

Final Report of the Select Committee on Efficiency in Government

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September 2012

Final Report of the Select Committee on Efficiency in Government

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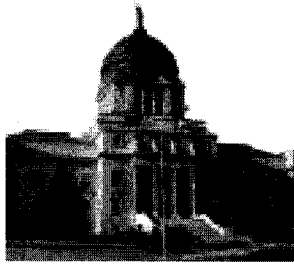
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This will be completed when the Report becomes final.



HB 642 - Efficiency in Government

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Part 1 - Introduction and Overview

Purpose of Report

This report summarizes the activities of and outcomes from the work of the Select Committee on Efficiency in Government, established pursuant to House Bill No. 642, 62nd Montana Legislature (2011). Under HB 642, the Committee is required to "...prepare a final report of its findings and conclusions and of its recommendations and shall prepare draft legislation whenever appropriate."¹ The Committee fulfills the obligation by submitting this report.

Organization of Report

The Executive Summary lists only the Committee's recommendations. Background underpinning each recommendation is provided in the section of the report that addresses the subject of the recommendation.

Overview The Overview provides a bird's eye view of when, where, and how the Committee undertook its commission during the 2011-12 legislative interim. Details of each of the Committee's meetings is provided on the Internet, at the Committee's web page: leg.mt.gov/sceg.

Section A of the report provides information and recommendations on the Committee's activities and outcomes in regard to health care and Medicaid; essentially, five draft bills affecting various elements of the state's Medicaid program.

Section B of the report provides information on the Committee's activities and outcomes in regard to information technology, and essentially, a recommendation for three draft bills: (1) clarifying the authority of local governments to store electronic data off site; (2) eliminating or

¹ Sec.2(5)(b), Ch. 380, Laws of Montana, 2011. (HB 642)

clarifying notarization requirements for certain documents; and (3) requesting an interim study of electronic records management.

Section C provides information and recommendations on the Committee's activities and outcomes in regard to natural resources. Here, the Committee engaged primarily in self-education about where and how state agencies and natural resource-based business interact in regard to communications, reporting, and regulation.

Section D provides an overview of "priority budgeting" and presents a synopsis of what priority budgeting is, how it compares and contrasts with Montana's current state budgeting processes and procedures, and the pros and cons of it from the perspectives of advocates and opponents.

Overview

The Select Committee on Efficiency in Government, hereafter SCEG or Committee, was created by the enactment of House Bill No. 642, 62nd Montana Legislature (2011).² It was comprised of 12 legislative members, divided evenly by house and party. Senate members of the majority party and the SCEG's presiding officer were appointed by the Senate President. Senate members of the minority party were appointed by the Senate Minority Leader. House members of the majority party were appointed by the Speaker and members of the minority party were appointed by the House Minority Leader.

House Bill No. 642 directed the Committee to investigate four very broad policy areas: Priority Budgeting; Health Care; Technology; and Natural Resources. Further, the underlying purpose of the Committee's investigation and activities was to ascertain "the efficiency and effectiveness of state activities" in the latter three areas. To conduct the investigation the legislature appropriated \$100,000 and required the Legislative Services Division to provide staff assistance. The legislation also allowed the SCEG to contract for services and to request assistance from the staffs of the Legislative Fiscal Division and the Legislative Audit Division.

The Committee members, in their earliest discussion of the direction provided in HB 642, concluded that the scope of inquiry described in the bill exceeded the Committee's resources and the amount of time available. Therefore, the members decided to establish three subcommittees, one each for the respective broad topical areas of Health Care/Medicaid, Information

² Chapter 380, Laws of Montana, 2011.

Technology, and Natural Resources.³ The full Committee also authorized each subcommittee to establish its own priorities and focus within the assigned subject area and guided each subcommittee to undertake and complete its work in consecutive, overlapping 3-to-4-month periods.

