

House Bill 29 Committee

DPHHS Presentation

October 24, 2023



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

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

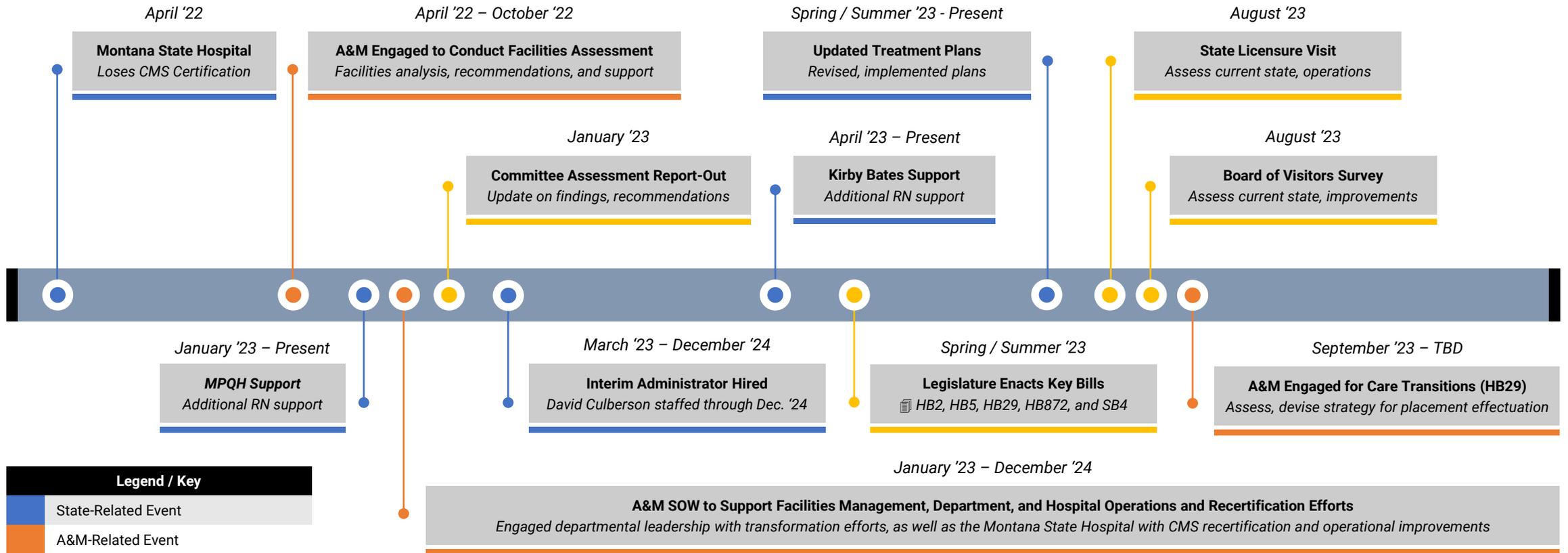


Montana State Hospital Update



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Timeline | Key Events at Montana State Hospital



Overview | Key Recertification Efforts at MSH

Leadership and Governance

- **Governing Body:** Resurrected quarterly governing board meeting; comprehensive list of contract services has been developed, tracked
- **Facility Leadership:** Interim Chief Executive Officer hired to support CMS recertification journey, will stay on through 2024
- **Medical Executive Committee:** Stand-up of Medical Executive Committee, occurring monthly; sample of work includes process to screen providers against OIG exclusion list and an outside peer review process to review quality of care concerns
- **Committee Stand-Up:** Formal committee structure established, including Leadership Council, Medical Executive, Quality Improvement, Clinical Care, Infection Prevention, Pharmacy and Therapeutics, Safety, and Education
- **Committee Purview:** Committees have, among other duties, ownership of policies in their given area and support organizational and operational changes to bolster recertification efforts and improve patient treatment, overall quality of care

Workforce and Personnel

- **Staffing Strategy:** Creation of one agency contract to ensure that the facility is adequately staffed to meet patient needs; presently executing large recruitment and retention focus to improve staffing levels
- **Leadership Training:** Conducted leadership training at the facility with the entire leadership team
- **Infection Control RN:** Onboarded full-time infection control nurse; supported by an infection control subcontractor

Clinical and General Operations, Tools

- **Treatment Planning:** Revising entire treatment planning process, to include steering committee stand-up to review the current process at the facility, make needed changes to how treatment plans are written; updating treatment plan completion timeframe to match best practices; and creation of interdisciplinary treatment team meetings (all units, 2x/wk)
- **Transitions of Care:** Assess, support facilitation of discharge planning process, transitions to appropriate care settings

Clinical and General Operations, Tools (Continued)

