

Department Updates

Children, Families, Health, and Human Services Interim Committee

January 18, 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Director's Updates

Charlie Brereton, DPHHS Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agenda

- Committee Requests for Information
- Organizational Highlights
- Montana State Hospital CMS Recertification Update
- Medicaid Redeterminations
- HEART Waiver Update
- Opioid Settlement Update
- Senior and Long-Term Care Update
- Procurement Update
- Rule Changes Update
- Conclusion



Committee Requests for Information

GREG GIANFORTE
GOVERNOR



CHARLIE BRERETON
DIRECTOR

January 11, 2024

RESPONSE TO REQUESTS FOR INFORMATION

REQUESTED INFORMATION: CFHHS Interim Committee requested follow up information on the Out-of-State Placement of Youth Report, including three questions:

1. For the two in-state providers of care to these high-needs children, do they struggle most with bed space or staffing?
2. How many children went to each out-of-state facility in the current and previous fiscal year?
3. How does the department oversee the out-of-state facilities?

RESPONSE:

1. For the two in-state providers of care to these high-needs children, do they struggle most with bed space or staffing?

Montana's in-state Psychiatric Residential Treatment Facilities (PRTFs), Yellowstone Boys & Girls Ranch (YBGR) and Shodair Children's Hospital, report "at maximum capacity" based on either bed space or staffing limitations, noting that staffing deficiencies occur sporadically. YBGR and Shodair are best informed to respond to this question.

2. How many children went to each out-of-state facility in the current and previous fiscal year?

The following chart depicts the number of children who received treatment in an out-of-state placement by facility for SFY 2023 and SFY 2022.

GREG GIANFORTE
GOVERNOR



CHARLIE BRERETON
DIRECTOR

January 11, 2024

RESPONSE TO REQUESTS FOR INFORMATION

REQUESTED INFORMATION: Representative Yakawich requested a department update to the CFHHS Interim Committee on long-term care, specifically home and community-based services, and policy considerations on Area Agencies on Aging, the Big Sky Waiver, and general policy considerations. Specific responses to each question are included below.

RESPONSE:

Request: **Please provide information about the services provided by the Area Agencies on Aging (AAA).**

The Older Americans Act (OAA) of 1965 established the U.S. Administration on Aging (AOA) and the State Agencies on Aging to address the social services needs of older citizens, defined as over 60. In Montana, the Aging Services Bureau (ASB) of the Senior & Long-Term Care (SLTC) Division manages the federal grants, as well as any additional funds authorized by the state legislature. The purpose of the act is to help older individuals maintain maximum independence in their homes and communities, with appropriate supportive services, and to promote a continuum of care for older adults. To this end, the Aging Services Bureau contracts with the nine¹ Montana AAAs who in turn contract with service providers in their Planning and Service Area (PSA).

The parameters set by the OAA require the State to submit a four-year state plan that identifies and addresses the needs of older Montanans. The plan also provides numerous charts and graph data. The Montana State Plan can be viewed at <https://dphhs.mt.gov/assets/sltc/AgingReports/MontanaStatePlanonAging.pdf>

The OAA authorizes multiple grants to fund supportive services, nutrition, family caregiver support, disease prevention, the long term care ombudsman program, state health insurance program (Medicare Counseling), legal services related to the prevention of abuse, neglect and exploitation and health promotion activities.

Committee Requests for Information (Cont.)

GREG GIANFORTE
GOVERNOR



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CHARLIE BRERETON
DIRECTOR

January 16, 2024

RESPONSE TO REQUESTS FOR INFORMATION

REQUESTED INFORMATION: CFHHS Interim Committee requested that the Department provide an update on the average processing time for redetermination applications.

RESPONSE: Average processing time for applications is 28 days and average processing time for redeterminations is 29 days.

ADDITIONAL BACKGROUND: The information provided is average processing time for November 2023. The federal guidance for new applications is 45 days for processing income-based cases. Applications for all other programs (Long Term Care, Nursing Home, Medically Needy) are allowed 90 days to account for the additional time needed for resource assessments and disability determinations. All timelines may be extended based on continued communication with the client and to allow time for verifications.

GREG GIANFORTE
GOVERNOR



DEPARTMENT OF
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CHARLIE BRERETON
DIRECTOR

January 8, 2024

Dear Chair Lenz, Vice Chair Howell, and members of the Children, Families, Health, and Human Services Interim Committee,

On November 16, 2023, I received a letter requesting information on Department of Public Health and Human Services (DPHHS) plans to use a single statewide contractor to oversee both the TANF Pathways and SNAP Employment and Training programs. DPHHS is committed to responsibly driving outcomes that support the healthy independence of our clients, and I appreciate the interim committee's continued interest in our initiatives to fulfill this commitment.

The services of interest are currently in procurement through a formal RFP process. Because of procurement laws and procedures, DPHHS officials cannot discuss the RFP or service provision generally until the RFP closes, scoring is completed, contract negotiations conclude, and a contract is executed.

In the meantime, please direct all questions to Kristi Hernandez with the Department of Administration's State Procurement Bureau at kristi.hernandez2@mt.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "C. Brereton", is written over a circular stamp that contains the Montana DPHHS logo.

