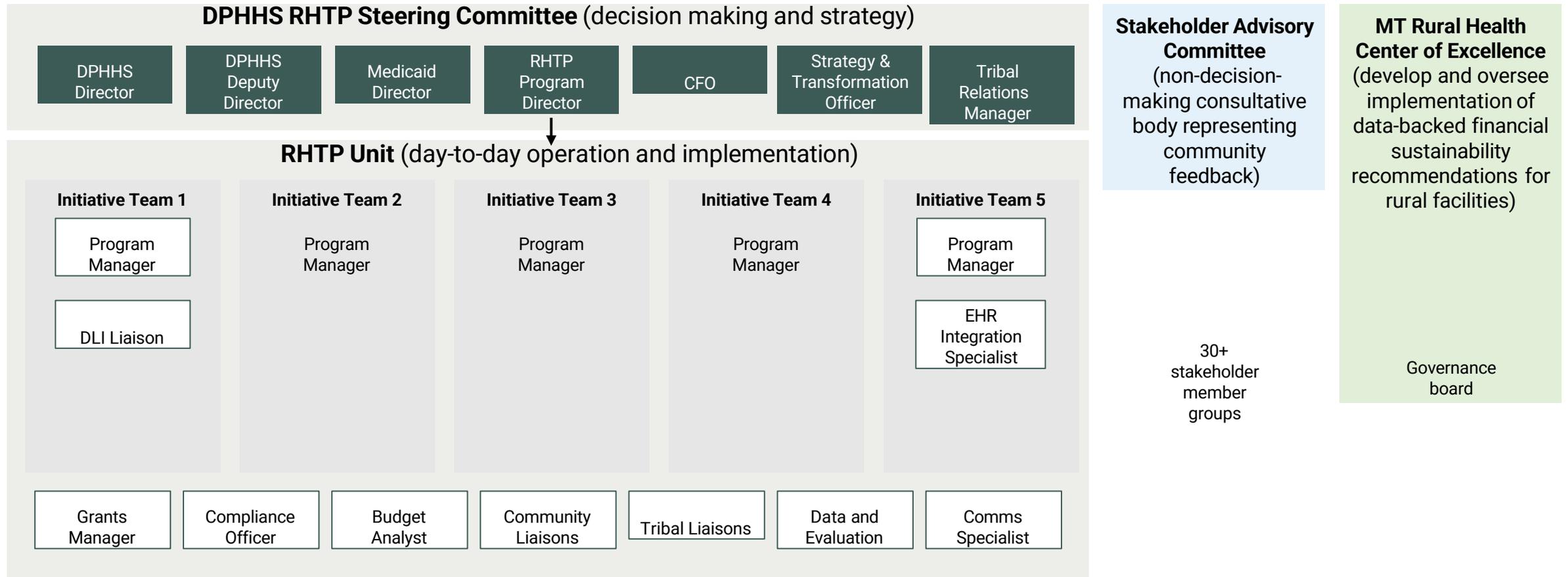
Montana is Committed to Five RHTP Initiatives

The \$233M CMS award must be used to support the five initiatives outlined in Montana's original application:

1. Develop **workforce** through recruitment, training, and retention
2. Ensure **rural facility sustainability** and access through partnerships and restructuring
3. Launch **innovative care** delivery and payment models
4. Invest in **community health and preventive** infrastructure
5. Deploy modern health care **technologies** to guide rural health interventions



DPHHS RHTP Governance Overview



RHTP Implementation

Recent Accomplishments

- CMS **approved / lifted restrictions on full FY26 budget (\$233M)**; DPHHS can now incur costs
- Conducted first **Stakeholder Advisory Committee** – feedback very positive
- Initiated **working relationships** with select implementing partners to define implementation plans and align on program evaluation metrics (e.g., DLI, BSCC, MHA)

Current priorities

- Developing **priority procurements**, including extensions to existing contracts
- Hiring for 21 roles comprising the **RHTP Unit**, and preparing to onboard new staff
- Standing up proactive **stakeholder communications** channels (e.g., monthly RHTP newsletter)
- Designing **CoE Governance**

Upcoming milestones

- ~March 11: Virtual **vendor fair** presentation
- ~March 20: first **RHTP newsletter** released
- Mid-late March: CoE Strategy and Analytics and CoE Implementation **RFPs** released
- Mid-late March: **RHTP Program Director** onboarded
- Mid-late March: **RHTP Program Managers** onboarded



Select RHTP Milestones: CY 2026

NOT EXHAUSTIVE

	Rest of Q1 (Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	Q4 (Oct-Dec)
Cross-cutting	<ul style="list-style-type: none"> • Priority RHTP roles (incl. Program Director, Program Managers) onboarded • First wave of procurements posted, virtual vendor fair offered 	<ul style="list-style-type: none"> • First CMS Program Officer site visit expected 	<ul style="list-style-type: none"> • CMS Annual Report 1 due • Second Stakeholder Advisory Committee takes place • Policy changes requested (e.g., Treat no Transport coverage, SNAP waiver) 	<ul style="list-style-type: none"> • FFY27 funding awarded by CMS • CMS Quarterly Report 1 due
Initiative-specific	<ol style="list-style-type: none"> 1 Finalize MOU with DLI 2 Finalize IDD telehealth contract expansion 5 Finalize SOW with HIE (BSCC) 	<ol style="list-style-type: none"> 1 Pre-apprenticeship pilots launched 2 Analysis for rural health profile started 5 EHR readiness assessment, stakeholder consultations conducted 	<ol style="list-style-type: none"> 2 COE Board convened; Y1 payments allocated 3 Provider TA for value-based payments started 3 Pharmacist point-of-care testing grants launched 5 EHR modernization grants launched 	<ol style="list-style-type: none"> 1 Clinical training pilots launched 2 Virtual care expansions launched 4 CHAP award distributed 5 HIE tool (e.g., bed registry) development started



