

HB 29 Transition Review Committee

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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

HB 29 Montana State Hospital (MSH) Transition Updates

Dr. Flanigan, CEO, Montana State Hospital








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MSH Updates

- CMS recertification process continues with leadership bi-weekly focus and reporting.
- MSH continues construction progress with the outdoor area and one wing complete.
- The future of grasslands depends on the enactment of HB 2.
- Spratt's future depends on enactment of HB 2 and conversation to GBMI step-down unit.
- The licensing of 24 additional beds at Montana Mental Health Nursing Care Center (MMHNCC) will expand long-term care beds and improve timely access to MSH by ensuring acute civil beds are less occupied by long term care patients.
- iCare partnership between Department of Corrections & DPHHS for difficult to place patients is still in early phases of development.



Monthly Update

Patient Status	December	January	February	March
 Ready for Discharge (30 days stability)	13	7	10	10
 Pending discharges	1	2	1	2
 Denials	10	7	9	10
 Discharged	2	5	1	2
 Remaining 22 Patients	16	11	10	8



HB 29 Population Discussion

- HB 29 population and significance of 22 patients
 - When patients are committed and admitted to MSH, they are not qualified for HB 29 criteria because they are at risk of danger to self or others, or unable to provide for their own welfare.
 - Once the patient is out of crisis and if an underlying diagnosis of Alzheimer's, Dementia, or TBI is established, the patient may be covered by HB 29.
 - In 2024, a determination was made by DPHHS leadership to establish a population baseline to ensure transparent reporting.
 - As of March 2025, there are approximately 28 potential HB 29 covered patients that the Department will continue to monitor and report on at the final HB 29 meeting.
 - Patients continue to fluctuate with qualified HB 29 criteria.
- Ongoing admissions
 - Patients are committed and admitted due to acute crisis; this means MSH will always have patients who may meet the definition of HB 29.
- MSH admissions are by court order.



Expenditures

Gene Hermanson, Financial Executive



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HB 29 Expenditures

HB 29 expenditures include:

- Personnel costs
- Medicaid benefits – including long-term care & add-ons
- MMHNCC transfers
- Transitional grants
- Expenditures that are projected to exhaust the HB 29 appropriation



HB 29 Progress, Success, and Placement Denials

Shawna Karjala, Complex Care Coordinator



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HB 29 Progress and Success

- Majority of discharged HB 29 population successfully transitioned into skilled nursing facility with community-based services.
- Complex Care Coordinators continued collaboration with facilities includes:
 - Ongoing communication regarding Medicaid status, add-ons, and transition review grant.
 - Inquires about bed openings, and appropriate placement options.
 - Coordination and collaboration with MSH Director of Social Services regarding placement options.
 - Warm hand offs to community-based services once accepted.
- Complex Care Coordinators conduct regular DPHHS internal meetings.
 - In addition to weekly complex care calls, regular meetings with Behavioral Health and Developmental Disabilities and Senior and Long-Term Care Division (SLTCD) staff are held.
 - Regular collaboration and communication with the Human and Community Services Division Specialized Medicaid Program Manager (new position).
- New committee and patient management process has been developed and operationalized.
 - New patient planning process includes staff, leadership, and Department level participation.
 - Department leaders meet regularly to review difficult-to-place patients, discuss resources available, and coordinate with Complex Care Coordinators.



HB 29 Placement Denials

Most common reasons for facility denials:

- Elopement risk
- Waiting list
- Behaviors
- One-on-one care needed



Community-Based Service Efforts

Lindsey Carter, Division Administrator



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Approved Add-Ons Snapshot

Behavior Request	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	\$324,000.00	20	13
October 2024	\$364,500.00	19	12
November 2024	\$402,675.00	21	6
December 2024	\$546,450.00	32	9
January 2025	\$688,500.00	35	14
February 2025	\$675,000.00	37	12
March 2025	\$348,525.00	23	10
Automatic Approval Level III (December-March)	\$445,500.00	11	N/A



Add On-Denials

Denial Reason (FY2024-March 2025)	Number of Denials
Documentation does not support criteria for request	85
Does not meet criteria	56
Cannot be backdated	1
Duplicate	2

34 nursing facilities have requested behavior related add-on request during FY 2025.



Efforts to Support Community Placements

- Automatic Level III Add-on
 - Effective Nov. 1, 2024, authorizations for individuals transitioning from MSH and other state-run institutional settings are automatically approved for the Level-III rate of \$225 for six months from the date of admission to assist with transitions related to HB29.
 - Between December and March, 11 requests have been authorized.
- Transition Grants
 - DPHHS launched grants for up to \$10,000 per individual, per transition from MSH and will be available to support discharge from the hospital to nursing facilities or community-based settings.
 - One grant application has been received and approved.
 - Extending grant funding opportunity through March 31, 2026.
- Level 2 Residential Habilitation/ALF Rate implemented October 2024.



Training and Collaboration

- Complex Care Add-on Training conducted in February, September, and December of 2024.
- Ongoing facility training occurred on April 3, 2025.
- Focus group meetings were conducted in November 2024 and March 2025.
 - Representation from four nursing facilities, Mountain Pacific, Montana Health Care Association, and the Montana Hospital Association.
 - Areas being explored based on feedback provided:
 - Use of technology
 - Criteria for bariatric add-on
 - Clarification on documentation requirements
- Feedback meeting with behavioral health solutions conducted in March 2025.
 - Areas being explored based on feedback provided:
 - Collaboration on documentation training
 - Clearer training materials delineating behavioral complex care tiers
 - Clearer communication on denials



Category D Facilities

Senate Bill 272 (2017 Legislation Session)

- Requires practitioners to provide written orders for restraints or confinement to avoid harm.
- No regulations on the size of the facility serving Category D.
- No requirement to develop a reimbursement model or provide technical assistance in the development or licensure of Category D facilities.
- No support for a facility that determines they cannot meet the needs of a Category D resident while still under commitment orders.

Senate Bill 524 (2025 Legislation Session)

- Allows for facilities to opt out of using restraints and seclusion.
- Caps the # of residents served at 15 for Category D and may be co-located with another facility.
- Directs DPHHS to develop and maintain a reimbursement model and provide technical assistance.
- Allows providers to notify the court if the placement isn't working; the court has 30 days to find another Category D facility or MSH if no other Category D facility is available.



Category D – Next Steps

- Rate methodology development
- Big Sky Waiver amendment
- Big Sky Waiver fee schedule update
- Office of Inspector General administrative rule changes
- Develop approval process for the use of restraint and seclusion
- Develop infrastructure for provider technical assistance
- SLTCD administrative rule changes
- Provider enrollment/MMIS system changes
- Provider education and outreach



Additional Future Considerations

- Adjustments to current SNF Add-On Program
- Add-Ons or Tiered Rates for Community Based Services
- Additional Big Sky Waiver Services to support the current Spratt population
- Acuity based rates for nursing facilities
- Adjustments to Level 2 rates/requirements
- Building capacity in Montana long term supports and services
- Upcoming summits



Conclusion



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