

# House Bill 29 Committee

DPHHS Presentation

March 11, 2024



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

# Agenda

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



# 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:** Continued efforts to update and improve the patient rights and grievance policy and procedure
- 3. Emergency Preparedness:** The emergency preparedness plan was approved by hospital leadership and presented at the Safety Committee meeting on 02/27.
- 4. Quality Assurance and Performance Improvement:** The Governing Body approved the QAPI plan for CY24
- 5. Medical Staff:** Hired a new Chief Operating Officer
- 6. Medical Staff:** Medical Staff bylaws have been approved by the Governing Body
- 7. Medical Records:** The Department started to implement the recommendations of the Health Information Management (HIM) phase-one assessment completed by Savista, third-party consultant facilitated by Mountain-Pacific Quality Health
- 8. Physical Environment:** Spectrum is in the process of finalizing the project plan with the Department and Montana State Hospital
- 9. Discharge Planning:** The new Director of Social Services created a Plan of Action to improve treatment planning at the hospital



# 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

*Note: The Department is only reporting on the Spratt Unit*

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"> <li>– DPHHS</li> <li>– OBPP, as needed</li> </ul>	<ul style="list-style-type: none"> <li>– Committee</li> </ul>
(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"> <li>– DPHHS</li> <li>– OBPP, as needed</li> </ul>	<ul style="list-style-type: none"> <li>– Committee</li> </ul>
(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"> <li>– DPHHS</li> <li>– OBPP, as needed</li> </ul>	<ul style="list-style-type: none"> <li>– Committee</li> </ul>
(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"> <li>– Providers</li> </ul>	<ul style="list-style-type: none"> <li>– Committee</li> </ul>
(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"> <li>– Committee Members</li> </ul>	<ul style="list-style-type: none"> <li>– Committee</li> </ul>
(1)(d) Committee to advise the department of problems it is observing with the transition process;	<ul style="list-style-type: none"> <li>– Committee Members</li> </ul>	<ul style="list-style-type: none"> <li>– DPHHS</li> </ul>
(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"> <li>– Committee Members</li> </ul>	<ul style="list-style-type: none"> <li>– DPHHS</li> <li>– Legislature</li> </ul>
(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 <sup>th</sup> 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"> <li>– Committee Members</li> </ul>	<ul style="list-style-type: none"> <li>– CFHHS Interim Committee</li> <li>– House Human Services Committee</li> <li>– Senate Public Health, Welfare, and Safety Committee</li> </ul>

