

Transition Review Committee

DPHHS Presentation
September 13, 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

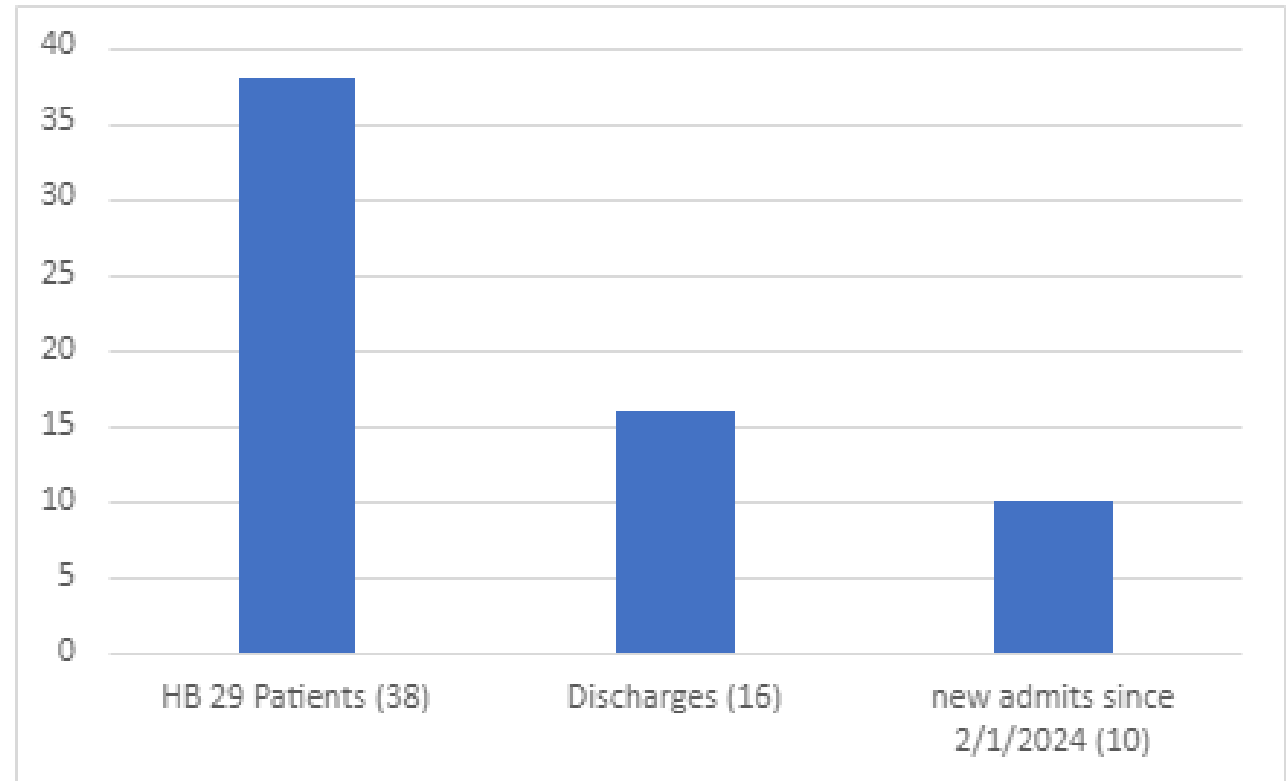
- Data
- Add-On Expenditures
- Endeavors and Next Steps



