PO BOX 201706
Helena, MT 59620-1706
(406) 444-3064
FAX (406)
444-3036

Transition Review Committee

68th Montana Legislature

July 24, 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. The Transition Review Committee recommends that the Department:

- 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.

- Expand opportunities for Medicaid add-on payments for assisted living facilities, 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.

- 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.

- Explore options for on-call support that offers 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.

These recommendations were set by the Transition Review Committee at its July 15, 2024 meeting. If you need support to implement our recommendations or continue your current efforts to improve outcomes for Montanans transitioning from the Montana State Hospital, please let us know what assistance we can provide. Our next two meetings are September 13, 2024, and December 13, 2024.

Copies of this letter will be sent to the State Medical Officer, CEO of the Montana State Hospital, and Interim Medicaid & Health Services Executive Director. Please share these recommendations with the Health Care Facilities Executive Director and Health Care Facilities Quality & Regulatory Affairs Officer when you fill those positions.

Before closing, we wish to commend the department and its staff on current efforts to improve outcomes for the patients of Montana State Hospital, especially discharge planning, case review by the State Medical Officer, and hiring complex case coordinators. The committee was heartened to hear that Montana State Hospital intends to switch from paper patient records to an electronic system and encourages continued progress towards this key goal. We also thank the department for engaging with this committee and for its work to regain certification from the Centers for Medicare & Medicaid Services.

Sincerely,

Jennifer Carlson

Representative Jennifer Carlson
Presiding Officer
Transition Review Committee

Senator Chris Pope
Vice Presiding Officer
Transition Review Committee

cc: Dr. Douglas Harrington, State Medical Officer; Dr. Kevin Flanigan, Montana State Hospital CEO; and Rebecca de Camara, Interim Medicaid & Health Services Executive Director

PO BOX 201706
Helena, MT 59620-1706
(406) 444-3064
FAX (406)
444-3036

Transition Review Committee

68th Montana Legislature

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

GREG GIANFORTE
GOVERNOR

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

CHARLIE BRERETON
DIRECTOR

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.

PO BOX 201706
Helena, MT 59620-1706
(406) 444-3064
FAX (406)
444-3036

Transition Review Committee

68th Montana Legislature

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

GREG GIANFORTE
GOVERNOR

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

CHARLIE BRERETON
DIRECTOR

December 2, 2024

DPHHS Response to HB 29 Transition Review Committee Recommendations and Requests for Information[1]

Recommendations

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

   There are no policies that restrict Skilled Nursing Facility (SNF) 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.

   Although not considered an add-on, effective October 1, 2024, Level II services are available in Assisted Living Facility (ALF) categories A, B, and C. ALF Level II services include behavior management support services, which have an enhanced rate to reimburse facilities for added support for patients who have disruptive behaviors. ALFs fall under a different Medicaid authority than SNFs. A change to the ALF rate structure and methodology would require administrative rule changes and a waiver amendment.

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

   Administrative Review and Fair Hearing Rights are available to all denied or reduced add-on applicants. The letter provided to the requesting facility includes information on requesting an administrative review or a fair hearing.

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.

[1] **Recommendations and Requests for Information issued via letter to Director Brereton on November 7, 2024.**

Add-on payments are not currently available for ALFs; however, three ALF rates are available to address the unique needs of patients served in these settings.

The Department conducted a Big Sky Waiver (BSW) training for providers on November 13, 2024, that included information on the newest rate, ALF Level II services. The Department will continue to educate providers and Case Management Teams (CMTs) on available ALF services.

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).

   The SNF add-on payment program intends to stabilize the patient at the baseline level of care. However, some patients may meet add-on criteria in the long term based on their unique needs. The current process allows patients to move between support levels and extend the authorization for additional time frames. These transitions are authorized based on documentation to support the level of need. The Department will continue to assess the efficacy of the SNF add-on program.

Requests for Information

1. Of the patients at Montana State Hospital, how many need to transition to a skilled nursing facility?

   As of November 13, 2024, 10 of the HB 29 patients are currently ready to transition to a SNF.

1a. For how many would an assisted living facility be the appropriate level of care?

   As of November 13, 2024, four of the HB 29 patients are currently ready to transition to an ALF.

2. Why does the Department outsource add-on determinations?

   DPHHS currently contracts utilization review for many Medicaid services that require prior authorization. This contracted third-party entity provides a conflict-free review of the medical necessity criteria according to program-specific criteria and applicable regulations. The reviews conducted by licensed clinicians through the utilization review contract would not otherwise be available via state program staff.

In addition to reviewing for medical necessity, the contractor provides call center support, a web-based provider portal for ease of prior authorization submission, tracking of requests, quick access to determination decisions, web-based training, one-on-one assistance with issues, integration with the Medicaid payment system, reporting, and many other support services. The Department considers contracted utilization review to be a standard and best practice.

