



September 12, 2023

DPHHS Responses to Children, Families, Health, and Human Services Interim Committee Information Requests

Behavioral Health and Developmental Disabilities Division (BHDD)

What services are currently offered to persons with developmental disabilities? What gaps remain?

DPHHS Response:

In addition to standard Medicaid services, some individuals with developmental disabilities may qualify for the Developmental Disabilities Program (DDP) and have access to additional services. DDP offers services through what is called a **Medicaid Home and Community-Based Services (HCBS) waiver**. This waiver pays for support services to help people with developmental disabilities live in their homes and communities, instead of an institution. The DD waiver has 32 different types of services available, such as residential habilitation, specialized medical equipment, and supported employment services.

DDP administers two services through our Medicaid State Plan. **Applied Behavioral Analysis (ABA)** is a type of therapy that can improve social, communication, and learning skills through positive reinforcement. This therapy is provided by a licensed Board-Certified Behavior Analyst (BCBA). **DD Targeted Case Management (TCM)** is available for DD-eligible individuals 16 and older or for those under age 16 if enrolled in the DD Waiver.

DDP is collaborating with the Montana Behavioral Health and Developmental Disabilities Alternative Settings Initiative in support of the Behavioral Health System for Future Generations (BHSFG) Commission established by House Bill 872 during the 68th legislative session. Stakeholder subcommittees have convened and are considering the needs of individuals diagnosed with mental health, substance use disorders, **developmental disabilities**, and co-occurring health issues for both children and adults. Some initial feedback received regarding gaps in the developmental disabilities field include adequate crisis response services as well as appropriate treatment options for youth with co-occurring Intellectual and Developmental Disabilities and Serious Emotional Disturbance diagnoses.



Child and Family Services Division (CFSD)

What percentage of child abuse and neglect cases result in removal by CFSD?

DPHHS Response:

Less than 13%. In SFY23, there were 10,270 children involved in 6,926 investigations by CFSD. Of those, 1,351 children were removed from their parents due to abuse and neglect.

What percentage are resolved while the child or children remain in the home?

DPHHS Response:

An additional 5% (498 of the 10,270 children involved in an investigation) who were determined to be unsafe by CFSD were able to be maintained in their home by putting safety resources in place.

What is the cost of removal vs. the cost of resolving the case without removal?

DPHHS Response:

Removal is a safety decision that cannot take cost into account. By increasing primary and secondary prevention resources available in communities, child abuse and neglect can be reduced. Each community, family, and child are unique in their needs and required resources. It is not possible to quantify the cost difference between removal and not removing.

- Examples:
 - Child is removed, and parents do not engage in services. The only cost is \$30.16 per day for foster care.
 - Child is removed and parents engage in services. The cost is foster care plus all the necessary services for a parent to reunify with their child. These services are individualized based on the circumstances of the cases and the services necessary to allow for safe reunification.



A case that can be resolved without removal may cost less primarily because the severity of the abuse and neglect is less. Children remain in the home in those cases because the family often has more natural supports to assist in maintaining the child safely in the home.

Human and Community Services Division

What is the average wait time for the Office of Public Assistance Helpline?

DPHHS Response:

Average wait time for the Public Assistance Helpline (PAHL) in July 2023: 31 minutes¹

- Calls handled (incoming and outgoing) July 2023: 22,705
- Calls handled (incoming and outgoing) last 12 Months: 305,000

How does OPA plan to improve customer service?

DPHHS Response:

- Addressing bottlenecks in our phone system by providing tiered layers of support.
- Responding to client needs in office lobbies by suspending telework for OPAs during this period of great demand.
- Launching a public service announcement campaign through radio and media.
- Improving functionality of the eligibility rules engine by automating some case actions.
- DPHHS is implementing several strategies to continuously improve customer service on the PAHL:
 - Created separate queue for SNAP/TANF clients who require the ability to conduct a telephonic interview.
 - Shifted to only allow scheduled call-backs for SNAP/TANF.
 - Changed call-back structure to offer a range of time rather than a specific call-back time.
 - Updated the recorded messages to inform clients of non-telephonic options for submitting materials.

¹ Not yet reviewed, standardized, and published by CMS.