The Health Care/Medicaid Subcommittee was the first to be appointed and convene, holding its first meeting in October 2011. Subsequently, the Subcommittee met again in November 2011 and January 2012, providing oral updates to the full Committee at the October and November 2011 and January and February 2012 meetings. The Subcommittee made its final oral report to the Committee at the February 2012 meeting in Bozeman and presented draft legislation at the May 2012 meeting. The Subcommittee's draft legislation proposals were:

- LCSC01: Revise 72-Hour Presumptive Eligibility Program for Crisis Stabilization
- LCSC02: Measure Outcomes for Children's Mental Health Services
- LCSC03: Pay-for-Performance Pilot Project for Children's Mental Health Services
- LCSC10: Penalty for Transfer of Assets
- LCSC11: Eliminate Unit Billing for Certain Mental Health Services
- LCSC12: Revise Medicaid Application Process

The Subcommittee also made three nonlegislation recommendations to the full Committee:

- a funding recommendation to the 63rd Legislature that the appropriation to DPHHS for utilization review of certain Medicaid services be reduced from \$1.7 million per year to \$185,000 per year to pay for only the utilization review required by federal law.
- ask DPHHS to put together a stakeholder group to start planning for the expansion of the Medicaid program under the Patient Protection and Affordable Care Act, approved by Congress in 2010 and slated to go into effect in January 2014; and
- ask DPHHS to work with Medicaid providers toward an outcomes-based system of services and to articulate in a measurable form what the services would accomplish in three specific areas.

The full Committee recommends to the 63rd Legislature five of the Subcommittee's six proposals and the funding recommendation; it does not recommend LCSD11 (eliminate unit billing).

³ A Work Plan Subcommittee was also established, but it focused on procedure and timelines rather than the substance of government efficiencies.

The Information Technology Subcommittee was appointed at the Committee's October 2011 meeting and held meetings in conjunction with the full Committee's meetings in January, February, March, April, and May 2012. During the Subcommittee's meetings, members identified some two dozen ideas to affect or affected by state information technology. Through the end of the Subcommittee's meetings in May 2012, which included briefing panels, stakeholder testimony, and member discussions, the members eventually reduced the ideas to three recommendations:

- LCSC20 Clarify the term "at the office" for local governments in the context of accessibility to electronic records
- LCSC21 Study electronic records management
- LCSC22 Revising certain requirements regarding the notarization of documents

Draft legislation was prepared for the full Committee for consideration at the June 2012 meeting in Havre and the members voted to recommend all three draft bills to the 63rd Legislature.⁴

The Natural Resources Subcommittee was the last to be appointed and met initially in conjunction with the Committee's February 2012 meeting in Bozeman. The Subcommittee also met in conjunction with the Committee's March and April 2012 meetings. Not unsurprisingly, the Subcommittee heard from a few witnesses from various natural resource developers/producers that "regulations" were inefficient and costly. Upon questions from Subcommittee members, some witnesses allowed that the inefficiencies affecting them were, in fact, federal--not state--regulations. In particular, a spokesperson for the coal industry was invited to work with representatives of the state's Departments of Environmental Quality and Natural Resources and Conservation to identify and propose options for onerous laws and, following those meetings, to provide the Subcommittee with a list of specific state statutes and regulations of particular concern. At the end of the Subcommittee's work sessions in April 2012, the Subcommittee had not received notification from the spokesperson of any state statute or regulation causing or resulting in efficiency.

In addition to sanctioning several panels on different natural resource topics, the Subcommittee enlisted the full Committee in a variety of educational activities, touring the REC silane/silicon

⁴ Although the Subcommittee completed its work and recommendations in May 2012, the full Committee decided to continue its own examination of information technology efficiencies at the September 2012 meeting. The outcome of the Committee's discussions in that regard are not contained in this report, but may be included later as an addendum.

plant⁵ near Rocker and, in Butte, the Fracture Stimulation Lab at Montana Tech, the Ab SeaCast foundry

⁵ REC Silicon, a subsidiary of Renewable Energy Corporation ASA, is the operating division for the silicon production and produces solar grade polysilicon, electronic grade polysilicon and silane gas at plants in Moses Lake, Washington and in Butte, Montana. These products are raw materials for the international solar and electronic industries. For example, polysilicon and silane gas are used in technologies to create MP3 players, flat panel displays, laptops, hybrid electric vehicles, plus ubiquitous solar panels. (From the REC web site: <http://www.recgroup.com/en/media/>, August 2012.)

