

# Montana State Legislature

## **2013 Session**

### **ADDITIONAL DOCUMENTS MAY INCLUDE THE FOLLOWING:**

- **Business Report**
- **Roll Call - Attendance**
- **Standing Committee Reports**
- **Tabled Bills**
- **Fiscal Reports etc.**
- **Roll Call Votes**
- **Informational Items**
- **Witness Statements**
- **Any Documents; such as;**
  - \* **Petitions if any.**
  - \* **Any and all material handed end after the meeting ends.**

**The original is on file at the  
Montana Historical Society  
and may be viewed there.**

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**BUSINESS REPORT**

**MONTANA SENATE  
63rd LEGISLATURE - REGULAR SESSION**

**SENATE PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE**

**Date:** Friday, March 15, 2013  
**Place:** Capitol

**Time:** 3:00 PM  
**Room:** 317-A

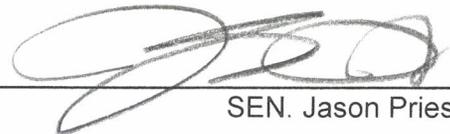
**BILLS and RESOLUTIONS HEARD:**

HB 12 - Appropriate funds for provider payments - Rep. Carolyn Pease-Lopez  
HB 48 - Revise Insure Montana laws - Rep. Bill McChesney  
HB 100 - Create a medicaid pay-for-performance pilot project - Rep. Ron Ehli

**EXECUTIVE ACTION TAKEN:**

HB 162 - Concur as Amended (Carried by Sen. Thomas)  
HB 12 - Concur as Amended (Carried by Sen. Jergeson)  
SB 254 - Partial Action/remains in committee

**Comments:**



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SEN. Jason Priest, Chair

MONTANA STATE SENATE

Roll Call

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE: March 15, 2013

<u>NAME</u>	<u>PRESENT</u>	<u>ABSENT/ EXCUSED</u>
CHAIRMAN JASON PRIEST	X	
VICE CHAIRMAN TERRY MURPHY	X	
SENATOR MARY CAFERRO	X	
SENATOR GREG JERGESON	X	
SENATOR FRED THOMAS	X	
SENATOR DAVE WANZENRIED	X	
SENATOR ART WITTICH		X



**SENATE STANDING COMMITTEE REPORT**

**March 15, 2013**

**Page 1 of 1**

Mr. President:

We, your committee on **Public Health, Welfare and Safety** recommend that **House Bill 12** (third reading copy -- blue) **be concurred in as amended.**

Signed:   
Senator Jason Priest, Chair

To be carried by Senator Greg Jergeson

**And, that such amendments read:**

1. Page 2, line 14.  
**Strike:** "ONE-TIME"

- END -

**Committee Vote:**

**Yes 6, No 0**

Fiscal Note Required

HB0012001SC14885.swr



## SENATE STANDING COMMITTEE REPORT

March 15, 2013

Page 1 of 1

Mr. President:

We, your committee on **Public Health, Welfare and Safety** recommend that **House Bill 162** (third reading copy -- blue) **be concurred in as amended.**

Signed:   
Senator Jason Priest, Chair

To be carried by Senator Fred Thomas

### And, that such amendments read:

1. Page 1, line 11.

**Strike:** "insurance providing"

**Following:** "benefits"

**Insert:** "coverage"

2. Page 1, line 14.

**Following:** line 13

**Insert:** "(2) The department shall comply with the Montana Procurement Act, Title 18, chapter 4, prior to offering as an optional health plan a high-deductible health plan with a health savings account."