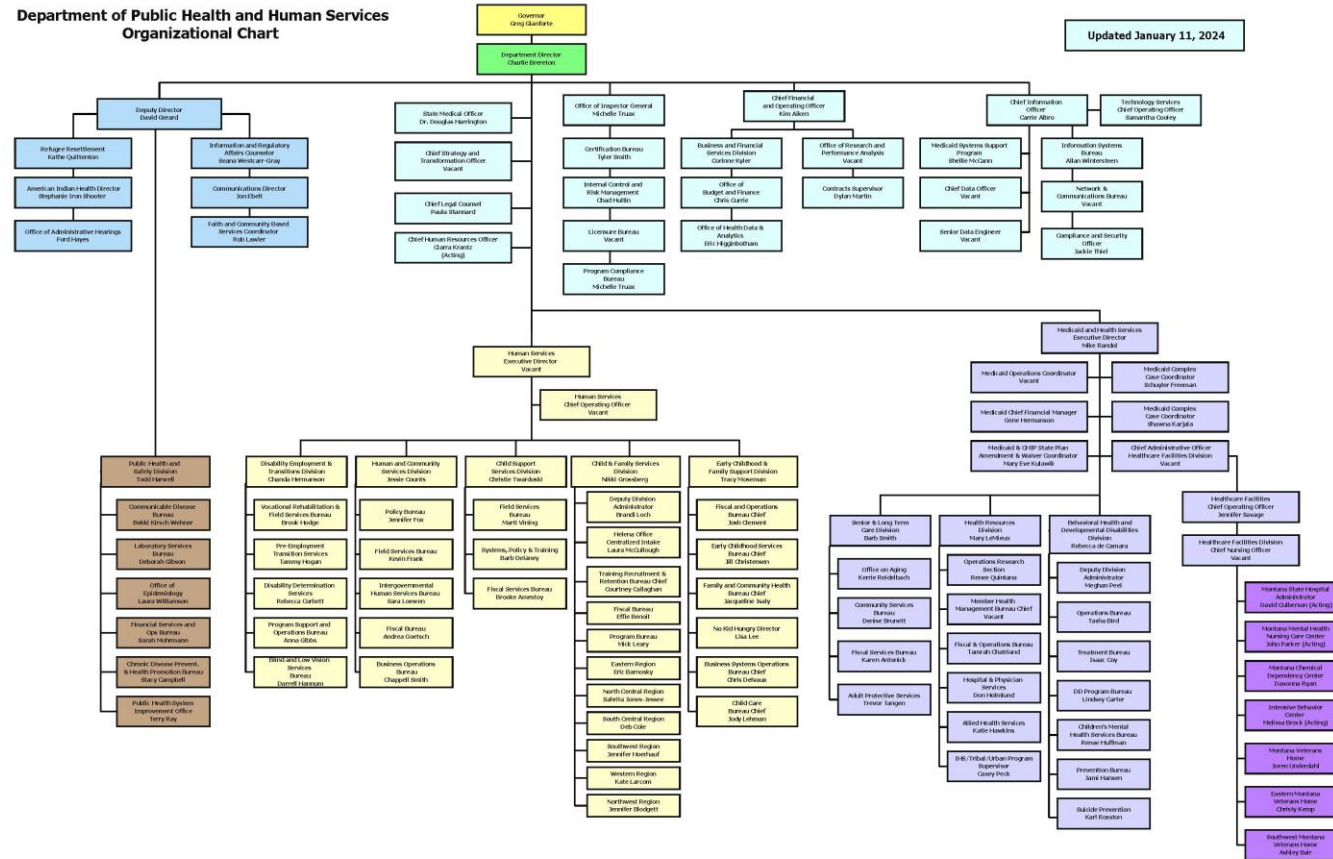
Charles T. Brereton
Director



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Organizational Highlights

Department of Public Health and Human Services
Organizational Chart



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Healthcare Facilities Update

*Jennifer Savage, Chief Administrative Officer, Healthcare
Facilities Division*



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Overview | CMS Recertification Efforts at MSH

Key Updates Since January 2024

1. **Governing Body:** Continued efforts to create and update policies and procedures for ongoing discussion with Governing Body board members and Medical Executive Committee
2. **Patient Rights / Utilization Review:** Onboarded a new psychiatrist, Medical Director, for Montana State Hospital
3. **Emergency Preparedness:** Radios and related equipment for Montana State Hospital's emergency communication system were ordered. The hospital plans to implement upon arrival of the equipment.
4. **Quality Assurance and Performance Improvement:** The Department and hospital continued to review and update quality metrics for opportunities to monitor opportunities for improvement at the hospital
5. **Medical Staff:** The hospital filled two Nurse Educator positions to support the development of skilled competencies and facilitate ongoing training / programming
6. **Medical Staff:** Montana State Hospital has ongoing recruitment activities and interviewing qualified candidates for the Chief Executive Officer and Chief Operating Officer
7. **Medical Staff:** Medical Staff bylaws have been reviewed by the new Medical Director and are projected to be approved at the next Governing Body meeting.
8. **Nursing:** The positions for Chief Nursing Officer for Healthcare Facilities Division and Director of Nursing at Montana State Hospital are currently in active recruitment. These position will improve leadership and the quality of patient care; the hospital has started recruitment initiatives for these positions
9. **Medical Records:** Health Information Management (HIM) phase-one assessment completed by Savista, third-party consultant facilitated by Mountain-Pacific Quality Health
10. **Physical Environment:** Architecture and Engineering retained a third-party consultant, Spectrum, to contract the capital improvements for Montana State Hospital's infrastructure
11. **Physical Environment:** Spectrum and the Department are reviewing and prioritizing project plans for Montana State Hospital to align with CMS requirements.
12. **Discharge Planning:** The Department and hospital are reviewing the potential reorganization of clinical services support (e.g., recreational therapists) to identify opportunities to improve patient care of current operations
13. **Discharge Planning:** Onboarded a new Director of Social Services to align with Conditions of Participation competency requirements of Centers for Medicare and Medicaid Services (CMS)



MSH Recertification Project Plan (July 2023 – December 2024)

63% Implemented
Average of CMS Initiatives

CMS Workstream/Initiative	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24
1. Governing Body																		
2. Patient Rights																		
3. Emergency Preparedness																		
4. QA and PI Program																		
5. Medical Staff																		
6. Nursing																		
7. Medical Records																		
8. Food and Dietetic Services																		
9. Utilization Review																		
10. Physical Environment																		
11. Infection Prevention & Control																		
12. Special Med Record Require.																		