2a. How much does it cost to outsource add-on determinations?

The Department pays $34,250/year for SNF add-on reviews.

2b. How much did it cost to process add-on applications "in-house" by Department staff?

The previous process was completed by Senior and Long-Term Care (SLTC) staff, which included a claims specialist with oversight from a section supervisor. SLTC does not employ clinical staff. The approximate cost, including salary and benefits, is $31,100. The cost to process SNF add-on requests "in-house" by the Department using the same level of licensed staff provided under the utilization review contract would be considerably higher than the salary and benefits for the SLTC claims specialist position.

2c. Who is responsible for the decision to make tier 3 add-ons "very rare?"

There has never been a decision to make SNF Level III add-ons "very rare". Criteria for the SNF Level III add-on rate are such that most patients do not meet medical necessity criteria based on documentation submitted for review. SNF Level III is intended for patients who require a very high level of care, including extensive and frequent assistance, assistance with administering medications, performing medical treatments, help with all activities of daily living (ADLs), management of daily difficult behavior, intense assistance to redirect and assure the safety of the patients, weight threshold, and major assistance with ADLs for bariatric and specific medical treatment/interventions for wound care. No restrictions exist on the number of authorizations allowed for SNF Level III.

3. How many assisted living facilities have applied for add-on rates for Level II services?

As of November 12, 2024, zero ALFs have applied for ALF Level II services.

3a. How many Level II applicants were approved for Level II add-ons, and how many Level II applicants were approved for Level I?

As of November 12, 2024, zero ALFs have applied for ALF Level II services.

3b. How many were denied for add-ons at all levels, and for what reasons?

As of November 12, 2024, zero ALFs have applied for ALF Level II services.

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?

The Department is implementing a transition grant program that is expected to be available before the end of CY2024. Because this grant program is not yet available, the Department has yet to receive or approve any applications.

Additionally, through the Civil Monetary Penalty (CMP) grant program, SNFs or other organizations that partner with SNFs can apply for funds (up to $5,000 per year) to support training efforts and projects that directly benefit nursing home patients. CMP applications are submitted to the Centers for Medicare and Medicaid Services (CMS) for approval.

4a. How many grant applications has the Department received?

Seven complete CMP applications were submitted during the 2024 CMP cycle. Three grants were for training and would serve 22 SNFs; four were for other projects involving 23 SNFs.

4b. How many have been approved?

CMS approved six CMP applications, and one is pending approval.

4c. How many grants, and how much total funding, has been distributed?

The total funding for the approved CMP grants is $326,918.55 over the next three years. Funds will be distributed once contract processes are complete and awardees submit invoices.

5. The Department indicated that iCare is for “difficult to place” patients. What criteria will be used to assess who is “difficult to place”?

The Department is engaged in preliminary discussions with iCare and has not yet determined specific clinical criteria for placement.

5a. How will those criteria ensure that patients are not sent to iCare if it is an inappropriately restrictive setting for them?

Please see the answer to question five.

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

The Department is engaged in preliminary discussions with iCare and has not yet determined the exact location for a facility.

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

Based on the exploratory work conducted by the Department of Corrections (DOC) and, more recently, by DPHHS, the Department is confident in iCare's ability to effectively meet the needs of justice-affiliated patients and those who require a less restrictive level of care. Since 2013, iCare has successfully served such patients in a manner that complies with legal, clinical, and health care regulations.

PO BOX 201706
Helena, MT 59620-1706
(406) 444-3064
FAX (406)
444-3036

Transition Review Committee

68th Montana Legislature

January 15, 2025

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

Dear Director Brereton:

The Transition Review Committee places the following information requests:

1. The committee seeks more information on category D facilities, including potential payment sources and barriers to licensure as a category D facility. The committee is willing to engage with the department regarding any updates to category D rules.

2. How will the Montana State Hospital handle discharge planning to an iCare or similar large facility? Will the hospital continue to discharge patients to smaller, community-based facilities? Will community-based discharge be prioritized for patients who have familial and social connections near the community-based facility?

3. May facilities that accepted a patient from the Montana State Hospital prior to the availability of transition grants apply for a grant to help offset the costs retroactively?

4. Will the department provide a streamlined add-on approval process for facilities that accepted a patient from the Montana State Hospital before add-on approval became automatic?

5. Where does the $75 step for add-ons come from?

6. What law, rule, or other guidance (state or federal) precludes facilities that use physical or chemical restraints from Medicaid eligibility?

7. What facilities have participated in Montana State Hospital transfers? If naming the facilities could violate patient confidentiality, could the department provide the number of participating facilities organized by location?