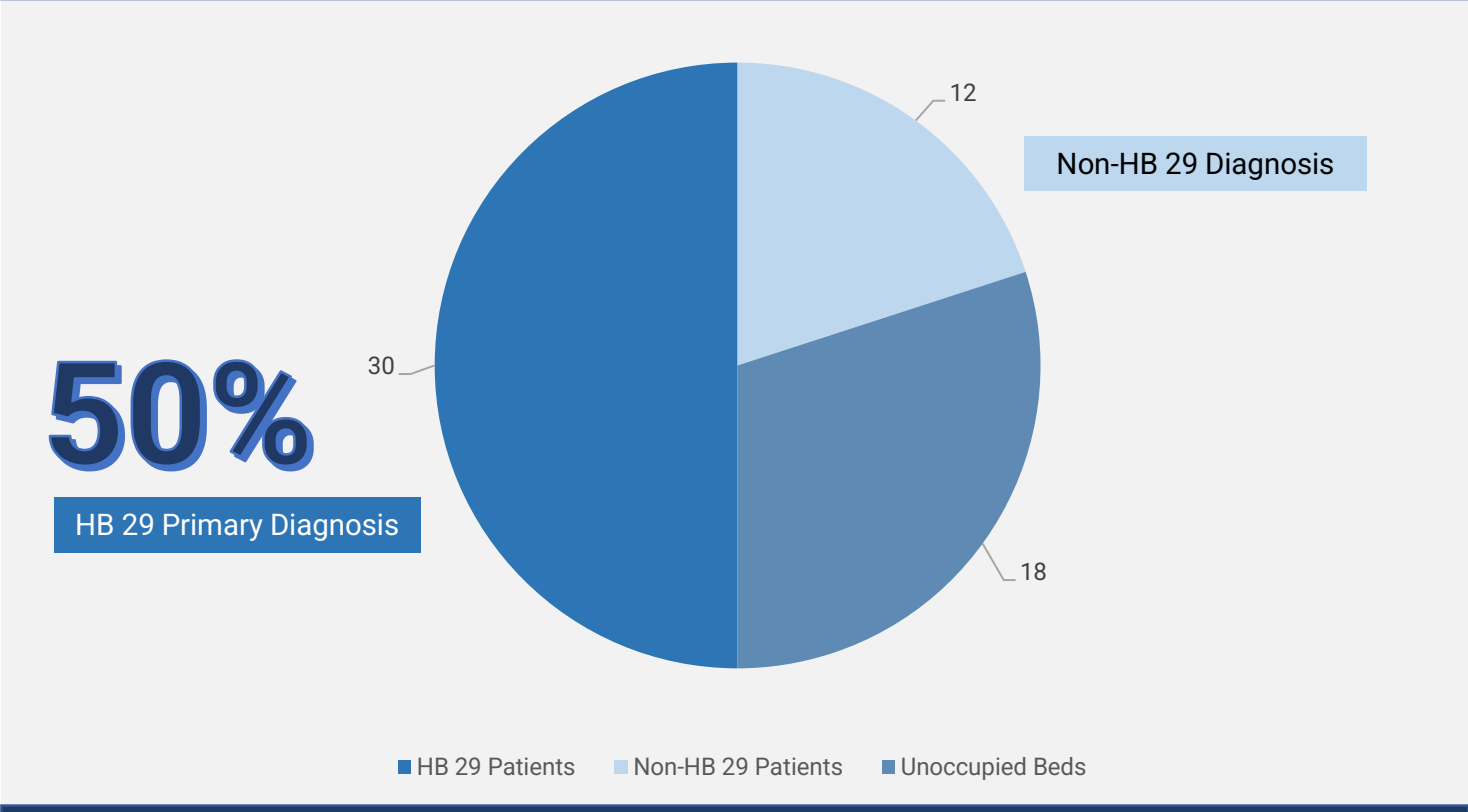
# HB 29 DPHHS Report – Primary Diagnosis

Section 7(1)(a)(i) and (2) as of February 23, 2024

## Data of Spratt Unit (MSH)

- 60 licensed beds, **42** total admitted patients.
- **30** 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.*
- **10** HB 29 patients have been discharged since 12/01/2023:
  - 1 – Family / Personal Residence
  - 5 – The Ivy Great Falls
  - 1 – Renaissance
  - 1 – SWMVH
  - 2 – Expired

## HB 29 Visual Overview of Spratt Unit





# HB 29 DPHHS Report – Primary Diagnosis

Primary, Secondary and Tertiary Diagnoses of the Current HB 29 Population (as of 02/23/24)  
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 other behavioral disturbance	Alzheimer's disease	Essential primary hypertension
2	Spratt	Vascular dementia unspecified severity without behavioral disturbance psychotic disturbance mood	Other stimulant abuse in remission	Schizophrenia
3	Spratt	Dementia, Schizophrenia,	Hostility	Violent behavior
4	Spratt	Unspecified symptoms and signs with cognitive functions and awareness	Nicotine dependence cigarettes in remission	Essential primary hypertension
5	Spratt	Vascular Dementia	Personality disorder unspecified with borderline and dependents traits	Alcohol dependence in remission
6	Spratt	Alcohol abuse with withdrawal uncomplicated	Unspecified dementia severe with other behavioral disturbance Dementia	alcohol use unspecified with alcohol induced sleep disorder
7	Spratt	Unspecified dementia, psychotic disturbance	Adjustment disorder with mixed disturb of emotions and conducts	Lactose intolerance unspecified
8	Spratt	Unspecified symptoms and signs with cognitive functions and awareness	Unspecified sensorineural hearing loss	Nicotine dependence cigarettes, noncomplicated
9	Spratt	(Alzheimer's) without behavioral disturbance, psychotic disturbance	Essential primary hypertension	Hyperlipidemia unspecified
10	Spratt	Unspecified symptoms and signs with cognitive functions and awareness	Unspecified mood affective disorder	Prsnl hx of TIA and Cereb infrc wo resi deficits
11	Spratt	Dementia violence	alcohol abuse, uncomplicated	Nicotine dependence uncomplicated