Executive Summary of Committee Recommendations

Section A - Health Care/Medicaid

- LC 123 LCSC01 – 72-Hour Presumptive Eligibility Program
- LC 124 LCSC02 – Outcomes-Based Planning
- LC 125 LCSC03 – Pay for Performance
- LC 150 LCSC10 – Transfer of Assets (Recommended)
- LC 151 LCSC12 – Medicaid Application.

Section B - Information Technology

- LCSC20 Clarify the term “at the office” for local governments in the context of accessibility to electronic records
- LCSC21 Study electronic records management
- LCSC22 Revising certain requirements regarding the notarization of documents

Section C - Natural Resources

No legislation recommendations

- Subcommittee actions led to the formation of an agency-industry working group, which may result in the development of additional electronic forms.
- Staff from the two agencies involved with mining records and databases agreed to present any ideas to the legislature in the future.

Section D - Priority Budgeting

No recommendations at this time

Part 2 - Committee Activities, Findings, and Actions

SECTION A - HEALTH CARE/MEDICAID

The Committee decided at its first meeting, in August 2011, to establish a Health Care/Medicaid Subcommittee to gather more information and ideas for efficiencies in the Medicaid program.

The Subcommittee met four times to:

1. review health care and Medicaid laws, administrative rules, and programs; and
2. identify potential ways to increase efficiencies within the Medicaid program or health care system.

Rep. Pat Noonan, D-Ramsay, served as presiding officer. Other Subcommittee members were Rep. Mark Blasdel, R-Somers; Sen. Mary Caferro, D-Helena; and Sen. Ed Walker, R-Billings.

The Subcommittee solicited comment from Medicaid providers at two meetings, in October and November 2011. The Subcommittee then asked interested parties to identify specific laws or administrative rules that they considered unnecessary or overly burdensome, as well as ideas for changing the laws or rules.

The Medicaid suggestions were forwarded to the Department of Public Health and Human Services (DPHHS) in December 2011. At a January 2012 Subcommittee meeting, DPHHS Medicaid and Health Services Branch Manager Mary Dalton responded to each of the 23 suggestions compiled from ideas proposed at public meetings, in written public comment, and through the Committee's online public input tool.

At the same meeting, the Subcommittee also reviewed suggestions relating to non-Medicaid health care matters.

The Subcommittee met a last time on Feb. 1, 2012, to act on the suggestions. Members forwarded eight recommendations to the full Committee. The Committee subsequently adopted seven of the eight recommendations, setting in motion a process to:

- draft legislation for further consideration;
- make a funding recommendation to the 2013 Legislature;
- ask DPHHS to put together a stakeholder group to start planning for the expansion of the Medicaid program under the Patient Protection and Affordable Care Act, approved by Congress in 2010 and slated to go into effect in January 2014; and
- ask DPHHS to work with Medicaid providers toward an outcomes-based system of services and to articulate in a measurable form what the services would accomplish in three specific areas.

The full Committee also authorized the drafting of a bill to create a pilot project for a pay-for-performance system for children's mental health services. Stakeholders had brought that suggestion to the full Committee, rather than the Subcommittee.

By the Committee's March 2012 meeting, DPHHS had indicated that it would not convene stakeholders to discuss the Medicaid expansion because the federal government had not yet provided clear guidance on how the expansion would be carried out. DPHHS also told the Committee that it could not commit to following all of the suggestions related to developing an outcomes-based model for children's mental health services. The department noted that it was in the midst of the budget-planning process and did not have details on all the elements that would be presented to Gov. Brian Schweitzer for consideration. However, DPHHS did note that, with involvement from providers, the agency had selected a validated tool to measure the severity of the needs of children in the mental health system.