DPHHS' Recruitment and Retention Initiatives

HFD is launching a recruitment and retention workgroup that is focused on expanding outreach to target colleges and universities, increasing its digital footprint to market open job positions to online job boards, exploring options for nursing teaching site partnerships, improving the efficiency of the interview process, and improving employee retention through coordinated efforts.

Key Updates and Initiatives

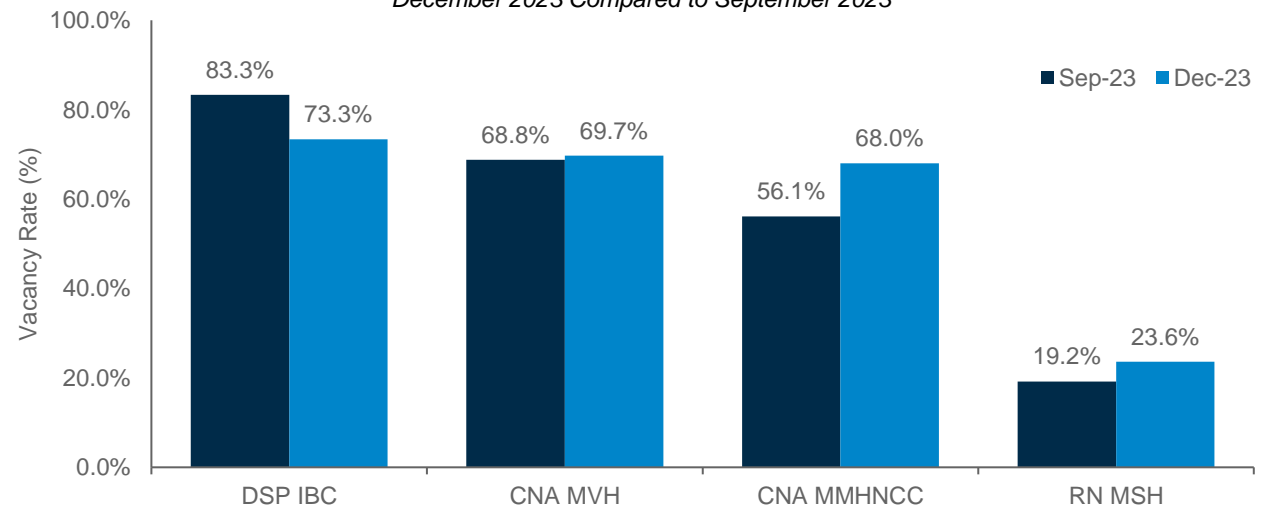
- Initiated contract for paid media campaign in collaboration with Asher Agency to advertise hiring and referral incentives program for direct-patient care positions
- Developing a process flow for the existing recruitment process and identifying gaps that can be addressed for streamlining the resources needed.
- Montana State Hospital staff resources attended career fair to speak directly with potential candidates
- DPHHS is expanding its online outreach and recruitment presence to additional professional organizations' career sites. Leveraging relationships with relevant unions, professional associations and recruitment firms to identify & refer qualified candidates to be able to attract highly qualified applicants.
- Expanded learning and development, specifically Crisis Prevention Institute training, for staff at state-run healthcare facilities to assist with de-escalation techniques
- Montana State University is building a new nursing facility to increase enrollment at its Great Falls campus by 50% to help offset the shortage of health care professionals in the Great Falls area and throughout the state.¹

Next Steps

- Establish a cadence for employee surveys to measure satisfaction and potential areas of improvement for the department.
- Create awards or means to recognize, highlight, and reward high performing individuals for standout work

Vacancy Rate in Priority Positions by Facility

December 2023 Compared to September 2023



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¹ <https://www.montana.edu/news/23349/montana-state-breaks-ground-on-great-falls-nursing-building>

Hiring and Retention Incentives

DPHHS is implementing one-time incentive payments and targeted, historic wage increases to recruit and retain employees at Montana's state-run health care facilities. This effort is also designed to reduce reliance on contracted clinical staff.

- Hiring Incentive for new clinical staff
 - \$7,500 incentive payments for external candidates hired into targeted clinical positions to be made to at the six and 12-month marks of continuous employment
 - Incentive payments apply to RNs, CNAs, direct support professionals, psych techs, and forensic mental health techs hired at MSH, IBC, MCDC, MMHNCC, and MVH
- Bonuses for existing staff in targeted positions
 - Eligible HFD employees will receive bonus amounts prorated based on the total number of hours worked prior to disbursement
 - 1,560 hours or more per year = \$7,500
 - 1,040 to 1,559 per year = \$5,625
 - 1,039 hours or less per year = \$3,750
 - Applies to RNs, LPNs, psych techs, forensic mental health techs, and direct support professionals currently employed at MSH and IBC
- Wage increases for existing staff in targeted positions
 - Direct support professionals, psych techs, and forensic mental health techs will receive a permanent \$2/hour increase in their base rate
 - LPNs will receive a permanent \$1.75/hour increase in their base rate
 - RNs will receive a permanent \$4/hour increase in their base rate



