

House Bill 29 Committee

DPHHS Presentation

January 17, 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

- Montana State Hospital Update
- HB 29 Overview
- HB 29 Compliance Efforts
- Appendix



Montana State Hospital Update



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Overview | Key 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 is in the process of hiring a new Chief Operating Officer
- 7. Medical Staff:** Medical Staff bylaws have been reviewed by the new Medical Director
- 8. Nursing:** The positions for Chief Nursing Officer for Healthcare Facilities Division and Director of Nursing at Montana State Hospital were created to 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 is in the process of finalizing the project plans with the Department and Montana State Hospital
- 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)



HB 29 Overview

Overview of HB 29

- House Bill 29 revises the law related to involuntary commitment to the Montana State Hospital (MSH) for patients with Alzheimer's disease, other forms of dementia, or traumatic brain injury who require 24/7 inpatient care.
- The bill requires the transition of MSH patients with a *primary* diagnosis of the conditions to community-based services who meet the commitment criteria outlined in 53-21-126(1)(a) or (1)(d)(i)(B).
- The bill directs DPHHS to develop and implement a plan by June 30, 2025, to ensure the availability of community-based services for these patients.
- Patients who meet the conditions set forth in HB 29 at the Montana State Hospital and are under civil commitment.



Reporting Requirements for the Transition Review Committee

Section 7 Reporting Item	Responsible Party	Audience
(1)(a)(i) Committee to hear the number of Montana State Hospital patients with a primary diagnosis of Alzheimer's disease, other forms of dementia, or traumatic brain injury; (2)(a) the number of those patients admitted to the hospital; (2)(b) the number currently receiving treatment; and (2)(c) the number discharged.	<ul style="list-style-type: none"> - DPHHS - OBPP, as needed 	<ul style="list-style-type: none"> - Committee
(1)(a)(ii) Committee to hear the efforts the department is making to find community placements of individuals with those diagnoses, including any barriers to discharging the individuals from the Montana State Hospital and the steps being taken to alleviate the barriers; and	<ul style="list-style-type: none"> - DPHHS - OBPP, as needed 	<ul style="list-style-type: none"> - Committee
(1)(a)(iii) Committee to hear the activities being taken to identify and develop community-based services and to transition into those services individuals with a primary diagnosis of Alzheimer's disease, other forms of dementia, or traumatic brain injury who only meet the commitment criteria of 53-21-126(1)(a) or (1)(d)(i)(B);	<ul style="list-style-type: none"> - DPHHS - OBPP, as needed 	<ul style="list-style-type: none"> - Committee
(1)(b) Committee to hear reports from providers on matters related to serving individuals with Alzheimer's disease, other forms of dementia, or traumatic brain injury;	<ul style="list-style-type: none"> - Providers 	<ul style="list-style-type: none"> - Committee
(1)(c) Committee to review, as needed, efforts undertaken in other states to reduce the involuntary commitment of individuals with a primary diagnosis of Alzheimer's disease, other forms of dementia, or traumatic brain injury.	<ul style="list-style-type: none"> - Committee Members 	<ul style="list-style-type: none"> - Committee
(1)(d) Committee to advise the department of problems it is observing with the transition process;	<ul style="list-style-type: none"> - Committee Members 	<ul style="list-style-type: none"> - DPHHS
(1)(e) Committee to make recommendations to the department and legislature on potential solutions for alleviating problems encountered in the transition process	<ul style="list-style-type: none"> - Committee Members 	<ul style="list-style-type: none"> - DPHHS - Legislature
(3) Committee to report regularly to the children, families, health, and human services interim committee and at least once to the house human services committee and the senate public health, welfare, and safety committee on the 69 th legislature on: (a) its review of the department's efforts and progress in (i) transitioning individuals from Montana State Hospital and (ii) developing the community-based services needed to prepare for scheduled discontinuance on July 1, 2025; and (b) any recommendations for additional legislation needed	<ul style="list-style-type: none"> - Committee Members 	<ul style="list-style-type: none"> - CFHHS Interim Committee - House Human Services Committee - Senate Public Health, Welfare, and Safety Committee

HB 29 DPHHS Report – Primary Diagnosis

Section 7(1)(a)(i) and (2) as of December 29, 2023

Overview of Montana State Hospital

- 267 licensed beds, **240** total admitted patients.
- **22** patients have a *primary* diagnosis of Alzheimer's disease, other forms of dementia or traumatic brain injury and receiving treatment. *Commitment criteria is still under review.*
- **10** HB 29 patients have been discharged since October 11th
 - 2 – Family / Personal Residence
 - 1 – SWMVH
 - 1 – River Ridge Nursing & Rehab
 - 1 – Edgewood Assisted Living
 - 2 – The Ivy Great Falls
 - 3 – Expired

Graphical Representation of HB 29 Population

8.2%

HB 29 Primary Diagnosis

22

218

Non-HB 29 Diagnosis

27

Unoccupied Beds

■ HB 29 ■ Non-HB 29 ■ Unoccupied Beds

**HB 29 patients were in Spratt and Echo at this time

HB 29 DPHHS Report – Primary Diagnosis

Primary, Secondary and Tertiary Diagnoses of the Current HB 29 Population (as of 12/29/23)
Review from Dr. Doug Harrington, State Medical Officer