Spotlight: Montana Rural Health Center of Excellence

Montana Rural Health Center of Excellence (CoE) will:

- Rapidly create a **rural health supply and demand fact base and develop recommendations** to align care delivery services with rural health needs at the county and facility level
- Develop plans for participating facilities to achieve persistent positive operating margins beyond the RHTP period without any additional State support
- Inform an opt-in program that provides incentive payments to providers that commit to measurable improvements in access, quality, and financial performance
- Be overseen by a governance board that includes impacted stakeholders, such as independent hospitals in rural and frontier communities

Voluntary Participation:

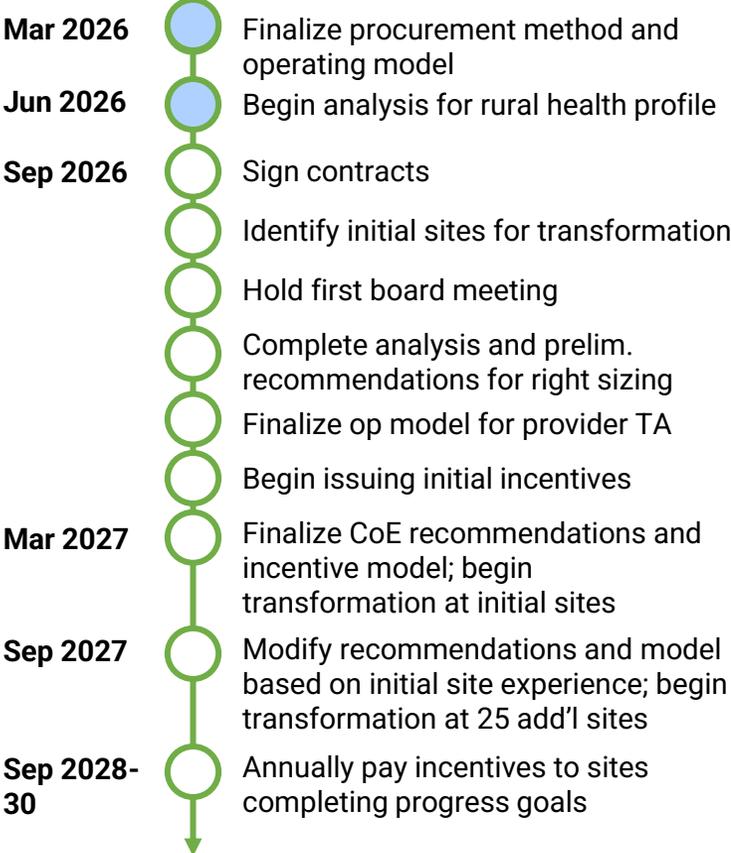
- Facilities that choose to participate and implement these CoE recommendations will receive incentive payments after implementing the recommended changes.

Implementation Support:

- A separate implementation partner will provide hands-on support, technical expertise, and change management resources to participating facilities to ensure that improvements are practical, sustainable, and aligned with the unique circumstances of rural Montana.

1. Not exhaustive; emphasizes nearer-term milestones and long-term milestones tied to impact targets or substantive outputs; milestones due at end of listed month, per implementation plan
 2. Assumes \$233M total RHTP funding in FFY26 and \$200M each in FFY27-30, pending further CMS decisions

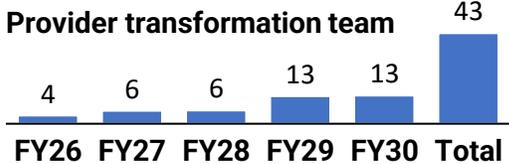
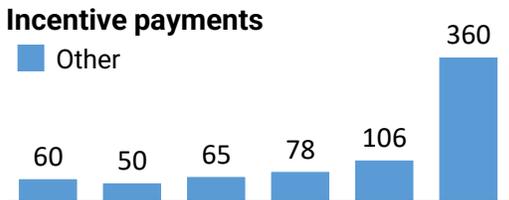
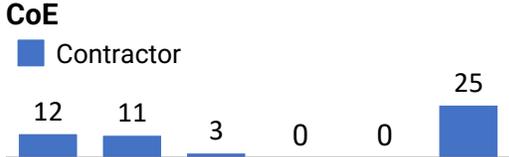
Priority implementation milestones¹



Annual budget (\$M)²

CoE, provider transformation funding disbursed to **contractors**

Incentive payments disbursed by DPHHS directly to provider orgs., within **grant agreements** (to be confirmed)



