

Issues and Options for Consideration by the the HJR 35 Study Subcommittee

Issue	Options/Decision/Follow Up	Action Taken
<p>1. Local law enforcement issues</p> <p>A. Transportation cost to county</p> <p>B. Guidelines on restraints - most are transported in belly chains and leg irons</p> <p>C. Teleconferencing in lieu of transport</p> <p>D. Training</p>	<p>1. Should the subcommittee pursue the possibility of 50% federal Medicaid matching funds for persons who are Medicaid eligible?</p> <p>2. Should MHSP share in the cost of persons who are MHSP eligible?</p> <p>1. Should subcommittee make recommendation to use soft restraints or other types of transportation instead of police cars? If so, where should recommendation be made - training, guidelines, statute?</p> <p>1. Should subcommittee make a recommendation that video teleconferencing be accepted and encouraged by courts?</p> <p>1. Should subcommittee support DPHHS budget request for 1 FTE for law enforcement and criminal justice training and liaison.</p> <p>2. Should subcommittee support Mental Health Oversight Advisory Council Subcommittee on Criminal Justice recommendations for law enforcement training, for interfacing groups, and standardized screening. Requirement for agencies to <i>Requirement for affected agencies to cooperate.</i></p> <p>3. Should the subcommittee encourage, support, fund, or mandate continuing education for law enforcement and adult and juvenile detention officer on mental health issues through regional training courses that:</p> <ul style="list-style-type: none"> a. are Peace Officer and Standards Training (POST)-certified; b. define mental health broadly so as to include chemical dependency, developmental disabilities and other conditions that affect and interact with a person's mental condition; c. include legal issues and processes (community commitment, involuntary commitment, involuntary commitment, advance directives) available for persons with mental conditions. 	<p>Adopted 6/7</p> <p>Adopted 6/7</p>

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<p>2. Psychiatric capacity</p> <p>A. Nurse practitioners</p> <p>B. Teleconferencing</p> <p>C. Service rates</p>	<p>1. Does the legislature need to take action with respect to use of nurse practitioners to assist in delivering psychiatric services?</p> <p>1. Should subcommittee pursue use of teleconferencing in court proceedings?</p> <p>1. Should the subcommittee recommend a rate increase specifically for the purpose of enhancing access to psychiatric services (DRG, physician\nurse practitioner)?</p> <p>2. Should the subcommittee consider payment of local inpatient hospital services for the MHSP population?</p>	
<p>3. Community services for multi-agency children</p> <p>A. State department cooperation in establishing policies to encourage local integration</p> <p>B. Projects/service organization as described by Dr. Lourie/Dr. Cole</p>	<p>1. Should the subcommittee establish a process that requires state agencies to formally meet and cooperate in establishing policies to enhance and encourage cooperation of local agencies that "share" children? Should the process require an interim reporting requirement to legislative committees?</p> <p>1. Should the subcommittee flesh out a process for a local service model for children served by several agencies?</p>	<p>Deferred 6/7</p>
<p>4. Mental Health Services Plan</p> <p>A. Level of poverty</p> <p>B. Co-payments</p>	<p>1. Should the subcommittee make a recommendation about the level of poverty for income eligibility for MHSP?</p> <p>1. Should the subcommittee make a recommendation about co-payments for MHSP services?</p>	

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<p>5. Managed care statutes</p> <p>A. Financial solvency/licensure</p> <p>B. Mandatory implementation</p> <p>C. Managed care consultant</p> <p>=====</p>	<p>1. Does the subcommittee wish to make changes to statutes requiring:</p> <p>A. All managed care community networks to meet criteria whether or not the entities bear risk?</p> <p>B. All risk bearing Medicaid services contracts meet criteria?</p> <p>2. Does the subcommittee wish to require DPHHS to incrementally implement mental health managed care? If so, does the subcommittee wish to establish criteria by which compliance can be measured? If so, what are examples of criteria that the subcommittee may wish to recommend?</p> <p>1. Should DPHHS continue to be required to retain a managed care consultant?</p> <p>=====</p>	<p style="text-align: center;">Bill Draft Requested 6/7</p>
<p>6. Consumer run services</p> <p>A. Implementation of consumer run services</p> <p>=====</p>	<p>1. Should the subcommittee direct DPHHS to facilitate development of consumer run services? If so, should the subcommittee require that DPHHS report to a legislative interim committee on the process it will use to solicit or facilitate development of consumer run services, the type and location of services developed and the number of participants?</p> <p>2. Should the subcommittee recommend a specific type of service be developed such as Compeer?</p> <p>=====</p>	
<p>7. Montana State Hospital budget</p> <p>A. Accuracy of MSH population projection for budgeting purposes</p>	<p>1. Should the subcommittee request that DPHHS and legislative staff propose a process for improving population estimates at MSH for purposes of budgeting?</p>	

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<p>8. Funding flexibility</p> <p>A. Direct DPHHS to implement a pilot project to test the outcomes of service delivery using a prepaid health plan</p>	<p>1. Does the subcommittee want to direct DPHHS to undertake a pilot Medicaid program to test whether a prepaid health plan can help develop innovative services?</p>	
<p>9. Medicaid compliance</p> <p>A. Process to ensure compliance with federal Medicaid criteria</p> <p>B. Use of general fund only to fund pilot or demonstration services</p>	<p>1. Should the subcommittee recommend that DPHHS design and implement management processes to insure that programs administering Medicaid services comly with federal Medicaid criteria and that DPHHS sumbit the process for review by the LFC?</p> <p>1. Should the subcommittee make a formal recommendation about whether DPHHS request a waiver and follow federal procurement requirements in order to fund pilot and demonstration projects with Medicaid funds or that DPHHS fund pilot and demonstration projects solely with general fund in order to by pass compliance with federal Medicaid criteria?</p>	<p>Adopted 6/7</p>
<p>10. Tobacco settlement funds</p> <p>A. Health care services funding</p>	<p>1. Should the subcommittee recommend use of tobacco settlement funds to leverage matching federal health care funds?</p> <p>2. Should the subcommittee recommend that tobacco settlement funds be used for specific mental health services?</p>	
<p>11. Community commitment</p>	<p>1. Does the subcommittee want to consider changes to statute that:</p> <p>A. Clarify that statutes written for MSH commitments and medication apply to community commitments</p> <p>B. Change community commitment statutes to mirror process of revocation of</p>	<p>Bill Draft Requested 6/7</p>

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	<p style="text-align: center;">a conditional release from MSH.</p>	
<p>12. Standards for case managers</p>	<p>1. Does the subcommittee wish to direct that DPHHS establish criteria for case managers or does the subcommittee wish to direct what those standards should be? A. If so, what types of standards should be considered - e.g. educational, experience, licensure?</p>	
<p>13. Medicaid eligibility expansion for children only</p>	<p>1. Does the subcommittee wish to review cost estimates of expanding Medicaid coverage for children?</p>	
<p>14. Offsets to MHSP general fund cost</p>	<p>1. Does the subcommittee wish to direct DPHHS to implement any of the following options to offset MHSP general fund costs: A. Use federal CHIP funds to match 80% of all MHSP costs of dual eligible children for the 2001 biennium or for the duration of CHIP authorization? B. Use TANF funds for non-medical costs paid by MHSP for children and adults in families eligible for MHSP or use all or part of MHSP expenditures toward the TANF state maintenance of effort?</p>	
<p>15. Review of Mental Health Oversight Advisory Council Recommendations</p>	<p>1. Review recommendations summarized at June 7 and July 25 meetings.</p>	