After receiving the responses from DPHHS, the Committee authorized drafting of legislation to require DPHHS to develop and put into effect an outcomes-based model for children's mental health services.

In May 2012, the Committee reviewed six bill drafts and approved five of them for introduction as committee bills in the 2013 Legislature. This section of the report details each proposal, the reasons it came before the committee, and the items that went into consideration of action on the topic.

Issue 1 Summary:

The Medicaid program currently pays providers for the type and amount of service they provide to Medicaid enrollees, using a so-called "fee-for-service" model. Some states are experimenting with a pay-for-performance model for certain services, particularly mental health services provided to children. In this model, providers are paid according to how well they meet certain established standards, including how well children respond to treatment.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 123 to create a pay-for-performance pilot project in order to test the use of this model for Medicaid mental health services provided to children.

Discussion: Some children's mental health providers approached the Committee at its first meeting in August 2011, asking members to explore the pay-for-performance approach. In October 2011, representatives of two psychiatric residential treatment facilities -- the Yellowstone Boys & Girls Ranch and Intermountain -- gave an overview of performance-based contracting, which links reimbursement for providers to established outcomes and improvements for their clients. In general, providers who achieve certain standards of performance receive higher levels of reimbursement than other providers.

Advocates said this payment model ensures better results for children. They also noted that several states, ranging from Connecticut to Florida, Kansas, and Tennessee, have instituted performance-based contracting for children's mental health and child welfare services. They emphasized that Montana could build on models already developed elsewhere.

Stakeholders presented a proposal for draft legislation at the Committee's March 2012 meeting. The committee authorized staff to draft the legislation and subsequently reviewed and approved the legislation in May 2012.

Findings and Conclusions: Testimony to the committee indicated that a pay-for-performance approach to Medicaid services for children would allow the state to establish standards for a provider's services and for outcomes that children should experience. The higher payment levels associated with meeting the standards would give providers an incentive to make sure their services meet the state-established standards.

The Committee concluded that the pay-for-performance model holds potential for making children's mental health services more effective. The Committee also concluded that the state should test the model through a pilot project, which would allow the state to determine whether performance-based contracting should be used more widely.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 123.

Issue 2 Summary:

The Medicaid program currently pays providers for the type and amount of service they provide to Medicaid enrollees, using a so-called "fee-for-service" model. The program doesn't measure the effectiveness of the mental health services provided to Medicaid enrollees.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 124 to require DPHHS to measure outcomes for mental health services paid for by the Medicaid program, beginning with services administered by the Children's Mental Health Bureau. The bill also would require DPHHS to report on the results of its measurement.

Discussion: A number of mental health providers supported the idea of measuring the outcomes of children who receive mental health services, in order to determine the effectiveness of the services being provided. They suggested that DPHHS could use tools that have been validated through research to effectively assess the acuity of children's mental health needs and then measure how well those needs have been met through treatment. They also said DPHHS should report on how well providers meet the identified outcomes, in order to provide the public with information to help them make informed choices.

In February, the Subcommittee recommended that the full Committee send DPHHS a letter to ask the agency to work with providers to articulate, in a measurable form, what it would accomplish in three areas:

1. the use of validated tools to assess and measure the fidelity of Medicaid state plan services to a wraparound philosophy of care;
2. the use of validated measures to evaluate the acuity of the children served, to assess family functioning and family skill strengths and deficits, and to measure what, if any, improvements the services that are provided make in the areas of acuity, family functioning, and family skill strengths and deficits; and
3. the tracking of a child's placement, in order to create incentives for providing community-based treatment and reducing the use and expense of out-of-state, psychiatric residential treatment facility, and group home placements.

DPHHS in March declined to undertake that project, noting that it had selected a validated tool to measure acuity and that it was just beginning the Executive Planning Process to develop its budget proposals.

As a result the Committee authorized the drafting of legislation in March to accomplish the goals stated in its request to DPHHS. The Committee reviewed and took public comment on the draft legislation in May 2012.