Hires & Rehires | Structure and Constraints

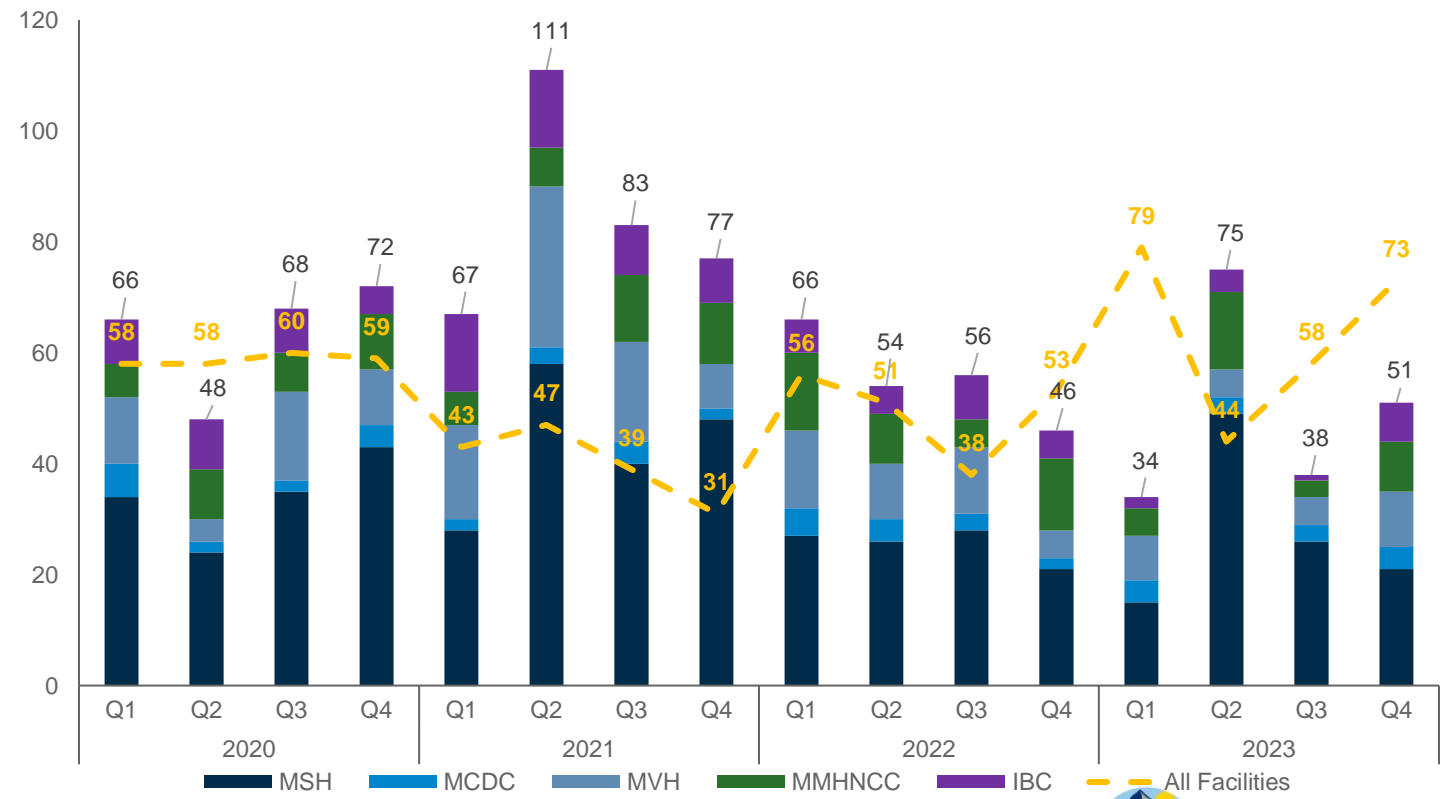
While increased recruiting efforts have resulted in net hires / rehires in Q4 CY2023, retaining talent at the state-run healthcare facilities remains a significant challenge. However, the Division expects to restart its recruiting momentum with the rollout of the upcoming hiring and referral incentive program, bolstering its talent acquisition and retention efforts.

Top 5 Vacancies at State-Run Healthcare Facilities (December 31st)

Position	# of Vacancies	% of Total Vacancies
Certified Nurse Aide	57	19.9%
Registered Nurse 2	54	18.8%
Psychiatric Technician	31	10.8%
Direct Support Professional	22	7.7%
Psychiatric Technician (FMHT)	12	4.2%

The Division is working actively on **facility- and organization-wide cultural change and transformation** as a key component of increasing employee satisfaction, moral, and—ultimately—retention.

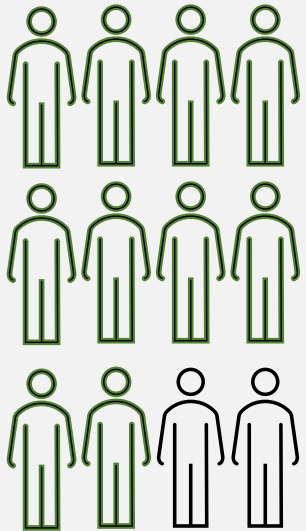
Attrition / Hires & Rehires at State-Run Healthcare Facilities
(January 2020 - December 2023)



Vacancies | Leadership

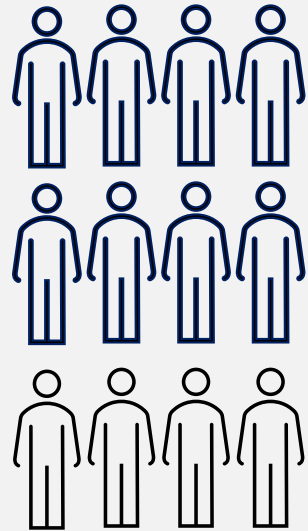
In addition to HFD's efforts to recruit direct-patient-care positions, HFD continues to monitor vacancies to staff skilled, competent leadership at the state-run healthcare facilities. At this time, 12 vacant positions have been prioritized in collaboration with the Office of Human Resources, especially for CMS certification endeavors at MSH. Note: A couple of these positions are filled by interim staff: Facility Administrator (IBC) and Chief Executive Officer (MSH)

Leadership Vacancies - Posted



10 of the 12 high-priority leadership vacancies are posted

Leadership Vacancies - MSH



8 of the 12 leadership vacancies are for MSH

FACILITY	POSITION TITLE	TOTAL APPLICANTS
HFD	Chief Nursing Officer	4
HFD	Chief Operations Officer	16
IBC	Facility Administrator	17
MMHNCC	Facility Administrator	8
MSH	Chief Executive Officer	23
MSH	Director of Nursing	0
MSH	Chief Operations Officer	21
MSH	Human Resources Supervisor	9
MSH	Infection Control RN	0
MSH	Quality Improvement Manager	3
MSH	Assistant Clinical Services Manager	0
MSH	Treatment Manager (Galen)	0

*Ongoing efforts to determine eligibility of applicants



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Medicaid Redeterminations

*Jessie Counts, Administrator, Human and Community Services
Division*



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Medicaid Redeterminations

In April 2023, DPHHS began the federally-directed Medicaid redetermination process for over 330k Montanans enrolled in Medicaid. **As of January 2024, the redetermination process has initiated for all individuals covered by Medicaid.** The progress is being tracked on a public-facing dashboard.