- **Falls Tool:** Implemented Fall Risk Assessment Tool from Johns Hopkins to align with national best practices; tool implemented as a result of a quality improvement initiative at Spratt regarding falls, and documented as part of CMS CoP requirement
- **Suicide Tool:** Implemented the Columbia Suicide screening tool to align with industry standards
- **Ligature Assessments:** Conducting ongoing facility ligature assessment of all patient treatment and care areas
- **IT Improvements:** Updating TIER system to improve clinical processes and workflows and to ensure compliance with statutory requirements
- **Auditing and Monitoring:** Implemented formal auditing and monitoring process to review treatment plans, seclusion and restraints, and falls and suicide tools
- **Infection Control Plan:** Restarted development, implementation of infection control plan, and review of gaps around standard precautions and best practices
- **Hygiene Operations Plan:** Established universal operation plan for hand hygiene

Regulatory, Administrative, and Other

- **Compliance Assessment:** Conducted initial assessment in October of 2022, delivered final report to DPHHS outlining areas of noncompliance with CMS CoPs, as well as a review of needed capital improvements
- **Licensure Survey:** Successfully underwent licensure survey by the State in 2023; plan of correction was required based on cited deficiencies, which the organization submitted and accepted
- **Bylaws Refresh:** Conducted rewrite, update of medical staff bylaws to be current and up-to-date
- **Policy, Procedure Review:** Implemented formal policy and procedure review process, to ensure all policies reviewed on regular basis, remain current
- **Emergency Preparedness Requirements:** Ongoing, including development of an operations plan; training and testing (e.g., fire drills); hazard vulnerability analysis by quality and risk resources; Failure Modes and Effects Analysis (FMEA) process being utilized to evaluate high-risk processes for the facility, and results are documented for recertification process



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 are located on the Spratt Unit (geropsychiatry) 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.	– DPHHS – OBPP, as needed	– Committee
(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	– DPHHS – OBPP, as needed	– Committee
(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);	– DPHHS – OBPP, as needed	– Committee
(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;	– Providers	– Committee
(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	– Committee Members	– Committee
(d) Committee to advise the department of problems it is observing with the transition process;	– Committee Members	– DPHHS
(e) Committee to make recommendations to the department and legislature on potential solutions for alleviating problems encountered in the transition process	– Committee Members	– 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	– Committee Members	– CFHHS Interim Committee – House Human Services Committee – Senate Public Health, Welfare, and Safety Committee

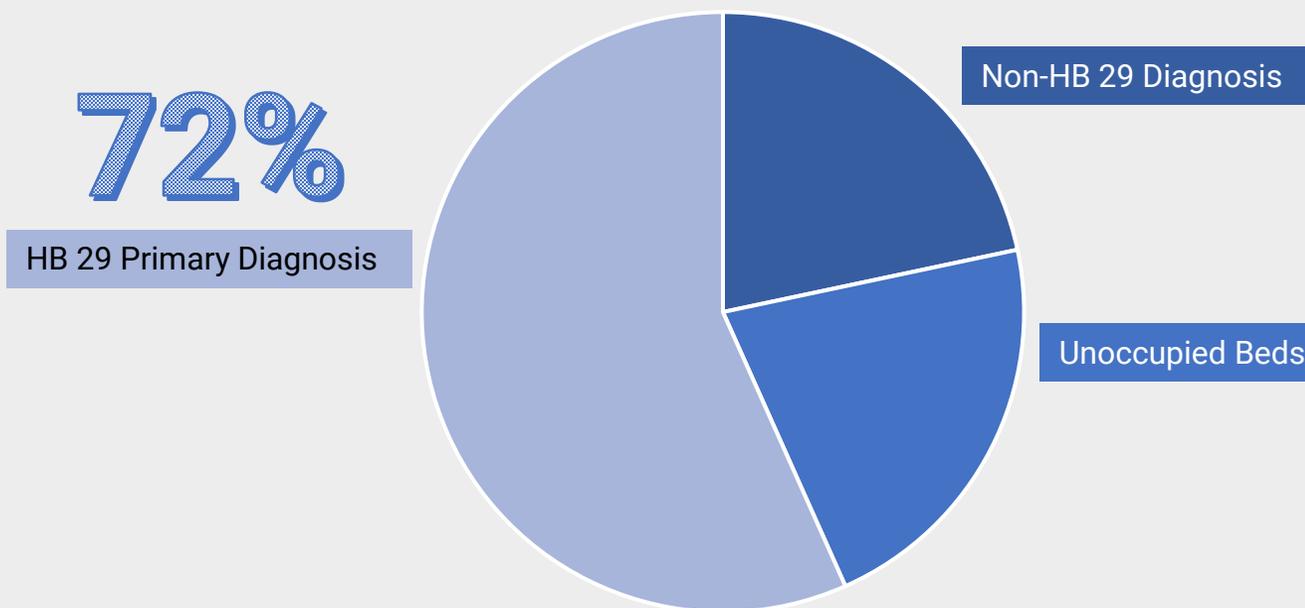
HB 29 DPHHS Report – Primary Diagnosis

Section 7(1)(a)(i) and (2) as of October 11, 2023

Spratt Unit (Geropsychiatry)

- 60 licensed beds, 47 patients.
- 34 patients have a *primary* diagnosis of Alzheimer’s disease, other forms of dementia or traumatic brain injury and receiving treatment.
- Currently, *all* patients diagnosed and admitted with Alzheimer’s, other forms of dementia, or traumatic brain injury have the condition as a primary diagnosis.