**Renumber:** subsequent subsections

- END -

**Committee Vote:**

**Yes 5, No 2**

Fiscal Note Required

HB0162001SC14716.swr

MONTANA STATE SENATE

Roll Call Vote

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE 3.15.13 BILL NO SB 254 MOTION NO \_\_\_\_\_

MOTION: Be Amended - Motion Failed  
↳ SB 025401.aas

NAME	AYE	NAY	If Proxy Vote, check here & include signed Proxy Form with minutes
CHAIRMAN JASON PRIEST		X	
VICE CHAIRMAN TERRY MURPHY		X	
SENATOR MARY CAFERRO	X		
SENATOR GREG JERGESON	X		
SENATOR FRED THOMAS		X	
SENATOR DAVID WANZENRIED		X	
SENATOR ART WITTICH	X		X
	3	4	1

MONTANA STATE SENATE

Roll Call Vote

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE 3.15.13 BILL NO SB 254 MOTION NO \_\_\_\_\_

MOTION: Do Pass - Motion Failed

NAME	AYE	NAY	If Proxy Vote, check here & include signed Proxy Form with minutes
CHAIRMAN JASON PRIEST		X	
VICE CHAIRMAN TERRY MURPHY		X	
SENATOR MARY CAFERRO	X		
SENATOR GREG JERGESON		X	
SENATOR FRED THOMAS		X	
SENATOR DAVID WANZENRIED		X	
SENATOR ART WITTICH	X		X
	2	5	1

MONTANA STATE SENATE

Roll Call Vote

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE 3.15.13 BILL NO HB 12 MOTION NO \_\_\_\_\_

MOTION: Amend - Motion Carries

NAME	AYE	NAY	If Proxy Vote, check here & include signed Proxy Form with minutes
CHAIRMAN JASON PRIEST	X		
VICE CHAIRMAN TERRY MURPHY		X	
SENATOR MARY CAFERRO	X		
SENATOR GREG JERGESON	X		
SENATOR FRED THOMAS	X		
SENATOR DAVID WANZENRIED	X		
SENATOR ART WITTICH		X	X
	5	2	1

MONTANA STATE SENATE

Roll Call Vote

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE 3.15.13 BILL NO HB 162 MOTION NO \_\_\_\_\_

MOTION: Amendment (HB 016201.aas)  
Motion Failed

NAME	AYE	NAY	If Proxy Vote, check here & include signed Proxy Form with minutes
CHAIRMAN JASON PRIEST		X	
VICE CHAIRMAN TERRY MURPHY		X	
SENATOR MARY CAFERRO	X		
SENATOR GREG JERGESON	X		
SENATOR FRED THOMAS		X	
SENATOR DAVID WANZENRIED	X		
SENATOR ART WITTICH		X	X
	3	4	1

MONTANA STATE SENATE

Roll Call Vote

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE 3.15.13 BILL NO HB 162 MOTION NO \_\_\_\_\_

MOTION: Be concurred in As Amended - Passed  
↳ HB016202.aas

NAME	AYE	NAY	If Proxy Vote, check here & include signed Proxy Form with minutes
CHAIRMAN JASON PRIEST	X		
VICE CHAIRMAN TERRY MURPHY	X		
SENATOR MARY CAFERRO	X		
SENATOR GREG JERGESON		X	
SENATOR FRED THOMAS	X		
SENATOR DAVID WANZENRIED		X	X
SENATOR ART WITTICH	X		X
	5	2	2







**MONTANA STATE SENATE**  
**Visitors Register**  
**SENATE PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE**

Friday, March 15, 2013

**HB 12 - Appropriate Funds for Provider Payments**

Sponsor: Rep. Carolyn Pease-Lopez

**PLEASE PRINT CLEARLY**

Name	Representing	Support	Oppose	Info
Erin McGowan Fincham	Montana Childrens Initiative	X		
Mike Foster	Catholic Hospitals	X		
Bill Warden	BDH, SPH, Benefits	X		
Bob Olsen	MT Hospital Assn	X		
Doni Judge	MT Nurses Association	X		
Joel Pedon	MT Ind Living Care MAR	X		
Dawn Hemion	MT Dental Assoc	✓		
Amel Grmorte	Billings Clinic	X		
Mona Jamison	Boyd Andrew Insurance	X		
Bob Maffitt	Helena MT MILP	X		
Wanda	Intermountain	X		
Matt Kramer	NAMI Montana	X		
Gary Spacht	MHCA	X		
Charlie Bonigg	Easter Seals - Goodwill	X		
Greg Olson	Helena Industries	X		
Kathy McGowan	Montana Advocates for Children MT Community Mental Health Centers	X		
Aidan Myhre	Kalispell Regional Healthcare	X		
Beth Brenneisen	Disability Rights Montana	X		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.