Cases were distributed over a 10-month period using a population-based approach.

Data trends are supporting this approach. In general, cases less likely to be eligible were scheduled earlier in the redetermination process. Ex parte (auto renewal) rates **increased** in the final months; procedural disenrollment rates **decreased**, in accordance with Department predictions.

- Monthly ex parte rates have increased from June redeterminations to December redeterminations (32% to 67%).
- Monthly terminations for procedural reasons have decreased from May redeterminations to December redeterminations (36% to 24%).



Medicaid Redeterminations (cont.)

DPHHS Communications Strategies

Pre-Redetermination Process: <ul style="list-style-type: none">• Request to update address by text and mail• Notice of Redetermination Process• Notice with month redetermination is due	Month 1 (Distribution Month): <ul style="list-style-type: none">• Redetermination Packet (client has at least 45 days to return the packet)• Reminder sent by mail and text
Month 2 (Redetermination Month): <ul style="list-style-type: none">• Upcoming Closure Notice• Final Closure Notice (last day of the month)	Month 3 (Closure Month): <ul style="list-style-type: none">• Anyone procedurally disenrolled receives follow-up notice that they can still turn in information or reapply• Anyone determined ineligible receives a Cover Montana mailing



Medicaid Redeterminations (cont.)

What are the next steps for Montanans who believe they are eligible but whose coverage has ended?

- Any Montanan who believes they are eligible for Medicaid can apply/reapply at any time. There are no blackout periods or penalties for losing coverage.
- Submission of redetermination packet within 90 days of termination of coverage will allow for up to three (3) months of retroactive coverage, if the individual was eligible during that period.
- If an individual provided the necessary information to the Department and believes they were redetermined incorrectly, they should request a fair hearing in writing to the Office of Public Assistance.

Why are some cases still pending?

There are a variety of reasons cases may be pending. If a client has returned the necessary information, the Department is committed to not closing the case until it can make an accurate determination of eligibility.

- Further communications with client, including verifications requested from client
- Prioritization of cases and caseload balancing across staff and offices
- Complex cases requiring additional verifications



Medicaid Redeterminations (cont.)

*Application processing time for the month of December 2023 **

- Applications: 30 days
- Redeterminations: 21 days

Status of individuals due for redetermination through November 2023 based on initial determination

	All Individuals	Children Only
Renewed	42%	46%
Closed	42%	38%
Pending	16%	16%

*The federal guidance for new applications is 45 days for processing income-based cases and 90 days for all other programs.

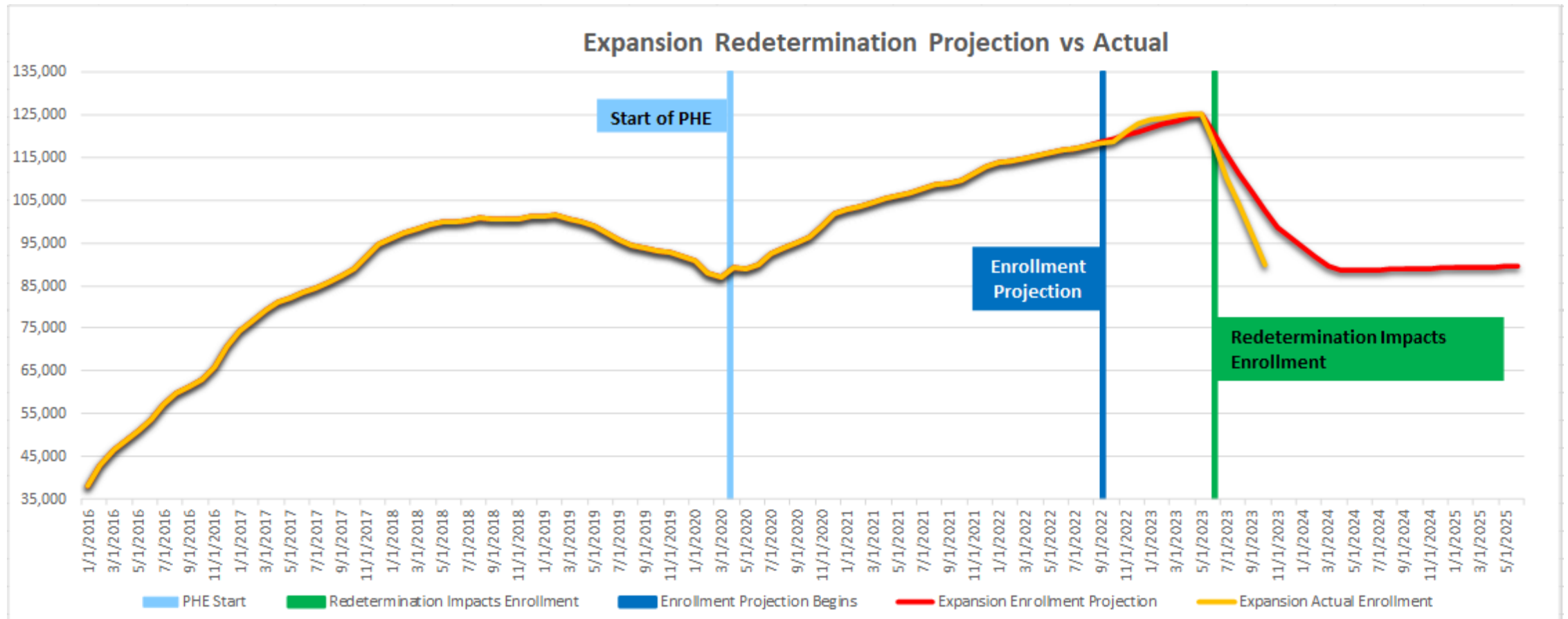
Impact of Redeterminations on Forecasting