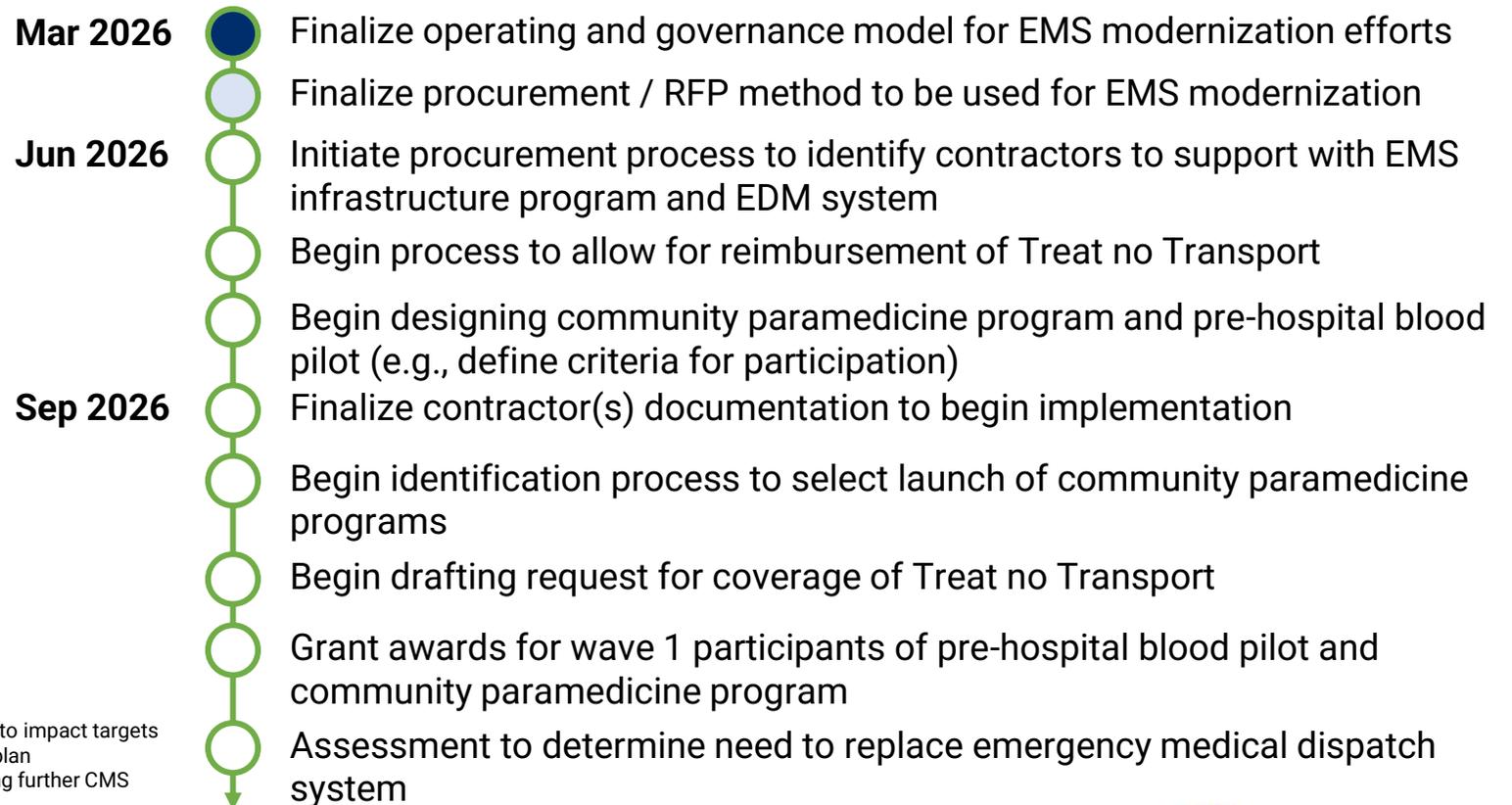
Spotlight: Initiative 3.2: Modernize EMS Care Model

Milestone status ● Complete ○ Started, on track ● At risk ○ Not yet started

Goals

- **Train community paramedics** to provide in home clinical and wellness evaluations, chronic disease management, and BH interventions
- Invest in foundational **emergency services infrastructure**
- Pilot **pre-hospital blood administration** program
- Update **Emergency Medical Dispatch System**

Priority implementation milestones for FFY 2026¹



1. Not exhaustive; emphasizes nearer-term milestones and long-term milestones tied to impact targets or substantive outputs; milestones due at end of listed month, per implementation plan
 2. Assumes \$233M total RHTP funding in FFY26 and \$200M each in FFY27-30, pending further CMS decisions

Required Stevens Amendment Language

This presentation is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$233,509,358.76 for FFY 2026, with 100% funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.



Technology Modernization Update

Jessie Counts, Human Services Executive Director
Carrie Albro, Chief Information Officer



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Technology Modernization Initiatives

- The Department is managing eight technology modernization initiatives across the Human Services Practice. The following slides highlight projects that have recently achieved major milestones.
- Antiquated systems are being replaced with secure, integrated platforms that will improve staff efficiency, reduce operational risk, and deliver faster, more reliable services to families and communities statewide.



Montana Access to Quality Child Care System (MAQCS)

On February 5, 2026, the Early Childhood and Family Support Division (ECFSD) decommissioned the Department's 25-year-old CCUBS system and went live on MAQCS on February 10.



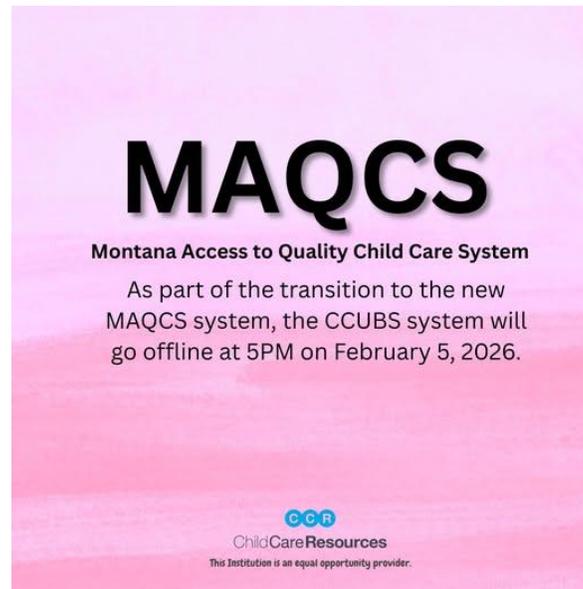
COMING SOON

MAQCS

Montana Access to Quality Child Care System

The Child Care Bureau plans to launch MAQCS as the new Best Beginnings Child Care Scholarship system. MAQCS will replace CCUBS and modernize the application, invoicing, and payment processes for families and child care providers statewide.