# ADDITIONAL DOCUMENTS

## 1. Client protection specialist fails to protect clients.

### MDC response:

- Ensuring client safety, thoroughly addressing reports of client mistreatment, and developing service improvements related to client safety are the highest priorities of the administrative and clinical leadership of MDC.
- Clinical oversight of investigations is in place.
- Critical pre- and post-investigation review involving administrative and clinical leadership is in place.
- New comprehensive policy and procedure (Reporting and Investigation of Mistreatment, Exploitation, Neglect, Abuse, and Injuries of Unknown Source) is in place.
- Assertive corrective action and disciplinary actions are implemented when required.
- Abuse prevention training curriculum has been developed and is in place.
- New Abuse Prevention Specialist position has been created; recruitment to begin by end of March 2013.
- An incident investigation database is in place which tracks the status of all ongoing investigations and implementation of follow-up actions.

## 2. Despite transformation claims, things have not improved at MDC.

### MDC response:

- The 2012 CMS survey report represented a significant improvement in the services at MDC. Comparison of previous surveys and the 2012 survey reveals this.
- The last licensing survey of the Assessment and Stabilization Unit (ASU) was so positive that the state licensing authority decided to extend the license from one to three years, the maximum licensing period granted.
- The November 2012 Board of Visitors site review and report reflected a sea change in the quality of services and the treatment environment at MDC.
- New Clinical Director position created and filled by one of the most experienced Clinical Psychologists in Montana.
- Complete redesign of the clinical assessment and treatment planning process instituted by the MDC Clinical Director resulting in a new treatment plan for every MDC client by December 2012.
- New treatment activity schedules for every MDC client based on new treatment plans incrementally implemented and revised as needed.
- Former director of the Montana State Prison sex offender treatment program hired by MDC.
- Licensed clinical positions expanded from one to three – soon to add one additional position; two licensed clinicians hired as consultants to assist with treatment plan revision and education of staff.
- New mission / purpose of MDC established in summer 2011.
- “Visioning” exercises conducted with diverse groups of staff; vision of “future state” when MDC is fulfilling its mission established in fall 2011.
- Strategic plan focused on Active Treatment, Client Protections, Client Behavior and Facility Practices, and Health Care Services established and being implemented.

- New organizational chart that supports function developed and approved by governing body; sub-organizational charts specifying every MDC staffs' chain-of-command established.
- The organizational structure has been modified to create a Treatment Services line and a Residential Services line under the Clinical Director in order to increase integration of treatment services between the Sections and the residential areas. The Nursing Department has also been moved under the direction of the Clinical Director in order to integrate these services more fully into active treatment.
- Quality management consultant hired (former CMS surveyor); "walk throughs" in residences and treatment areas by consultant initiated.
- Director of Quality Management position created; hired in November 2011.
- Quality management strategic plan established and being implemented.
- "Quality" established as a standing agenda item for all leadership meetings; the quality perspective is built in to all discussions and planning.
- Continuous Quality Improvement monitoring and remediation in Active Treatment and Health Care Services initiated in April 2012 and continues.
- Pre-service class expanded to include experiential component in which new staff trainees spend mentored time in residence or treatment settings.
- Safe Haven and Professional Boundaries incorporated into Pre-Service training for all new staff.
- Co-occurring Intellectual Disabilities and Mental Illnesses and Trauma-Informed Care incorporated into Pre-Service training.
- Behavior Management training begun with managers and behavioral health clinicians in August 2012.
- The Fresh Start individualized behavioral program implemented on ASU in the fall of 2011, and Unit 6 in the spring of 2012; expansion continues into all residential units in 2013.
- A "tier" system implemented throughout MDC in the summer of 2012.
- Alliance established with Helena College – University of Montana; student internship program started; plans underway to provide access for MDC staff to HC Mental Health Direct Support training.
- Person-Centered Thinking training was conducted facility-wide in May 2011. These principles have been merged with the Safe Haven/What Works model which serves as the basis for staff engagement with the people served at MDC.
- The process for developing assessments and treatment plans has been revised to address psychiatric, developmental, and behavioral problems.
- Rewriting of all job descriptions is underway concurrent with establishing related performance expectations.
- Redesign of staff performance appraisal process underway.
- Conversion to electronic medical records initiated in 2011.
- Complete revision of policies and procedures has been underway since mid-2012.
- Physician and nursing services have been more fully integrated into the MDC treatment milieu and into the treatment teams.
- Team Nurses have been established and attached to the two treatment teams.