Findings and Conclusions: Testimony showed that DPHHS is putting in place a new tool to measure the needs of children receiving mental health services. Testimony also indicated that Medicaid providers believe the department can and should measure the outcomes of children who receive Medicaid mental health services. Consequently, the Committee concluded that measurement of outcomes for children receiving Medicaid mental health services would result in more effective treatment and better use of state resources.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 124 requiring DPHHS to measure and report on the outcomes of children receiving Medicaid mental health services.

Issue 3 Summary:

The 2007 Legislature appropriated money to create the 72-hour presumptive eligibility program, which pays for mental health services provided for a three-day period to stabilize a person who is in psychiatric crisis. Participating mental health practitioners may provide care without verifying a person's insurance coverage. If a person is insured or covered by Medicaid, the provider bills the insurer. The presumptive eligibility program pays for individuals who are uninsured or underinsured. Among other things, the program pays for one psychiatric diagnostic interview and does not allow for payment of crisis stabilization services that are provided within seven days of a person's previous discharge from such services.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 125 to revise the presumptive eligibility program in order to allow for payment of two psychiatric diagnostic interviews and for payment of services provided within seven days of a person's previous discharge from crisis stabilization services. LC 125 also establishes the 72-hour presumptive eligibility program in statute, rather than administrative rule.

Discussion: The Subcommittee solicited suggestions from the public in hopes of obtaining ideas for ways to make the Medicaid program more efficient. Some of the suggestions touched on non-Medicaid matters, as well, including the suggestions to revise the 72-hour presumptive eligibility program. The program is funded entirely by general fund.

Stakeholders told the Subcommittee about the ways in which a person's condition may change within the first 72 hours of treatment. They said that a psychiatric diagnostic interview conducted at the outset of the 72-hour period may be influenced by factors such as alcohol and drug use. As a result, it may not provide the best picture of the services a person may need to remain stabilized after the 72-hour period has ended. They suggested that payment of a second diagnostic interview at the end of the three-day period may better reflect the person's status and continued treatment needs.

Stakeholders also said that providers don't want to turn away a person in need of crisis stabilization services, so they often provide services within seven days of a person's previous discharge. However, current administrative rules prevent them from being reimbursed for providing the treatment they believe is needed.

The Subcommittee recommended in February 2012 that the Committee make the two suggested changes to the 72-hour presumptive eligibility program. The Committee authorized drafting of the legislation in February and reviewed and took public comment on the draft legislation in May 2012.

Findings and Conclusions: Testimony pointed out that mental health providers believed the current 72-hour presumptive eligibility program may not provide appropriate treatment because of the limit on the number of psychiatric diagnostic interviews and the inability of providers to be reimbursed for treating a patient in crisis if the patient had just received services. Testimony also

indicated that changes to the program would increase costs to the general fund, but may have unknown benefits by resulting in better crisis stabilization services and a reduced need for more intensive and costly services. Consequently, the Committee concluded that legislative changes would improve the efficiency and effectiveness of the program.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 125 to revise the state's 72-hour presumptive eligibility program.

Issue 4 Summary:

To obtain Medicaid coverage, Montanans must submit an application to determine if they meet the criteria set out in state and federal law. Individuals may apply online, fill out a form and mail it to a county Office of Public Assistance, or fill out the form at a county office. They may be asked to provide proof of citizenship, residence, income, assets, and certain claimed expenses if proof isn't available through one of several electronic databases. Montana requires verification of an applicant's income and, if applicable, assets. Applicants may not simply attest to the fact that their income or assets meet the eligibility requirements.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 150 to revise the Medicaid application and application process. LC 150, if adopted, would require that the application process be changed to ask for only the information required under federal laws and regulation; match an applicant's Social Security number against existing electronic databases to verify as much of the information as possible; use a central intake model to the extent possible; and use technology to the greatest extent possible, including the use of online applications, electronic data matches, document imaging, and electronic signatures.