CCR
Child Care Resources
This Institution is an equal opportunity provider.

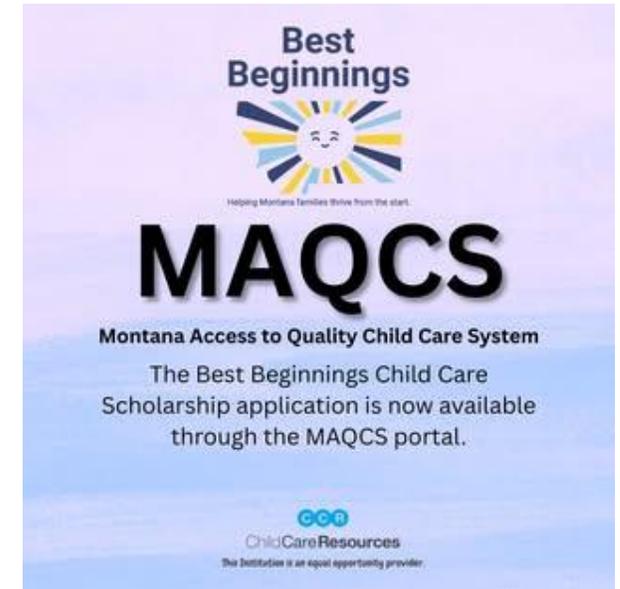


MAQCS

Montana Access to Quality Child Care System

As part of the transition to the new MAQCS system, the CCUBS system will go offline at 5PM on February 5, 2026.

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Best Beginnings

Helping Montana Families Thrive from the start.

MAQCS

Montana Access to Quality Child Care System

The Best Beginnings Child Care Scholarship application is now available through the MAQCS portal.

CCR
Child Care Resources
This Institution is an equal opportunity provider.

Child Care Under the Big Sky (CCUBS) System Replacement

- CCUBS was a 25-year-old legacy system built on obsolete architecture, creating growing operational, technical, and security risk.
- A 2021 Legislative Audit recommended the department develop and implement a formal modernization strategy based on key findings:
 1. The system relied on aging technology that increased risk.
 2. Its segmented design limited integration and efficiency.
 3. Manual workarounds were required due to system limitations.
 4. Multiple disconnected applications increased complexity and maintenance costs.
- ECFSD completed procurement and contracting in 2024 and replaced the legacy CCUBS system with MAQCS within 20 months.



Montana Access to Quality Child Care System (MAQCS)

- MAQCS modernizes child care applications, licensing, invoicing, and payments for families and providers statewide.
- The system integrates licensing, scholarship eligibility, case management, and provider administration into a single platform.
 - Key functions:
 - Child Care Licensing: Providers apply for or renew licenses, submit required documentation, and manage profile information through the Provider Portal.
 - Best Beginnings Scholarship (BBS): Families apply for and manage scholarships, upload documents, and track benefits through the Parent Portal.



The MAQCS Deployment Reduced Technical Debt

As part of the MAQCS go-live, 5 legacy systems/tools were retired by consolidating functionality into the new platform.

1. CATT (Caregiver Approval and Tracking System)
2. Best Beginnings Scholarship System
3. Qualification Portal
4. Provider Portal
5. Legacy document generation and correspondence tool (Sanswrite)



Electronic Benefit Transfer (EBT) System Replacement: Go-Live April 2026

- An Electronic Benefit Transfer (EBT) system is an electronic platform that issues and processes SNAP and other authorized program benefits through secure card-based transactions.
- The EBT System Replacement initiative brings together stakeholders from SNAP, TANF, and WIC in collaboration with the Business and Financial Services Division (BFSD).
- Key Features per federal regulation (7 CFR § 274.12)
 1. Provide for the electronic issuance of program benefits
 2. Enable point-of-sale (POS) redemption at authorized retailers
 3. Maintain account management and transaction processing capabilities
 4. Ensure security, access controls, and data integrity
 5. Support reconciliation and settlement processes
 6. Maintain an audit trail and reporting capabilities
- The new EBT system is currently in user acceptance testing and is scheduled to go live in April 2026.



Medicaid Community Assister Portal (HB 601, 2025): Go-Live May 2026

- The Medicaid Community Assister Portal modernizes how community partners support Medicaid applicants and enrollees through a secure online interface.
- It enables authorized assisters to manage applications, track eligibility status, and communicate with the department.
- The goal is to improve access, reduce administrative burden, and streamline enrollment support for Medicaid populations.



Comprehensive Child Welfare Information System (CCWIS): Go Live July 2027

Vision and Goals

1. Improve customer service and modernize technology, digital redesign, and digitization effort to cut waste, eliminate inefficiencies, and streamline operations.
2. Leverage cloud innovation to facilitate program tasks that add value and improve outcomes for children.
3. Establish a streamlined, efficient, and intuitive system that supports easy and accurate data entry and access to case information.
4. Reduce overall costs by enabling interoperability, flexible design, and improved life expectancy of the solution.
5. Enable a self-service model for specific stakeholder groups such as clients, providers and legal/court resources. Children and families will have appropriate access to information, resources, and support services, including documentation related to current and prior interaction with the agency.
6. Comply with CCWIS requirements in accordance with federal guidelines and regulations.