# HB 29 DPHHS Report – Primary Diagnosis

Primary, Secondary and Tertiary Diagnoses of the Current HB 29 Population (as of 02/23/24)  
Review from Dr. Doug Harrington, State Medical Officer

#	Unit	Primary Diagnosis	Secondary Diagnosis	Tertiary Diagnosis
12	Spratt	Dementia in other diseases classified elsewhere, severe, with agitation	Major depressive disorder, recurrent severe w/o psych features	Anxiety disorder, unspecified
13	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with agitation	Vascular dementia unspecified severity with psychotic disturbance	Essential primary hypertension
14	Spratt	Vascular Dementia, unspecified severity, with other behavior disturbance severe with psychotic disturbance	Dementia in other diseases classified elsewhere, severe with psychotic disturbance	Essential primary hypertension
15	Spratt	Dementia in other diseases classed elsewhere with behavioral disturbance	Schizoaffective disorder, bipolar type	Delirium due to known physiological condition
16	Spratt	Unspecified dementia, severe with other behavioral disturbance	Essential primary hypertension	Hyperlipidemia unspecified
17	Spratt	Dementia in other diseases classified elsewhere, unspecified severity with agitation	Wandering in diseases classified elsewhere	Anxiety disorder, unspecified
18	Spratt	Neurocognitive disorder with Lewy bodies	Dementia in other disease classified elsewhere, unspecified severity with agitation	Unspecified hearing loss, unspecified ear
19	Spratt	Major Neurocognitive disorder	Wernicke-Korsakoff Encephalopathy	Wernicke's encephalopathy
20	Spratt	Dementia in other diseases classified without behavior disturbance	Personality disorder	TBI
21	Spratt	Dementia in other diseases classified elsewhere	Catatonic disorder due to known physiological condition	Alcohol abuse, uncomplicated
22	Spratt	Unspecified dementia, unspecified severity, with agitation	Encephalopathy unspecified	Personal history of TBI

# HB 29 DPHHS Report – Primary Diagnosis

Primary, Secondary and Tertiary Diagnoses of the Current HB 29 Population (as of 02/23/24)  
Review from Dr. Doug Harrington, State Medical Officer

#	Unit	Primary Diagnosis	Secondary Diagnosis	Tertiary Diagnosis
23	Spratt	Unspecified dementia with severe behavioral disturbance	Hostility	Violent behavior
24	Spratt	Delusional disorders	Unspecified symptoms and signs with cognitive functions and awareness	History of TIA
25	Spratt	Dementia	Essential primary hypertension	Hypothyroidism
26	Spratt	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance	Other conduct disorders	Violent behavior
27	Spratt	Dementia in other diseases classified elsewhere	Personal history of TBI	Paraplegia incomplete
28	Spratt	Dementia in other diseases classified elsewhere,unspcified severity with agitation	Adjustment disorder with mixed disturb of emotions and conduct	Depression
29	Spratt	Unspecified symptoms and signs w cognitive functions and awareness	Essential primary hypertension	Age related osteoporosis with current pathological fracture
30	Spratt	Vascular dementia, severe with other behavioral disturbance	Delusional disorders	Hostility

# Additional Information Requested

Data requested from the last committee meeting (January 17, 2023) have been outlined with the Department's response

## Data Requests

- What is the financial planning process for a patient in relation to discharge? Does MSH help the patient with applications for social security, Medicaid or/and Medicare?