Discussion: Sen. Caferro asked the Subcommittee to look at the Medicaid application process to see if it could be made more efficient. DPHHS officials provided a demonstration of the current online application process at the Subcommittee's November 2011 meeting and subsequently explained why the application contains certain questions and how DPHHS verifies income and other required information.

The Subcommittee recommended in February 2012 that the full Committee approve legislation to revise the Medicaid application process. The Committee authorized the drafting of legislation in February and reviewed and took public comment on the draft legislation in May 2012.

Findings and Conclusions: Based on the demonstration and testimony, the Committee determined that use of the current online application process is relatively low and that the current process requires applicants to submit documentation of information that may be verified electronically through other sources. Consequently, the Committee concluded that changing the Medicaid application and application process may result in efficiencies to the state and to applicants.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 150 to change the state's Medicaid application process.

Issue 5 Summary:

With some exceptions, Medicaid applicants for long-term care may not transfer assets in the 5-year period before they apply for Medicaid if the transfer is designed to allow them to qualify for Medicaid coverage. Medicaid applicants may be penalized with a loss of eligibility if they are found to have improperly transferred assets. At least one state has taken steps to also penalize the people who receive improperly transferred assets.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 151 to allow imposition of a civil penalty against someone who receives assets that were transferred in order to allow another person to qualify for Medicaid coverage of long-term care costs.

Discussion: The matter of improperly transferred assets arose at the Subcommittee's October 2011 meeting, when stakeholders brought a Washington state law to the Subcommittee's attention. That law, passed in 1995, allows a court to impose a civil penalty against the recipient of the assets. The fine can be up to 150% of the value of the improperly transferred asset. The fine may be imposed if the asset transfer resulted in a period of ineligibility for the Medicaid applicant, but the state still provided Medicaid during that time because denial of coverage would have created an undue hardship for the applicant.

The Subcommittee received information from Washington state indicating that the state hasn't compiled specific data about the use or effects of the law. However, officials there believe it has served as a deterrent. They say that when they notify people about the law and the potential penalty, individuals who have received assets in a questionable manner often return the asset. The asset then is available to pay for long-term care.

Findings and Conclusions: Testimony indicated the state would benefit from stronger efforts to prevent people from transferring assets because people can use their assets, rather than Medicaid, to pay for the costs of their long-term care. Testimony also indicated that a law creating a penalty for people who receive improperly transferred assets may serve as a deterrent for such transfers. Consequently, the committee concluded that adopting a law similar to the Washington state law could create savings for Montana's Medicaid program.

Action or Recommendation: The Committee recommends that the 63rd Legislature enact LC 151 to create a civil penalty for individuals who receive improperly transferred assets from individuals who apply for Medicaid coverage of long-term care costs.

Issue 6 Summary:

The Medicaid program currently requires pre-authorization of certain services before the program pays for the services. This is accomplished through what is known as "utilization review." The state currently contracts with a private company to provide utilization review services. It also requires review of more mental health services than required by federal regulation.

Action or Recommendation: The Committee recommends that the 63rd Legislature reduce the appropriation for utilization review of certain Medicaid services from \$1.7 million per year to \$185,000 per year to pay for only the utilization review required by federal law.

Discussion: Throughout the interim, the Committee heard presentations related to the DPHHS contract with a private company for prior authorization of certain mental health services. DPHHS Medicaid and Health Services Branch Manager Mary Dalton provided information about why the state conducts utilization review and why it contracts for the services, rather than hiring staff to conduct the review. A representative of Magellan Health Services, the utilization review contractor, discussed how the company handles requests for authorization of services. Mental health providers testified that the utilization review process makes it difficult for them to provide services they believe are necessary at the time the services are necessary.

The Committee also discussed the current contract with Magellan, as well as the issuance of a new contract in 2012.

Findings and Conclusions: Testimony indicated that the state pays for utilization review of services that do not, under federal law or regulation, require pre-authorization. Testimony also indicated that mental health providers believe utilization review can prevent them from providing needed services in a timely fashion. Consequently, the Committee concluded that the state could save money and improve children's mental health services by reducing the utilization review appropriation.