Montana State Hospital: Continuous Improvement and Recertification Update

Matt Waller, Health Care Facilities Executive Director



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General MSH Updates

Recruitment Updates

- Permanent Medical Director (non-contracted) starts on March 9, 2026
- Planned Executive Governing Board expansion started in January 2026
- Six additional State Staff RNs (non-contracted) were hired at MSH in February 2026
- 25 net new State RNs (non-contracted) hired between January 2025 and January 2026

Facility Updates

- All HB5 construction complete as of December 2025
- Initiated planned demolition on Spratt; approximate timeline for FMHF (GBMI) construction is 17 months



MSH Recertification Survey Pathway

- DPHHS filed the CMS certification application on December 23, 2025.
- No formal acknowledgement from CMS as of March 2026 but MSH is still preparing for a late spring to summer 2026 survey.
- Survey preparedness progress briefings occur weekly among MSH and DPHHS leadership.
- As with any CMS certification survey of this scope and breadth, there will likely be findings to resolve, and a cross-functional team will swiftly develop a Plan of Correction to mitigate those issues within the timeframes provided by CMS.

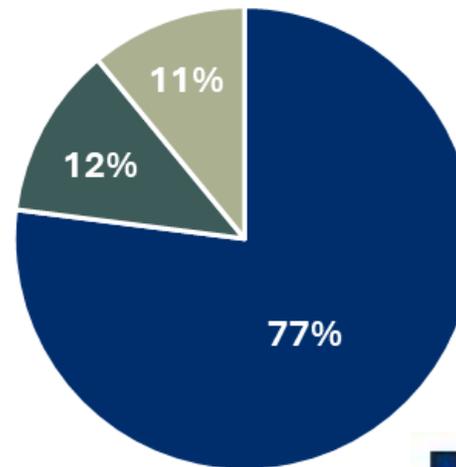


MSH Survey Readiness Progress

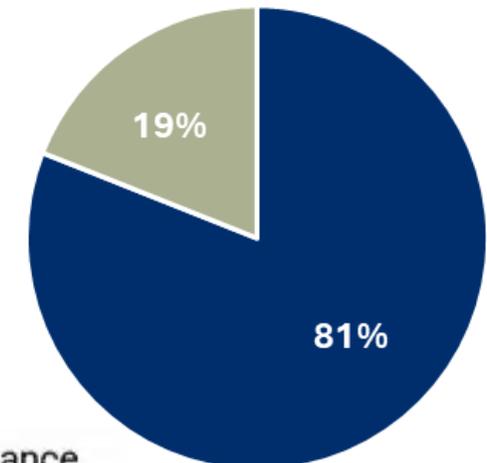
Oversight and Monitoring Improvements

- **81% of the necessary Conditions of Participation (CoPs) have been met**, with continuous daily monitoring conducted by various tools, internal audits, and on-site staff support from Helena. **This work has resulted in a 4% improvement in compliance since October 2025.**
- Helena-based personnel are on-site at MSH at least three days each week to facilitate the progression of CoP implementation activities, monitor compliance, and promote corrective actions.

October 2025 Snapshot



January 2026 Snapshot



■ Total Compliance
■ Partial Compliance
■ Non-Compliance

Forensic Mental Health Facility Update

Matt Waller, Health Care Facilities Executive Director



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Why Expand Forensic Capacity in Montana?

Currently, the only facility in Montana that can serve the forensic population is located outside of Warm Springs at Galen, and the 53-bed space is inadequate for current and projected demand.

Without timely access to treatment, individuals may be held in local jails for extended periods, which can worsen psychiatric symptoms and delay recovery.

This new facility will:

- Provide faster access to treatment, allowing for earlier patient stabilization, reducing the risk of harm to self or others.
- Help individuals regain competency and move through the legal system appropriately, reducing risks of recidivism, homelessness, or untreated mental illness.
- Create capacity for local jails, ensuring critical public safety resources are used effectively.
- Bolster a critical and foundational component of our state's mental health infrastructure for all Montanans.



Facility Overview

Facility Scope and Size

- This 32-bed forensic mental health facility (FMHF) will provide secure, therapeutic care for individuals with serious mental illness who are in the criminal justice system. These individuals may include:
 - A person awaiting trial who needs a mental health evaluation to determine if they are mentally fit to stand trial.
 - A person found Unfit to Proceed (UTP) who requires inpatient treatment to restore their competency.
 - A person found Guilty but Mentally Ill (GBMI) or Not Guilty by Reason of Mental Illness

Anticipated Staffing Model

- It is anticipated that 90-100 staff will be required to safely operate the facility across multiple shifts, 24/7/365.
 - Based on best practices at the existing FMHF in Galen
 - Largely comprised of clinical staff (RNs, LPNs, Psychiatric Technicians) as well as support staff
 - Staffing model will evolve as the facility design and operational models are finalized



Facility Safety and Security Measures

Security Features

- As a forensic facility, security is significantly tighter than in traditional locked psychiatric units.
 - 'Sally port' doors, which ensure one door is closed before the other opens to prevent patient elopement. Each door must be unlocked individually and sequentially to reduce the risk of patient flight and bolster security within locked units.
 - A central command station that operates facility access control and manages patient and staff movements
 - 24/7 interior and exterior live video monitoring
 - No firearms are on-site, and staff are trained in de-escalation and safe behavioral management techniques.
- **Patients cannot voluntarily leave this facility, nor are they discharged into the community.**
 - ***All individuals admitted to this type of facility are either court-ordered or sentenced to DPHHS.***



Myth vs. Fact

Myth:

Patients will be discharged from this facility into the community and strain local resources.