## Department's Response

- *Upon admission, the Business Office sends the MSH Eligibility Specialist, the BHCP, and Treatment Managers information on whether the patient has Medicaid benefits, Medicare or Social Security Benefits.*
- *The Eligibility Specialist and the BHCP's role is to review that information and take steps to assist the patient if coverage is needed. MSH assists patients when applying for Social Security benefits.*
- *MSH has streamlined a process with the Office of Public Assistance (OPA) by using the file transfer service to send correspondence to one designated OPA address to ensure a smoother and quicker transition for patients leaving our facility. With this process in place, MSH has established a way to expedite Medicaid applications for their patients.*



# Additional Information Requested

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## Data Requests

- When and how is the family notified and consulted during the discharge planning process – outside of the patient wanting to return home or to a family/private residence?

## Department's Response

- *If a patient is returning to a family member's home, MSH receives verification that MSH can communicate with the family via a release of information, or MSH communicates with the family members with the patient present.*
- *MSH ensures that the patient is welcomed back to the residence and coordinates a plan (similar to when a patient is going to a community setting) to provide a warm handoff.*
- *If a patient is not discharged to a family member's residence, MSH does not share discharge information unless the patient signs a release of information and gives MSH permission to discuss their discharge plan.*



# Additional Information Requested

Data requested from the last committee meeting (January 17, 2023) have been outlined with the Department's response

## Data Requests

- What happens if a community facility refuses to take a Spratt patient? Is the family notified?

## Department's Response

- *Spratt utilizes a denial form; this form is a document that Spratt sends with the referral information to the community facility.*
- *The facility responds and expresses whether they accept or deny a patient. If Spratt has consent to communicate with the family or if the family is listed as POA's or guardians, Spratt communicates the acceptances or denials with them.*



# Additional Information Requested

Data requested from the last committee meeting (January 17, 2023) have been outlined with the Department's response

## Data Request

- Can MSH confirm that scheduled appointments are made with providers before discharge when applicable?

## Department's Response

- *MSH confirmed appointments are always secured before discharge.*
- *MSH will not discharge a patient unless an appointment is established. At a minimum, a medication management appointment is secured. MSH always strives to establish further services if the patient is willing, such as therapy, case management, PACT Services, etc.*



# Additional Information Requested

Data requested from the last committee meeting (January 17, 2023) have been outlined with the Department's response

## Data Request

- What is the work plan and scope of the BOLD grant?

## Department's Response

- *The Department applied and was awarded the Building Our Largest Dementia (BOLD) grant from the Center for Disease Control*
- *The first year of the BOLD ADRD program is specific to capacity building and involves collaboration and coordination with the existing coalition. Activities, such as ensuring coalition membership, reflect required representation, and a needs assessment to identify training needs that support the BOLD grant will be forthcoming. Future endeavors will also include education of the coalition and communities through the provision of resources, training, and a website as well as other media outlets. Data analysis is a key component of this process and is ongoing throughout the grant cycle*





# Additional Information Requested

Data requested from the last committee meeting (January 17, 2023) have been outlined with the Department's response

## Data Request

- What is the funding source for the Director of Social Services (MSH)?

## Department's Response

- *The General Fund*



# Additional Information Requested

Data requested from the last committee meeting (January 17, 2023) have been outlined with the Department's response

## Data Request

- What is the breakdown of the add-on requests for SFY24 to date?

## Department's Response

- *The Department obtained data from July 2023 to January 30, 2024. Please see breakdown below.*

SFY 2024 Total (July '23 – Jan. '24)	Authorized Amount	Approved	Denied	Total
Behavior	\$243,140	19	12	31
TBI	\$9,200	1	6	7
Wound Care	\$40,280	21	0	21
Bariatric	\$4,461	8	0	8
Medical Complexity	\$9,100	1	0	1
<b>TOTAL</b>	<b>\$306,181</b>	<b>50</b>	<b>18</b>	<b>68</b>



# 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):
  - Complex Care Coordinators met with different facilities and developed community relationships.
    - The team also developed internal relationships across Medicaid and Health Services to provide programmatic assistance or aid in problem-solving.
    - The team follows up on patients who have transferred out and continues oversight to address any difficult situations that may arise.
  - 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.