#	Unit	Primary Diagnosis [Reason for Admission]	Secondary Diagnosis	Tertiary Diagnosis
1	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Hostility	Violent behavior
2	Spratt	Vascular dementia, unspecified severity, with other behavioral disturbance	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance	Essential (primary) hypertension
3	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Catatonic disorder due to known physiological condition	Alcohol abuse, uncomplicated
4	Spratt	Mild neurocognitive disorder due to TBI	Major depressive disorder	Anxiety disorder, unspecified
5	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturb	Other conduct disorders	Violent behavior
6	Spratt	Neurocognitive disorder with Lewy bodies	Vascular dementia, unspecified severity, with agitation	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
7	Spratt	Unspecified dementia, unspecified severity, with agitation	Encephalopathy, unspecified	Personal history of traumatic brain injury
8	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturb	Alzheimer's disease, unspecified	Essential (primary) hypertension
9	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Vascular dementia, unspecified severity, with psychotic disturbance	Essential (primary) hypertension
10	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Adjustment disorder w mixed disturb of emotions and conduct	Depression, unspecified
11	Spratt	Dementia in other diseases classified elsewhere, severe, with agitation	Major depressvdisorder, recurrent severe w/o psych features	Anxiety disorder, unspecified

The diagnoses are from the ICD-10-CM billing codes in MSH's TIER (electronic health record system)

HB 29 DPHHS Report – Primary Diagnosis

Primary, Secondary and Tertiary Diagnoses of the Current HB 29 Population (as of 12/29/23)
Review from Dr. Doug Harrington, State Medical Officer

#	Unit	Primary Diagnosis	Secondary Diagnosis	Tertiary Diagnosis
12	Spratt	Vascular dementia, unspecified severity, with agitation	Paranoid schizophrenia	Major depressive disorder, single episode, moderate
13	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Violent behavior	Delusional disorders
14	Spratt	Dementia in oth diseases classd elswhr w behavioral disturb	Schizoaffective disorder, bipolar type	Delirium due to known physiological condition
15	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Wandering in diseases classified elsewhere	Anxiety disorder, unspecified
16	Spratt	Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood	Other stimulant abuse, in remission	Schizophrenia, unspecified
17	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Unsp behav/emotn disord w onst usly occur in chldhd and adol	Hyperlipidemia, unspecified
18	Spratt	Dementia in oth diseases classd elswhr w/o behavrl disturb	Personality disorder, unspecified	Personal history of traumatic brain injury
19	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbanc	Personal history of traumatic brain injury	Paraplegia, incomplete
20	Spratt	Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, m	Essential (primary) hypertension	Hyperlipidemia, unspecified
21	E Unit	Major cognitive disorder secondary to TBI, hepatic encephalopathy, substance use disorders with behavioral disturbances	Hepatic encephalopathy	Personal history of traumatic brain injury
22	E Unit	Unspecified dementia with behavioral disturbance	TBI, sequela	Hemiparesis affecting left side

Additional Information Requested

Data requested from the last committee meeting (October 24, 2023) have been outlined with the Department's response

Data Request: Add-On Medicaid Rates

1. What were the total number of add-on requests that have been submitted for each add-on from Skilled Nursing Facilities for SFY23?
2. What were the total number of add-on requests that have been accepted and paid to Skilled Nursing Facilities for SFY23?
3. What were the main reasons that the add-on requests were not accepted as submitted by the Skilled Nursing Facilities for SFY23?

Department's Response: Add-On Medicaid Rates

1. The total number of add-on requests received by the Department was 258 requests in SFY23.
2. Of the 258 add-on requests, 153 were approved – approximately 60%.
3. Of the 258 add-on requests, 105 were denied. The main reasons the add-on requests were not accepted as submitted by the skilled nursing facilities were due to incomplete applications and/or the application did not have documentation to support the request of the add-on rate.
 - For example, one facility submitted applications for behavior add-ons for every Medicaid resident at the facility at the same time. Out of the 37 requests submitted, only 5 patients met the criteria to support the need.

See additional data on the next slide



Additional Information Requested

Data requested from the last committee meeting (October 24, 2023) have been outlined with the Department's response

SFY 2023 Total	Authorized Amount	Approved	Denied	Total
Behavior	\$898,050	74	77	151
TBI	\$77,625	7	17	24
Wound Care	\$116,520	57	9	66
Bariatric	\$4,666	15	2	17
TOTAL	\$1,096,861	153	105	258

Additional Information Requested

Data requested from the last committee meeting (October 24, 2023) have been outlined with the Department's response

Data Requests: Historic Spratt Patient Data

4. What was the average census for Spratt in SFY23?
5. What was the average cost per patient day in Spratt?
6. What are historic causes for a Spratt patient to be discharged from a long-term care facility?
7. What is the current discharge planning process for patients at Montana State Hospital?