Fact:

Unlike a civil facility, this type of forensic facility serves those involved in the criminal justice system and therefore **does not** discharge patients into the community. Patients are securely transported to and from the facility.

Myth vs. Fact

Myth:

The Yellowstone County Forensic Behavioral Health Gap Analysis, published in September 2025, states that the proposed facility would require approximately 450 full-time staff, exacerbating current staffing shortages across behavioral health service providers.

Fact:

It is anticipated that 90-100 staff will be required to safely operate the facility across multiple shifts, 24/7/365. The staffing model is aligned with best practices used at the existing FMHF in Galen.



Myth vs. Fact

Myth:

There will be an undue economic burden on city infrastructure.

Fact:

The Galen FMHF has averaged one EMS call per year.

Furthermore, the proposed facility will have on-site medical and security personnel.

Myth vs. Fact

Myth:

DPHHS will eventually move the Montana State Hospital in Warm Springs and/or the existing FMHF in Galen to the Laurel campus.

Fact:

DPHHS will continue operating the Montana State Hospital in Warm Springs and the existing FMHF in Galen. This is required to meet growing statewide demand for civil and forensic beds.

- DPHHS has invested more than \$75M in MSH and Galen since 2021, signaling no intention of shuttering either facility.



Myth vs. Fact

Myth:

The recently authorized new Department of Corrections women's prison will be built in Laurel on land being considered for the DPHHS facility.

Fact:

This has never been proposed or discussed by any state agency.



Myth vs. Fact

Myth:

The close proximity to schools and homes is dangerous and will place Laurel residents at risk.

Fact:

Essential public health and safety infrastructure frequently coexists within residential and commercial boundaries.



Facility Location



Facility Location (cont.)



Myth vs. Fact

Myth:

Property values surrounding the DPHHS facility will drop 10%.

Fact:

Empirical research shows these facilities have an indeterminate to neutral effect on property values. Once operational, any initial stigma is typically outweighed by the stability of a new major employer, higher demand for housing, increased school enrollments, and enhanced economic activity.



Myth vs. Fact

Myth:

This new facility blocks future growth for the Laurel community. The site location limits future commercial and residential development that could generate tax income for roads, water, schools, and emergency services.

Fact:

Review of recent city submissions to the Department of Environmental Quality shows adequate capacity for sewer and water infrastructure.

Further, water, sewer, and volunteer fire services are funded by assessments, not property taxes. All property owners pay them, regardless of tax-exempt status.



Myth vs. Fact

Myth:

The Laurel City Council learned of the State's Buy-Sell agreement from the press, not BOI.

Fact:

The City Council was briefed during public comment on January 20th, the first meeting after the Buy-Sell agreement was signed. News outlets reported on the agreement later.



Myth vs. Fact

Myth:

A legislative attorney has flagged unresolved legal questions about the financial structure of this project that the AG could not fully answer because BOI has not provided the financial instruments required to answer them.

Fact:

BOI requested affirmation that the facility was “an investment security of the state” in August 2025. The LSD opinion and AG review both affirm that the facility is an investment security.



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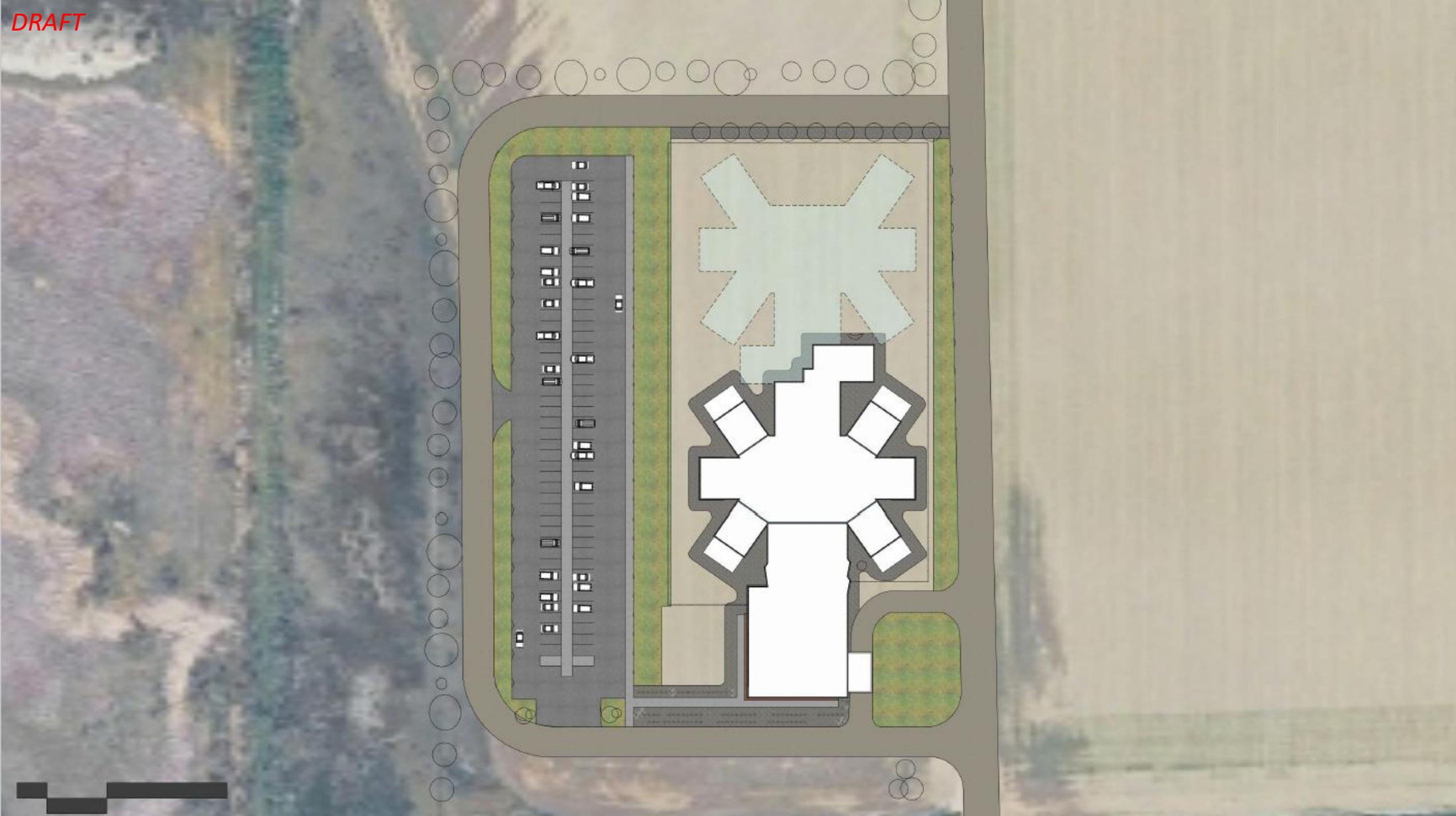
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Golf Course Rd