- A new psychiatrist has been hired as a state employee at 20 hours per week – more than tripling the psychiatric provider time.
  - A comprehensive restructuring of the nursing department within a performance improvement plan has been underway since January 2012.
  - Complete remodeling and modernizing of the medical/nursing department building has been completed.
  - Remodeling of the six ICF-MR residences - to include new treatment/quiet activity areas in each unit; new staff work space; remodeled nursing work space to be completed in April 2013.
  - Remodeling of ICF-DD residences - to include new staff work space; new nursing work space to be completed in April 2013.
  - Security project in ICF-MR, administrative, and treatment buildings – to include new computerized, integrated, expandable door access and security system for key doors with option for future video recording capability.
  - New high quality video/audio monitoring and recording system for ICF-DD residences and treatment areas installed and operational in February 2013.
  - Perimeter fence project – to include perimeter fence around MDC campus with card-operated security gate to be completed April 2013.
  - Door and window egress alarm system installed in all ICF-MR residences November 2012.
3. When licensing conducted an inspection of ASU, they granted a one year license but MDC expanded this to a three year license.
- MDC response:
- The state licensing authority conducted a comprehensive survey of the MDC Assessment and Stabilization Unit (ASU) January 2013. This survey was so positive that the licensing authority recommended expanding the ASU license from a one-year to a three-year license beginning in January 2013. This reflects significant confidence in the quality of treatment on this unit.
  - The conflicting granted licensure periods on the Memo to the Facility File document are the result of a data entry error. The one year approval period is a typographical error; the intent of the state licensing authority was to issue a three year license.
4. Staff has not been trained on new policies.
- MDC response:
- MDC administrative and clinical leadership have been aggressively revising existing policies and procedures to support the ongoing transformation efforts. These new policies and procedures are being developed to directly correspond to federal regulations, state law, and state administrative rules. Staff training is ongoing and is being completed as new policies and procedures are established. Training on the new policies and procedures is being incorporated into Pre-Service training and in periodic refresher training.

5. There was an incident where one resident was put in charge of another resident and the client supervised resident ended up with 23 bruises—the placing of clients at MDC in the care of other clients happens so regularly that clients who work as staff are referred to as ‘mini-staff’.

MDC response:

- MDC conducted an exhaustively thorough investigation in this case and implemented a number of improvements and conducted staff training based on what was learned in the investigation including:
  - Closer nighttime monitoring of clients who engage in self-injurious behavior; more assertive intervention generally with clients who engage in self-injurious behavior.
  - Increased consideration by managers in establishing staffing levels when 1:1 staffing for an individual client affects the overall staff: client ratio.
  - Increased sensitivity in situations where clients help each other to prevent the possibility of this help becoming excessive.

6. There are currently 27 clients who are ready to be discharged from MDC, one of whose commitment expired in 2007.

MDC response:

- This assertion appears to be referring to the 26 clients who are on the “referral list” that MDC and the Developmental Disabilities Program central office prepare for community providers to know which MDC clients should be considered for “placement”. This referral list is viewed by community providers and arrangements are made for on-site visits to MDC by providers to meet with clients, and for trips by MDC staff and clients to visit provider programs. A number of clients have been and continue to be discharged to community services. The primary barrier standing in the way of discharge is the inability of providers to meet the multiple, complex needs of the clients treated at MDC, not a reluctance of MDC to discharge them.
- The client whose commitment expired in 2007 is now on a voluntary commitment. He presents with a very complex set of service needs and MDC continues to actively pursue placement options.