- In partnership with SITSD, creating a triage function for incoming Medicaid calls; all calls will be answered by a person who can triage the questions. Issues that can be fully resolved in under 10 minutes will be immediately addressed (Tier 1 Support). All other issues will be transferred to a Client Service Coordinator for full resolution (Tier 2 Support).
- Expanding call center operations beyond the current 7am to 6pm M-F.
- Continuous Staffing Enhancements
 - **DPHHS's current CSC vacancy rate is less than 3%.**
 - In preparation for the redetermination process, DPHHS awarded a contract to Public Consulting Group for a variety of support activities, including staffing a separate, non-PAHL call center for the MAGI-only population which has **answered calls in less than 2 minutes on average.**
 - Additionally, DPHHS has:
 - Gradually shifted MAGI-only call center staff to support the PAHL (+5 as of 9/8; +10 as of 9/13; transition of remaining staff will be phasal)
 - Absorbed SITSD's ARPA call center staff (4 FTE)
 - Directed PCG to hire an additional 22 staff (onboarding this week)
 - Hired 33 more CSCs (began training on 9/11)
 - Reassigned 2 Deloitte/CHIMES Help Desk staff to support Tier 1 response as "lead workers"

Senior and Long-Term Care Division (SLTC)

The committee is particularly curious about nursing homes, including current capacity (beds and staffing) and projected capacity.

DPHHS Response:

There are 60 nursing homes in Montana which includes the three state veterans' homes and the two Native American homes. The average total occupancy rate for nursing homes was 56.9% for FY 2023. This percentage is based upon the total bed days utilized divided by total available bed days. Utilized days represents the number of bed days that were occupied in a facility, whereas total days is the number of bed days available in one year. The latter can fluctuate based on the number of licensed beds in



the state and the number of days in the year. In FY 2023, on any given day, 2,378 nursing facility beds were not in use. All calculations are based on facility-provided data, except for corrections made in the number of licensed beds.

Fiscal Year	Total Available Bed Days	Total Utilization	Percent Utilized
2017	2,359,975	1,531,870	64.91%
2018	2,315,544	1,484,703	64.12%
2019	2,290,740	1,450,855	63.34%
2020	2,273,920	1,373,717	60.41%
2021	2,238,465	1,182,246	52.82%
2022	2,264,460	1,147,729	50.68%
2023	2,014,940	1,146,820	56.92%

The calculation does not consider the actual capacity of the facilities. That capacity is impacted by the availability of staff, the expertise of that staff, and any adjustments in operating capacity. Operating changes include when a facility is licensed for 96 beds but has chosen to operate at 75 beds. Until the number of licensed beds is more in line with current market conditions the actual capacity of the system is not predictable. DPHHS uses licensed beds as reported to CMS. Since Montana is a Certificate of Need state for long-term care beds, providers may be reluctant to reduce facility licenses.

Regarding staffing, the use of contracted staff has seen some improvement. On average during FY 2023, 9,499 contract RN hours were used, while CNAs averaged 68,106 hours. The table below provides the monthly high, low, and current use of contracted hours. The decline in hours reduces expenses for the providers.

Monthly Contract Hours	FY 2023 High	FY 2023 Low	June 2023
RN	11,429	8,002	9,671
CNA	80,285	51,531	51,531



General

How is the implementation process of new provider rates, including rulemaking, going?

DPHHS Response:

- A series of administrative rule updates for the proposed base rate increases were filed with the Secretary of State in late June and early July, the earliest possible filing dates after HB 2 was signed.
- Public hearings on these administrative rules occurred in late July and early August.
- Rules are expected to be adopted on September 8. Rate updates will be implemented in the MMIS on the same date with a retro-effective date back to July 1.
- Information on claim adjustments for a date of service from July 1 will be communicated to providers.
- The process of claim adjustments is expected to take several months due to system limitations.

What policies guide the department's distribution of the opioid settlement money? How much of the money has been distributed? What impacts does the department see from the use of the opioid settlement money?

DPHHS Response:

DOJ/DPHHS receive 15% of the opioid settlement to be used at their discretion for opioid remediation activities. DPHHS and DOJ are currently in the process of developing an MOU related to these funds, which is nearing completion.