W 9th St

Old U.S. 10

.25 Miles

.5 Miles

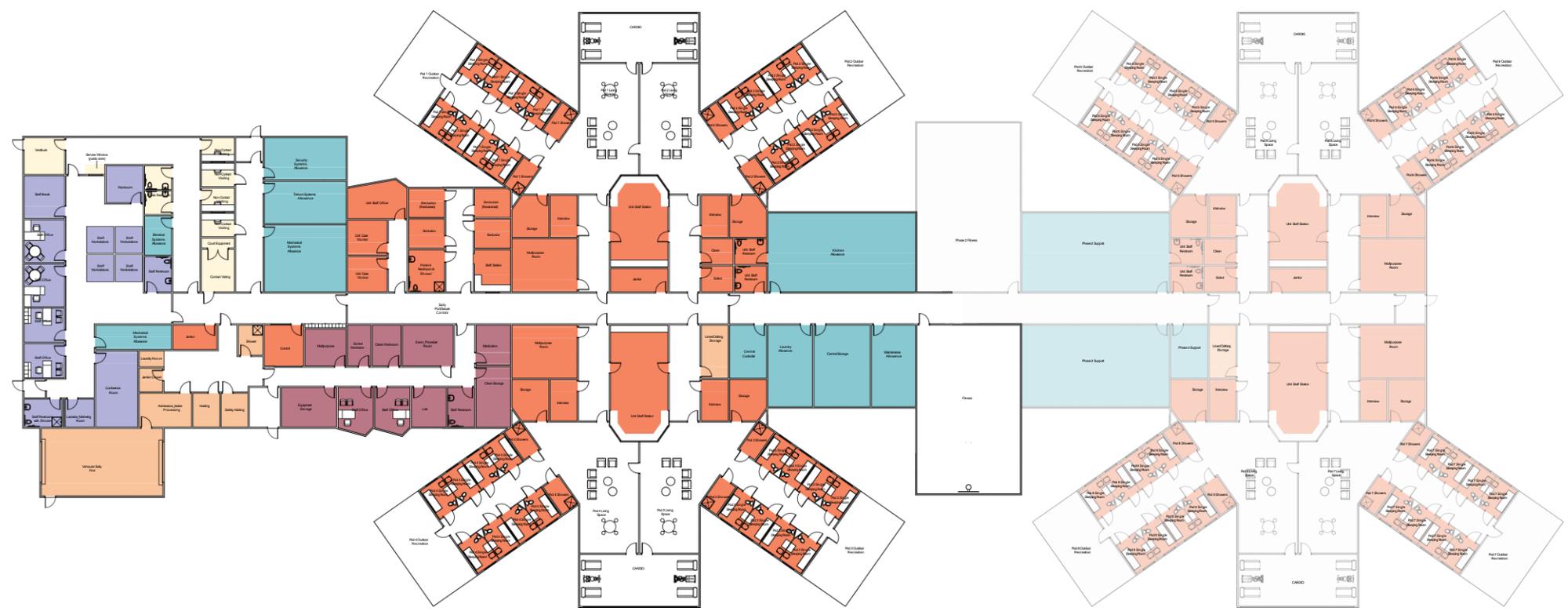
1.0 Miles

Scale



- HOUSING
- STAFF
- PUBLIC
- BUILDING SUPPORT
- ADMIT
- MEDICAL

TOTAL AREA PHASE 1: 32,803 SF
TOTAL AREA PHASE 2: 20,441 SF
TOTAL AREA COMBINED: 53,244 SF



Olmstead Plan Update

Lindsey Carter, Senior and Long-Term Care Division Administrator



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Olmstead Plan Update

- DPHHS is developing a plan to provide services for people with disabilities in community-based settings, as required by the Olmstead v. L.C. Supreme Court decision and HB 922 (2023). In this effort, DPHHS has partnered with the Rural Institute for Inclusive Communities to gather extensive feedback, including 23 focus groups, interviews with individuals who transitioned from institutions, and collaboration with tribal councils.
- The project team completed a full analysis of all focus group and interview data, as well as additional analysis of claims and waitlist data. This information has been organized into draft goals and objectives.