The Department utilized the following assumptions regarding redetermination when building the Medicaid budget **for the 2025 biennium**:

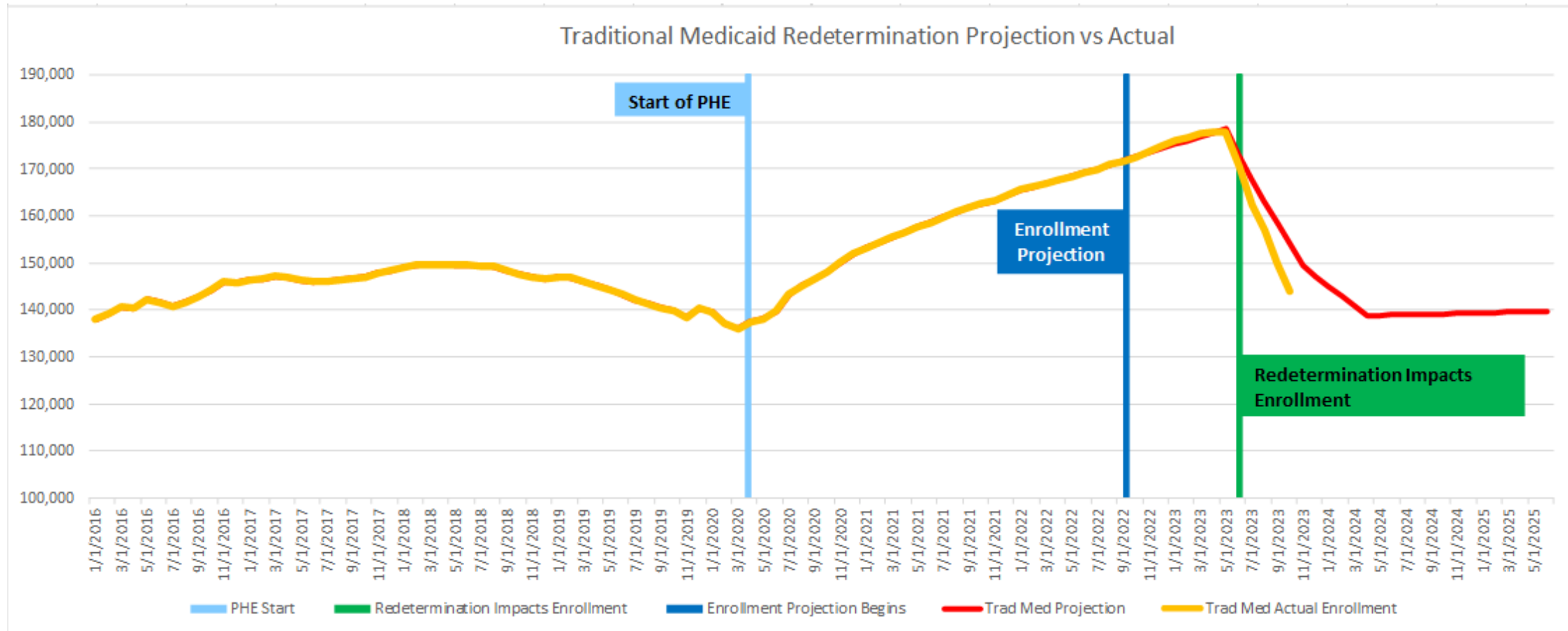
- Assumed 70% of ineligible members would be disenrolled in the first 6 months of the redetermination process (by December 2023), with the remaining ineligible members disenrolled within 12 months (by June 2024).
 - As of October 2023, traditional Medicaid had 143,998 enrollees; this is 9,811 (6.4%) less enrollees than originally projected.
 - As of October 2023, Medicaid expansion had 90,003 enrollees; this is 12,620 (12.3%) less enrollees than originally projected.
 - Because enrollment figures are not final for 90-days, the comparison of actual enrollment to our projection at 6 months post-PHE (December enrollment) will not be known until March 2024.
- The projected enrollment utilized for 2025 biennial budget projections assumed a drop in member months of 14.6% for Traditional Medicaid and a drop of 19.3% for Expansion Medicaid in SFY 2024.



Impact of Redeterminations on Forecasting (cont.)



Impact of Redeterminations on Forecasting (cont.)



HEART Waiver Update



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HEART Waiver Components

IMD Reimbursement – **CMS Approved** – short-term residential and inpatient stays in IMDs for SUD treatment (SMI pending MSH recertification)

Contingency Management – **CMS Approval Pending** – Evidence-based stimulant use disorder treatment model

Justice-Involved Reentry Services – **CMS Approval Pending** – Services for eligible inmates in the 30-days pre-release in collaboration with Montana Department of Corrections

Tenancy Support Services – **CMS Approval Pending** – Community housing support services



HEART Waiver Amendment

HEART Waiver Amendment – IMD for youth with SED in QRTPs

- DPHHS submitting a HEART Waiver amendment request to allow the state to pay for mental health services for youth in IMD facilities which are Qualified Residential Treatment Facilities (QRTPs); the public hearing was held December 15, 2023.
- Qualified Residential Treatment Programs are a new category of group homes or facilities designed to address the clinical needs of children with serious emotional or behavioral disorders or disturbances as defined by the Family First Prevention Services Act.
- In 2020, DPHHS aligned the Therapeutic Group Home licensing administrative rules to align with requirements of QRTP.



