

House Bill 29 Committee

DPHHS Presentation

July 15, 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

HB 29 Overview:

- Data
- Add-ons
- Endeavors and Next Steps



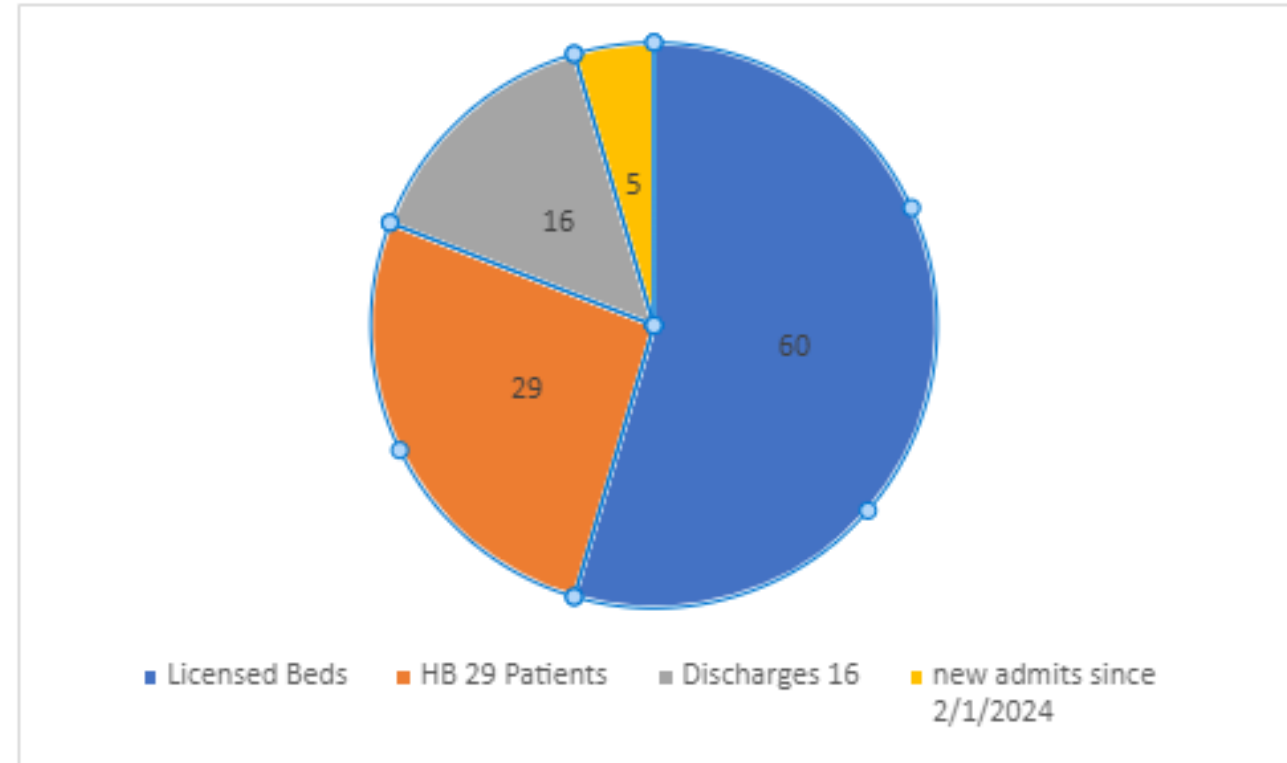
HB 29 DPHHS Report-Primary Diagnosis

Section 7 (1)(a)(i) and 2, as of July 1, 2024

Data for Spratt Unit (MSH)

- 60 licensed beds, **47 total admitted patients.**
- **29** patients have a *primary* diagnosis of Alzheimer's disease, other forms of dementia, or traumatic brain injury and receiving treatment. *Commitment criteria are still under review.*
- **16** HB 29 patients have been discharged since 12/01/2023
- 5 HB 29 new admits since 2/1/2024

HB 29 Visual Overview of Spratt Unit



Additional information requested:
Complex Care Coordinators continue to remind providers and educate as needed regarding add-on levels.

Data Request

What is the breakdown of the add-on requests FY24?

Department's Response

The Department obtained data from July 2023-May 2024

FY 2024 Total:	Authorized Amount	Approved	Denied
Behavior:	\$1,057,865.00	67	51
TBI:	\$9,200.00	1	6
Wound Care:	\$525,605.00	54	6
Bariatric:	\$275,061.30	18	7
Medical Complexity:	\$9,100.00	1	0
TOTAL:	1,876,831.30	141	70

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):

- Complex Care Coordinators continue to meet with different facilities and develop community relationships.
- Collaborating with providers regarding arranging interviews to meet with patients via teams or in person.
 - The team also developed internal relationships across Medicaid and Health Services to provide programmatic assistance or aid in problem-solving.
 - The team continues to coordinate and follow up with accepting facilities to ensure successful placement.
- Requested that the State Medical Officer review medical information of HB 29 patients at Montana State Hospital. Continuing to review existing medical records for sustainable, accurate and complete reporting
- Complex Care Coordinators have worked with the Office of Public Assistance in expediting patients' Medicaid once discharged from Spratt.
- Continue 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.
- Continue to ensure discharge planning is in process at admissions to maximize successful discharge options.