HB 29 DPHHS Report-Primary Diagnosis

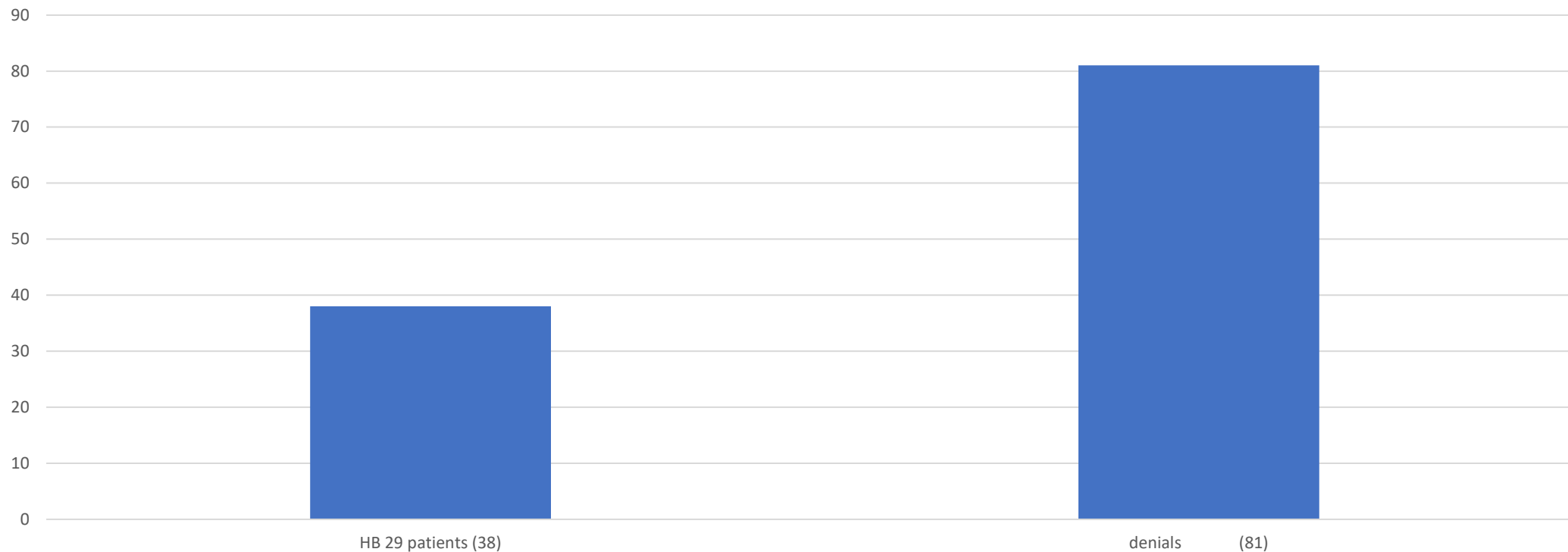
Section 7 (1)(a)(i),(ii), as of 8/27/2024

- 38 MSH patients have a primary diagnosis of Alzheimer's disease, other forms of dementia, or traumatic brain injury and are receiving treatment.
- 16 HB 29 patients have been discharged since 12/01/2023.
- 10 HB 29 new admits since 2/1/2024.



HB 29 Denials (Including only patients who are ready for discharge)

Number of denials



Additional Information Requested: Add-on expenditures and denials

Behavior Requests	Authorized Amount	Approved	Denied
FY 2024	\$1,126,690.00	70	58
July 2024	\$67,500.00	5	5
August 2024	\$202,500.00	12	5

Denial Reason (FY2024-current)	# of Denials
Documentation does not support criteria for request	28
Does not meet criteria	39
Cannot be backdated	1



Add-On Policy and Training

Per ARM 37.40.330 (2), The department may, in its discretion, pay as a separately billable item, a per diem nursing services increment for services provided to a ventilator dependent resident, trach dependent resident, behavior related needs resident, wound care resident, bariatric care resident, and residents with traumatic brain injury (TBI) diagnoses if the department determines that extraordinary staffing by the facility is medically necessary based upon the resident's needs.

These are intended for residents with “above and beyond” the normal scope of care needed for Nursing Home residents. The request is for extreme cases based on the complex care levels that are medically necessary and relate specifically to the resident’s diagnosis and documented plan of care.

The rates for add-on complex care levels are set at \$75 increments. Each level has specific criteria based on the level of care/assistance that is needed.

Mountain Pacific Review

Add-on requests are submitted through Mountain Pacific where a clinical review is completed. The Complex Care Levels Request form is submitted along with supporting documentation. Add-on requests depend heavily on documentation, so the supplemental documentation needs to support the information provided on the request form. Additional information can be requested from Mountain Pacific if it’s not included in the original request. Denials are peer reviewed by a physician. Denial letter includes a description for why the request was denied and the appeal process is provided in the letter.

Training

Training was provided in February 2024 and September 2024. A recording of the February training is available on Mountain Pacific’s website.

<https://medicaidprovider.mt.gov/docs/forms/MedicaidNursingFacilityAdd-onApplication.pdf>

[Medicaid Portal - Education & Training - Mountain-Pacific Quality Healthcare \(mpqhf.org\)](https://mpqhf.org)



DPHHS Endeavors and Continued Steps

In reference to reporting requirements in section 7 (1)(a)(ii) and (iii):

- Complex Care Coordinators have met with different facilities and developed community-based relationships.
- MSH CEO and the State Medical Officer continue to review medical information on HB 29 patients at the Montana State Hospital to continue sustainable, accurate and complete reporting.
- Eligibility and enrollment specialist established onsite at Montana State Hospital to assist with Medicaid application assistance.
- Continue to collaborate with providers to meet with patients in person or via teams for appropriate placement.
- Continue to collaborate with The Director of Social Services at MSH to ensure discharge planning is in process at beginning of admissions to maximize continued successful discharge.
- Continue to work with providers regarding add-on process.



Conclusion