Opioid Settlement

Rebecca de Camara, Administrator, Behavioral Health and Developmental Disabilities Division

Gene Hermanson, Medicaid Chief Financial Manager



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Allocation of National Opioid Abatement Settlement

Funds from the Settlement Agreements for the State of Montana shall be direct-deposited into three separate funds:

- *State of Montana Fund*: 15% to be used by the State for Approved Purposes. MOU, finalized November 2023, splits the funds evenly between DOJ and DPHHS.
- *Montana Opioid Abatement Trust*: 70% paid into the Abatement Trust for Approved Purposes administered by the Advisory Committee and Executive Director of the Trust
- *Local Government Fund*: 15% distributed to 62 participating Local Governments



Montana Opioid Abatement Trust (MOAT)

- Established by Montana Distributors' and Janssen Settlement MOU
 - Created by Montana Attorney General Austin Knudsen, as Trustor, on August 3, 2022
 - Executive Director is Rusty Gackle
 - First meeting November 28, 2023; next meeting April 11, 2024
- Trust governed by Advisory Committee of 10 Operating Trustees
 - 3 members chosen by Metropolitan Regions
 - 2 members chosen by Multi-County Regions
 - 2 members chosen by Director of DPHHS
 - 3 members chosen by the Attorney General
- As of September 2023, MOAT has received over \$9 million dollars in distribution
- These funds will soon be available for distribution to local Abatement Regions that have created a governance structure that designates a fiscal agent to receive and distribute settlement funds as required by the MOU



Senior and Long-Term Care Update

Barb Smith, Administrator, Senior and Long Term Care Division



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Aging Services

Older Americans Act

- Federal funds received by the state, contracted out to AAAs who subcontract for some services
- To help older individuals maintain maximum independence in their homes and communities, with appropriate supportive services
- Minimal allotment state
- Nutrition, family caregiver support, disease prevention, the long-term care ombudsman program, state health insurance program (Medicare Counseling), legal services related to the prevention of abuse, neglect and exploitation and health promotion activities

No Wrong Door

- Requires strengthening and potential redesign.
- Imbedded in I&A

Respite

- Lifespan Respite Grant Funds
 - Vouchers, Respite Retreats
- NASHP Summit, Feb. 6 & 7
 - 2022 National Strategy to Support Family Caregivers

Caregiver Support

- T-Care: evidence-based screening to identify caregivers at risk for burnout, connect them to the right services, and measure the impact of support



Presumptive Eligibility for HCBS

To provide faster access to HCBS, states have used 1115 authority to streamline processes for determining eligibility and providing services, including by authorizing benefits during a presumptive eligibility period and accepting verification for financial eligibility.

- Examples include:
 - Provision of all or some HCBS benefits to new long-term care (LTC) applicants during a presumptive eligibility period while final financial eligibility determinations are pending
 - Elimination of state review and instead accepts self-attestation of no asset transfers during the five-year look-back period for applicants below 100% FPL seeking LTC and HCBS
 - Application of a special income disregard that accounts for average rent when determining financial eligibility for individuals moving from institutional to community settings
 - An Increase to the asset limit for certain high-need beneficiaries receiving HCBS
 - An Increase to the personal needs allowance, which is the amount of funds not considered available to contribute to the cost of LTC services
 - Provision of all HCBS benefits to new long-term care (LTC) applicants during a presumptive eligibility period while final financial eligibility determinations are pending
- Indiana has a 10-day turnaround.

<https://ltsschoices.aarp.org/resources-and-practices/presumptive-eligibility-medicaid-home-and-community-based-services-can>



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Procurement Update

Kim Aiken, Chief Financial and Operations Officer



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Procurement Update – Challenges

Government procurement has become a nationwide issue due to mounting pressures to deliver contracts in an increasingly complex environment.

Montana is experiencing the same challenges as other states. DPHHS is the largest state agency that manages **more than 4,000 contracts annually** in a complex procurement landscape.

Procurement backlogs began in Fall 2023 and continued through the end of Calendar Year 2023.



Procurement Update – Challenges (cont.)

Staff turnover

- Non-uniform program contract monitoring and decentralized tracking
- Personnel changes in key procurement positions (centralized offices and program-level)

Contract volume

- Contract volume has increased significantly due to increased funding (ARPA, BHSFG, HB 2)

Increased focus on compliance

- Heightened legal review adding additional time to completion

Legislative changes to process

- Implementation of the HB 356 Nondiscrimination against Firearms entities/trade associations requirement



Procurement Update – Long-Term Transformation

DPHHS has committed to overhauling and reforming longstanding procurement and contracting business processes throughout 2024. Reform is primarily focused on the following business processes:

- Compliance and processing/review speeds
- Uniform agencywide contract monitoring
- Standardized contract templates/tables
- Continuous training and review of policies/procedures
- Streamlined contract routing and approval processes



Procurement Update – Process Improvement Status by Workstream

Process improvement efforts began in early October 2023. DPHHS first focused on eliminating the SFY24 backlog.