Overview of Spratt Unit



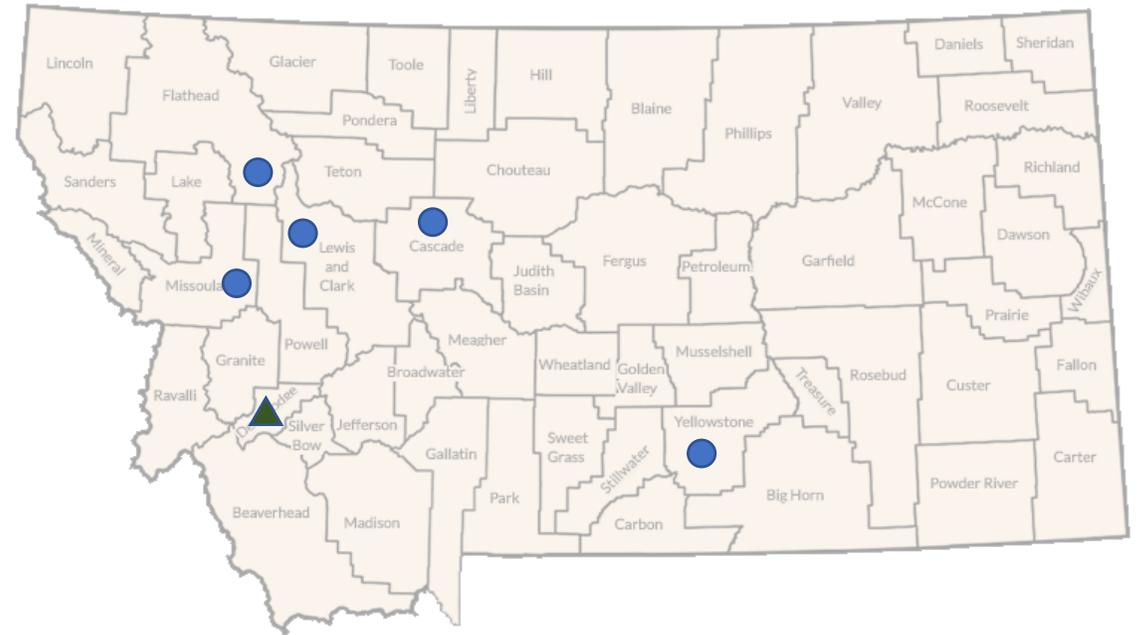
*No patients have been discharged from MSH under HB 29 as of October 11, 2023, to DPHHS’ knowledge

Additional Information Requested

- How many of the residents came to MSH after discharge from other facilities? How many came to MSH first because they were denied admittance to other facilities (if this data is tracked)?
- What regions are these residents from (if this is possible to answer without compromising the privacy of residents)?

General Background of Current Patients

- Before MSH, ~47% of applicable patients originated from long-term care facilities.
 - The remaining ~53% are from private residences or were homeless.
- Counties/regions that the patients are from:
 - Missoula (24%)
 - Yellowstone (22%)
 - Lewis & Clark (8%)
 - Cascade (8%)
 - Flathead (8%)
 - Other-single admissions in 10 other counties through the state (30%)



Key

- 70% of patients are from these counties
- ▲ Location of Montana State Hospital



DPHHS' Efforts for HB 29 Compliance

Ongoing Concerns

- A new process will need to be created to complete an independent assessment by a qualified licensed practitioner to transfer a patient (in consideration of commitment criteria) who is currently admitted to the Spratt Unit due to mental illness as well as a primary diagnosis of Alzheimer's, Dementia, or traumatic brain injury.
- An evaluation will need to be conducted to further understand each patient's commitment by the court.
 - Additional process will need to be established with the courts when a respondent is placed on a civil commitment [who only meet the commitment criteria of 53-21-126(1)(a) or (1)(d)(i)(B)] to the Montana State Hospital [Spratt Unit] but has a primary diagnosis meeting the criteria of HB 29.
 - Further assessment is required to understand the patient's history and previous placements to understand the reason the patient was not previously qualified for community placement in a SNF/NH/ALF.
- Due to lack of community beds available there will be expected delays in patient transfers.



DPHHS' Next Steps

- In reference to reporting requirements in Section 7 (1)(a)(ii) and (iii), the Department is working on the:
 - Assessment of 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.
 - Hiring of additional staff to identify and develop community-based services and the transition into those services:
 - Collaborate daily with all community resources that have the correct licensure to determine their capacity to accept admissions from MSH/Spratt based on each patient's diagnosis.
 - Identify and contact out-of-state placements for patients who are not accepted by in-state facilities.
 - Hiring of care management staff to support efforts to notify all family members and/or guardians of a patient's transfer.
 - Guardians who refuse to authorize the transfer of a patient will be handled by the Office of Legal Affairs.