Olmstead Plan Update (cont.)

The goals, objectives, and activities were made publicly available for a 30-day feedback period on December 8th and can be found at:

<https://www.umt.edu/rural-institute/partnership/olmstead-plan-public-feedback.php> [umt.edu]

- A virtual town hall meeting was held on December 19th.
- Responses from 81 survey respondents were gathered during the public input period. Based on public feedback, two new activities were added, and one existing activity was modified.



Olmstead Plan Update (cont.)

- Following the finalization of goals and objectives, the project team delivered the comprehensive quality assurance and monitoring plan along with the draft Olmstead Plan to DPHHS at the beginning of March. The Rural Institute is currently finalizing a plain-language version to ensure broad accessibility.
- DPHHS will conduct a comprehensive review of the plan documents and work with the Rural Institute to incorporate any necessary adjustments prior to the project's conclusion.



Olmstead Plan Goals and Objectives

- Implementing and maintaining the Olmstead Plan requires a dedicated support structure and active, ongoing involvement from stakeholders.
- To operate the Plan effectively and maintain its momentum across all goals, we will need to ensure some dedicated resources are directed at this important effort, including funding for an Olmstead Coordinator. This Coordinator will ensure consistent oversight and management of all Plan activities.



Goal #1

Promote the rights, choice, and autonomy of people with disabilities

- Prevent and reduce institutionalization through data-informed strategies that enhance access to community supports
 - Improve data collection around reasons for institutionalization
 - Establish standards for service and employment settings
- Expand access to choice in decision-making for people with disabilities
 - Support expanded training for person-centered planning
 - Expand education on supported decision making and alternatives to guardianship



Goal #2

Increase collaborations and enhance state programs to expand choice in housing and transportation for people with disabilities

- Improve interagency collaboration and system alignment within DPHHS and across other state entities
 - Commit to two interagency meetings with the Department of Transportation
 - Commit to an additional two meetings with the Department of Commerce every year
- Develop more inclusive, accessible housing and infrastructure for individuals with disabilities and aging populations
 - Expand role of transportation coordinator to include housing tasks
 - Explore partnerships for incentivizing accessible units



Goal #2 (cont.)

Increase collaborations and enhance state programs to expand choice in housing and transportation for people with disabilities

- Strengthen and expand accessible transportation systems for individuals with disabilities and aging populations
 - Utilize transportation advisory councils to greater effect
 - Analyze current transportation data to better understand barriers to use
 - Train providers for working with people with disabilities



Goal #3

Increase access to and choice of healthcare and mental health services in community settings

- Improve workforce education and sustainability
 - Expand provider education offerings and access to telehealth
 - Explore expansion of loan repayment program
- Expand service delivery to improve access to care across rural and urban settings
 - Increase access to telehealth and specialty care
 - Explore options for assistive technology that will support direct care staff
- Reduce caregiver burden
 - Enhance promotion of respite services



Goal #4

Improve creation and delivery of accessible information and resources

- Expand interdepartmental coordination to reduce information silos and improve service accessibility and communication
 - Integrate cross-DPHHS session at a yearly Olmstead Summit with focus on collaboration
 - Develop consistent case management requirements and expectations
- Improve accessibility and transparency of public-facing information
 - Review current physical and digital materials for accessibility/plain language
 - Create system to flag outdated or inaccessible content
- Build internal capacity for creating and maintaining accessible materials
 - Develop consistent plain-language polices
 - Include accessibility training in new-hire orientation



Goal #5

Support Competitive Integrated Employment while working toward becoming an Employment First state

- Establish DPHHS as a model employer for people with disabilities
 - Develop disability-led hiring guide and statewide education materials on disability employment
 - Host interagency meeting yearly on value of disability employment
- Montana will become an Employment-First state
 - Develop MOUs with partner agencies to foster collaboration
- Increase the number of disability-inclusive employers by engaging private businesses and supporting sustainable relationships
 - Educate and train private businesses on disability employment
 - Identify annually 50 new businesses committed to disability employment initiatives
- Eliminate sub-minimum wage in Montana



Goal #6

Improve benefits education, and transition planning services

- Improve infrastructure for accessible and widespread information dissemination
 - Establish person-centered benefit planning services within each 1915c waiver
 - Create a strengthened transitions system for people with disabilities at all stages of life
- Expand benefits education and transition planning
 - Partner for trainings on benefits education and independent living skills
 - Expand membership to the Montana Secondary Transition Partnership



Olmstead Plan Next Steps

- Present Olmstead Implementation Fiscal Impacts to the Section B Subcommittee to inform future planning considerations.
- Finalize all components of Montana's Olmstead Plan including the Quality Assurance and Monitoring Plan and the Plain Language version for dissemination before the state fiscal year-end.
- DPHHS is facilitating discussions with the Departments of Commerce and Transportation to ensure key partners are informed of the plan's scope and future development needs.
- Coordinate with the SILC to identify an interim Lead until a permanent Olmstead Coordinator position can be established.



Conclusion