- Six workstreams have been identified to execute an overhaul of the agency's longstanding procurement and contracting business processes.
- The Department anticipates business process improvements will be completed by June 30, 2024.
 - Examples of proposed changes include:
 - Implementation of a single contract monitoring tool for all programs across the agency
 - Review of contract terms to determine if alternative periods of performance can provide an even distribution of workload
 - Increased contract monitoring for compliance
 - Standardization of common contract elements to minimize review time
 - Enhanced self-service and training resources

Workstream	Begin Time	End Time	Total
Contract Attachments	3/1/2024	4/30/2024	0.00%
	12/1/2024	1/31/2024	75.00%
Contract Attachments AVG			37.50%
Contract Monitoring	11/1/2023	1/31/2024	60.00%
		2/15/2024	75.00%
		3/1/2024	50.00%
	3/1/2024	4/30/2024	0.00%
Contract Monitoring AVG			46.25%
Contract Processing	11/1/2023	12/1/2023	100.00%
	3/1/2024	4/30/2024	0.00%
Contract Processing AVG			50.00%
Contract Template/Tables	10/1/2023	1/31/2024	90.00%
	12/1/2023	12/10/2023	100.00%
	1/15/2024	2/19/2024	10.00%
	2/1/2024	2/29/2024	0.00%
Contract Template/Tables AVG			50.00%
Contract Training/Review	2/1/2024	2/15/2024	0.00%
		2/20/2024	0.00%
		4/30/2024	10.00%
	11/1/2024	5/31/2024	20.00%
	12/1/2024	4/30/2024	35.00%
Contract Training/Review AVG			16.67%
Contract Routing	11/1/2023	11/1/2023	100.00%
		11/15/2023	100.00%
	12/1/2023	1/31/2024	60.00%
Contract Routing AVG			86.67%
Grand Total			43.81%



Rulemaking Update

Seana Westcarr-Gray, Information and Regulatory Affairs Counselor



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Rulemaking Update

Seana Westcarr-Gray joined the Director's Office in late November as the Information and Regulatory Affairs Counselor (IRAC).

- Review draft rules implementing 2023 Legislative session laws.
- Review draft rules submitted by each Division to be created, amended, or repealed.
- Assess and monitor draft rules progressing through ESPER – the state's rulemaking software.
- Liaison between DPHHS and Stakeholders (and other members of the public) on rulemaking, and to the Lt. Governor's Red Tape Relief Initiative (RRI).

Short-term goals

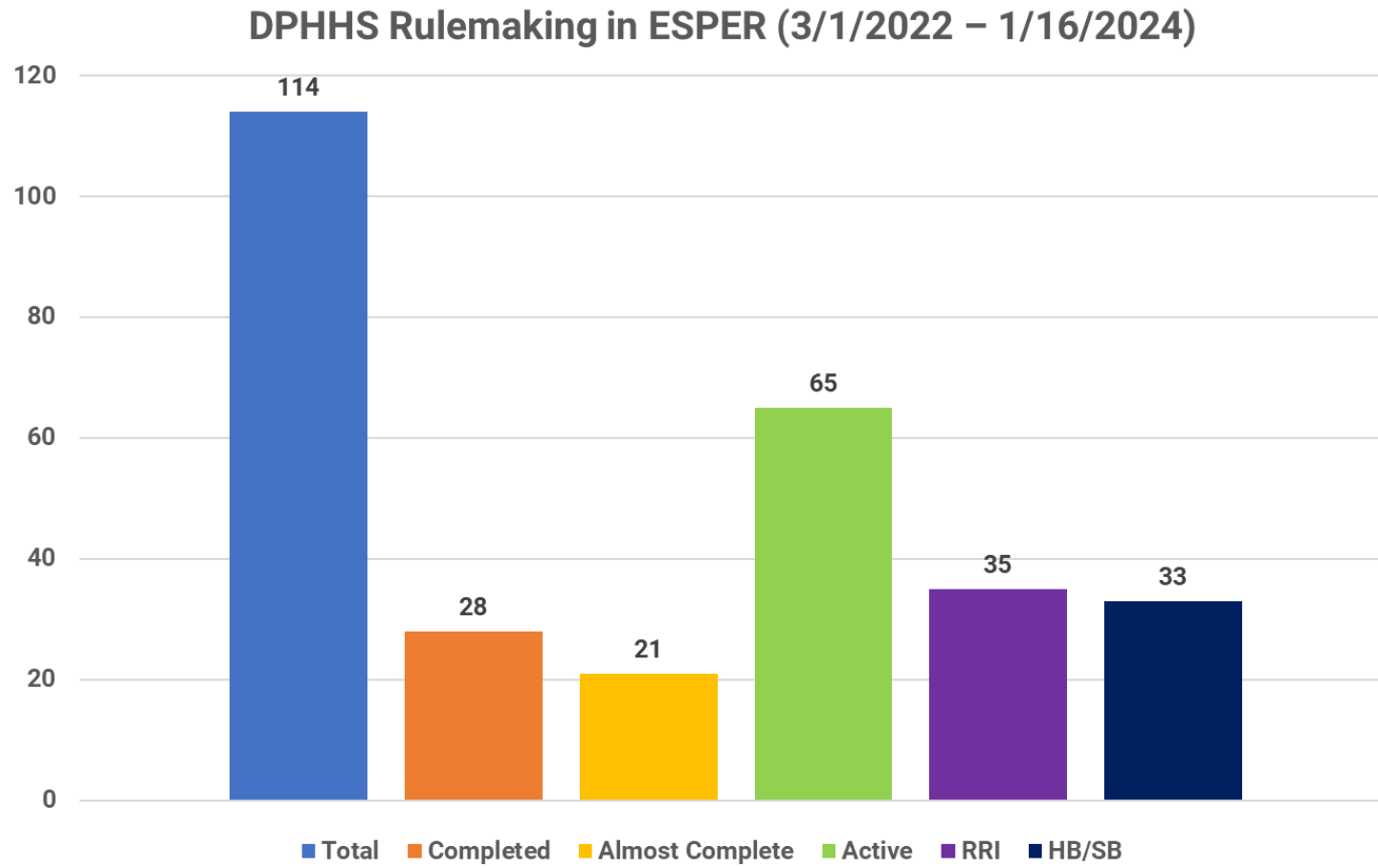
- Connect with each Division to evaluate the status of Rule Changes and RRI.
- Get to know Legislature and Committees affecting Department rules.
- Prepare for the next Legislative session.

Long-term goals

- Ensure approved rules are properly documented.
- Foster the continued reduction/repeal of unnecessary or burdensome rules.
- Focus on clarification, efficiency, and efficacy of remaining rules.



Rulemaking Update (cont.)



Conclusion



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