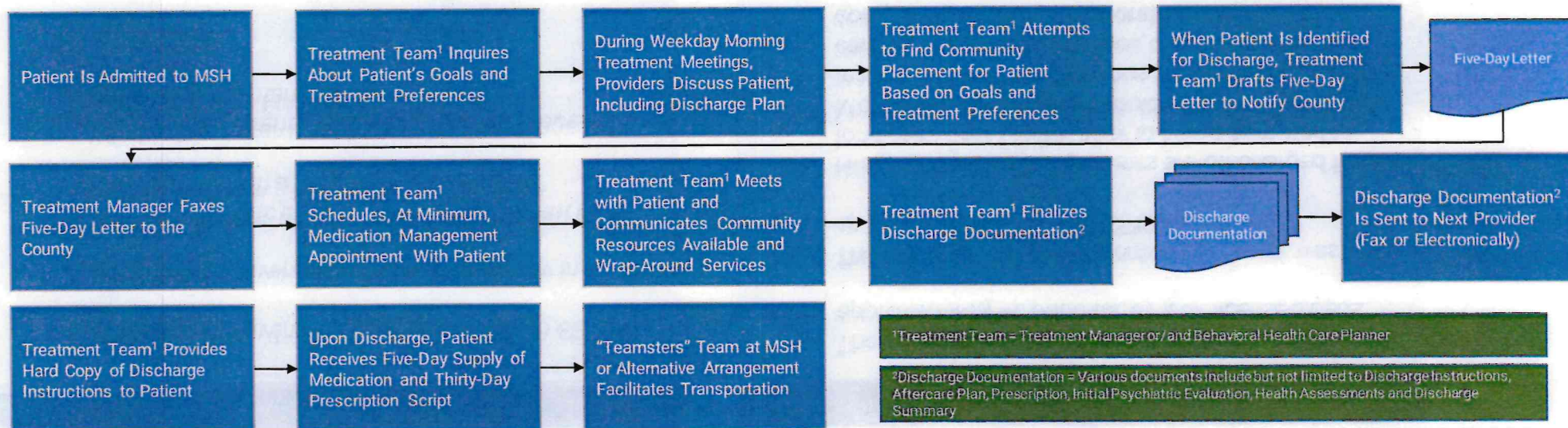
Department's Response:

4. The average census of Spratt for SFY23 was approximately 40 patients, 67% of licensed beds.
5. The average cost per patient day in Spratt was approximately \$1,372 in SFY23.
6. Historic reasons that patients are discharged from a long-term care facility prior to being admitted to Montana State Hospital could vary. But mainly, the reason is due to the previous facility being unable to care for the patient and their diagnosis given the complexity of their behavioral health.
7. *Please refer to the next page for high-level process flow*



Additional Information Requested

Data requested from the last committee meeting (October 24, 2023) have been outlined with the Department's response



Process flow is based on interviews with MSH Treatment Managers, finalized and reviewed on October 31, 2023.

Additional Information Requested

Data requested from the last committee meeting (October 24, 2023) have been outlined with the Department's response

Data Request: General BOLD Grant Information

8. Please provide general BOLD grant information

Department's Response: General BOLD Grant Information

8. The Department applied for the Building Our Largest Dementia (BOLD) grant from the Center for Disease Control and was awarded in September 2023
- DPHHS Chronic Disease Prevention and Health Promotion Bureau has hired a program manager; they are currently beginning the first-year workplan.
 - The grant will provide Montana an opportunity to establish Alzheimer's disease and other Related Dementias (ADRD) infrastructure.
 - Workplan and budget has been reviewed and approved by the CDC.
 - Program Specialist hired and started on 1/2/24.



Pre-Placement Visit – Montana State Hospital

Based on interviews Treatment Managers at Montana State Hospital on October 26, 2023

Pre-Placement Visit Description

- A pre-placement visit (PPV) was coordinated when a committed patient was identified for discharge.
- The visits were designed to provide a safe trial placement for patients being discharged from a state facility.
- The PPV, historically, allowed both the provider and patient to ensure that next provider can provide services with the ability to return the patient to Montana State Hospital if there were issues, or services needs could not be met.
- PPVs originated due to facilities refusing to accept Montana State Hospital patients (Three Rivers and Montana Mental Health Nursing Care Center).
- However, the patient was still committed to the Montana State Hospital during a PPV and the hospital was legally responsible for the patient's care.



DPHHS' Efforts for HB 29 Compliance

DPHHS' Endeavors and Next Steps

Section 7(1)(a)(ii) and (iii)

- In reference to reporting requirements in Section 7 (1)(a)(ii) and (iii), the Department:
 - Hired complex care coordinators to identify and develop relationships with community-based services for referral process and to facilitate the discharge placement into those services
 - Requested that the State Medical Officer review medical information of HB 29 patients at Montana State Hospital. Working in conjunction with the new Medical Director at MSH we continue to review existing medical records for sustainable, accurate and complete reporting
 - Reviewed the process of Medicaid approvals for discharged patients at Montana State Hospital to identify opportunities for improvement to expedite process
 - Continues to assess the resources (e.g., enhanced Medicaid rates) needed in collaboration with the Medicaid program to identify community placement locations; these placements need to be aligned with patient-care needs.