Monthly Updates

The Transition Review Committee does not currently plan to meet until early May of 2025. Until we begin regular meetings again, the committee requests a monthly update on the Montana State Hospital and the HB 29 (2023) population, including the number of:

1. Patients ready for discharge
2. Pending discharges
3. Denials from providers, including reason when available
4. Discharged patients
5. Remaining patients

The committee also requests monthly updates regarding behavioral health add-on expenditures and denials, including:

1. Authorized add-on amount
2. Number of approved add-ons
3. Number of denied add-ons, and the denial reasons
4. Number of participating facilities, and name or location of the facilities

Recommendations

The 68th Montana State Legislature charged the Transition Review Committee with making recommendations to the department. The committee recommends that the department continue building relationships with professional community supports it can leverage to ensure a smooth transition for discharged patients. An electronic patient records system is an important step for the Montana State Hospital; the committee commends the department's ongoing efforts toward this goal.

We thank the department for the open, informative dialogue between its staff and committee members at our past few meetings. We look forward to working together towards our shared goal of better outcomes for Montanans who need additional care to continue living and thriving within their communities.

Sincerely,

Jennifer Carlson
Presiding Officer
Transition Review Committee

Senator Chris Pope
Vice Presiding Officer
Transition Review Committee

cc: Dr. Douglas Harrington, State Medical Officer; Dr. Kevin Flanigan, Montana State Hospital CEO; Rebecca de Camara, Interim Medicaid & Health Services Executive Director; and Lindsey Carter, Senior and Long-Term Care Division Administrator

PO BOX 201706
Helena, MT 59620-1706
(406) 444-3064
FAX (406)
444-3036

Transition Review Committee

68th Montana Legislature

April 5, 2025

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

Dear Director Brereton:

In anticipation of the May 7 meeting of the Transition Review Committee, and the June 30, 2025 deadline for implementation of the provisions of HB29(2023), I'd like to make the following non-inclusive requests for information and participation from your team at the May 7 meeting.

In accordance with MCA 53-21-(402-403), the committee would like to hear from the department a report on the plans to end the involuntary commitment of the individuals who have been the focus of the TRC and to ensure the availability of community-based services for individuals with a primary diagnosis of Alzheimer's disease, other forms of dementia or traumatic brain injury who might otherwise be at risk of involuntary commitment.

•I invite you, Dr. Flanigan and Dr. Harrington to update the committee on these topics, as you determine is most appropriately assigned:

CMS recertification process
MSH construction projects
ICare contract progress
Future of Grasslands facility
Future of the Spratt Unit of MSH
The licensing of an additional 26 beds at MSH and 26 additional beds at the mental health nursing care center
The regular data report including the numbers of HB29 eligible patients admitted to MSH by month from December 2024 through April 2025, the number currently receiving treatment, the number discharged and the number awaiting appropriate community placements
The expenditure of the appropriation and transfer authority granted in HB29 for the purposes of the law
Responses to committee requests for information

•I invite Medicaid Director de Camara and Senior and Long-Term Care division administrator Lindsey Carter and their teams to report on:

Category D Assisted Living, including implementation of new rate and rules (content of this report is dependent on Legislative action between now and end of session)

Progress, success of, and challenges to discharging HB29 eligible patients to community-based placements

Daily rate add-ons for facilities accepting patients directly from MSH – use, cost and continuation since implementation

Conversation of streamlined and expedited add-on process for community-based providers to allow for continuity of care in the least restrictive way; discussion of denials and reasons for denial

Possible automatic daily rate add-ons to facilitate diversion of patients being discharged from hospitals to the least restrictive, most appropriate community-based placements to avoid involuntary commitments

Other members of your teams are, of course, welcome and invited to answer these and other questions or to share additional information you feel would be helpful to our work. My desire is for continued cooperation and collaboration, as was the legislative intent of HB29, to further best care for vulnerable Montanans.

The Transition Review Committee has placed several information requests after the December meeting and I'm sure will have more questions at the upcoming meeting. I will direct them to send any existing questions to me to forward to you within the next 2 weeks. That said, I hope you and your team will be open to new questions that come up at the meeting, as we work to close out the work of the committee. Our final meeting is scheduled for June 13, 2025.

On behalf of the committee, I thank you and your team for your efforts to improve outcomes for the patients of Montana State Hospital.

With a spirit of cooperation toward a common goal,

Jennifer Carlson
Presiding Officer
Transition Review Committee

Senator Chris Pope
Vice Presiding Office
Transition Review Committee

cc: Dr. Douglas Harrington, State Medical Officer; Dr. Kevin Flanigan, Montana State Hospital CEO; Rebecca de Camara, Medicaid & Health Services Executive Director; and Lindsey Carter, Senior and Long-Term Care Division Administrator