Action or Recommendation: The Committee prepared a letter to the members of the House Appropriations Committee and Senate Finance and Claims Committee of the 63rd Legislature to recommend that they reduce the utilization review budget from \$1.7 million per year to \$185,000 per year.

SECTION B - INFORMATION TECHNOLOGY

The Committee decided at its August 2011 meeting to establish an Information Technology Subcommittee to gather information and ideas for efficiencies in state information technology (IT) services, software, hardware, processes, and so on. The Subcommittee met four times to determine how the state could more efficiently and effectively provide IT services within state government, between state agencies and other governmental agencies, and between the state and the private sector, both nonprofit and for profit.

Rep. Galen Hollenbaugh, D-Helena, served as the presiding officer. Other Subcommittee members were: Sen. Jon Sonju, R-Kalispell; Sen. Ed Buttrey, R-Great Falls; ???.

The Subcommittee solicited comments and ideas from all quarters regarding how the state could "improve" information technology. The members heard from the state Chief Information Officer, Dick Clark, at each of its meetings. The Subcommittee also heard from various individuals and company representatives that have some relationship with state information technology, either as current or potential users or as current or potential vendors of IT software, hardware, or services.

The Information Technology Subcommittee of the SCEG focused on solicited ideas for increased efficiency and twenty five suggestions were provided. The subcommittee categorized the ideas into four areas: connectivity, consolidation, budget/funding and the Montana Information and Technology Act and determined which items to examine further. Fourteen items were examined further of which eight items were addressed for action. Those items are summarized below by category.

CONNECTIVITY

Connectivity can be defined as the "measure of the extent to which components of a network are connected to one another and the ease of speed with which they can converse. This category would include items that would increase the ability for state government to be inter-connected, capacity for citizens to be interconnected and the availability of bandwidth capacity to support such connectives. Connectivity can also relate to the ability to access information based on accessibility to reliable internet access.

Issue 1 Summary: Long Term Strategy for Mobile Computing

As technology advances, there are increased opportunities for state government to utilize mobile computing to enhance state government operations. The key is to identify workable opportunities to implement mobile computing, which cannot be done without a policy framework, plan and potentially funding.

Actions or Recommendations:

The Committee recommends that the Montana State CIO work with the Information Technology Managers Council, the Computer Systems Planning Council and Montana Interactive to create a policy or plan for future mobile computing needs.

Discussion: Mobile applications provide additional opportunities to deploy e-government services, including land ownership, public safety, remote and field work support, travel information and document dissemination. Improved access could result in increased productivity of state employees and increased access to information to support citizen engagement. On the risk side, infrastructure to support the delivery of mobile applications is still maturing, as are the devices. The rate of technology change is a risk as applications may require frequent updating to remain viable on future devices.

Findings and Conclusions: The testimony of interested parties provided insight that mobile computing is a highly regarded and valuable tool for the public employee and the citizenry. The state e-government contractor, Montana Interactive, plays a key role in aiding the identification of potential e-services and mobile computing applications. Inside state government examination of web based services should be completed to determine if mobile applications can meet a business need and whether work can be done at the field level to eliminate duplicative entry, (i.e. record on paper and someone else enters into the system). Outside state government, again citizen e-services should be considered for application development if there is an added value and the cost benefit is there.

Actions or Recommendations: Request the Montana State CIO work with the Information Technology Managers Council, the Computer Systems Planning Council and Montana Interactive to create a policy or plan for future mobile computing needs. Included in the plan, it is suggested that they develop five governmental functions, including one in the Legislative Branch as demonstration projects to prove-out the technology and infrastructure support.

While a formal report has not been received, the topic of mobile computing is currently under discussion within each of the above mentioned groups. Within the Legislative Branch, the video web stream has been updated through contracting with Granicus which will allow smart phones and tablets to receive video streaming of committees and floor sessions. It also completes backup and archival services to preserve the electronic record.