

Department Updates

Interim Budget Committee

Section B

March 13, 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Executive Updates

Charlie Brereton, DPHHS Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agenda

- Committee Requests for Information
- Organizational Highlights
- Agency Financial Update
- HB 190 Annual Plan Update
- Medicaid Redetermination Update
- HB 5 Projects Update
- TANF Pathways and SNAP E&T Update
- HEART 1115 Waiver Update
- Healthcare Facilities Update
- HFD Hiring Incentive & Retention Initiative
- Olmstead Plan Update
- Senior and Long-Term Care Division Region Analysis
- Best Beginnings Childcare Subsidies
- HB 872: Behavioral Health System for Future Generations (BHSFG)
- Conclusion



Committee Requests for Information

GREG GIANFORTE
GOVERNOR



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

CHARLIE BRERETON
DIRECTOR

02/20/2024

RESPONSE TO INTERIM COMMITTEE REQUESTS

FOR: Interim Budget Committee, Section B (Health and Human Services)

REQUESTED INFORMATION DURING 12/13/23 MEETING:

Representative Gillette:

1. "Recovery payments": Request is for a general sense regarding where we are with recoveries and if we are in a normal range for what we would expect?
2. Medicaid pharmacy and rebates for traditional and expansion: Request is for general information on pharmacy utilization including unique users between traditional and expanded Medicaid.
3. 340B Program: Request is for an understanding of the relationship between 340B program and prescription benefits paid out for members.
4. HB 190: Which measures in the HB 190 OGSM have financial implications?

Representative Caferro:

5. Child and Family Services Budget: Was the Governor's budget approved at the level requested or was there some reduction during the 2023 Legislative Session? Is there a potential to utilize TANF in other ways in CFSD?
6. Child and Family Services Caseload: What is the caseload history for Foster Care, Subsidized Adoption and Subsidized Guardianship? What are the reasons for caseload changes?
7. Child and Family Services eligibility requirements: Can legislative action impact the eligibility basis of the 1996 poverty levels?
8. Staffing report: Request is for the staffing report to include expenditures along with provided hours and FTE by provider/contractor.
9. Redetermination retroactivity: How many of the applications are still in the process of being determined/percentage?
10. Disenrollment: Are people being disenrolled that haven't responded to outreach? How are we reaching out to specific populations?
11. Redetermination: What is the IT spend on redetermination. What is the investment made in CHIMES for the redetermination process?

Senator Lenz:

12. Can the legislature impact the bottom line if we can work on timelines in Guardianship?

RESPONSE:

Representative Gillette:

1. Recovery payments": Request is for a general sense regarding where we are with recoveries and if we are in a normal range for what we would expect?

Overall, there has not been a significant change in the recoveries in FY24. Due to the nature of the recoveries process, there can be significant and unpredictable variability in the total amount of recoveries year by year, particularly when looking at specific types of recoveries. The below table reflects recoveries made by the Department for FY24 as of January 17, 2024, as well as an average of recoveries over the prior three fiscal years:

Recovery Type:	SFY 2024 through January 17, 2024	3 year average (SFY 2021-2023)
Tort	\$ 1,177,561	\$ 2,418,010
Medicaid Recoveries	\$ 896,459	\$ 2,528,791
Lien	\$ 270,564	\$ 1,283,211
Estate	\$ 2,025,347	\$ 4,966,403
Conditional Assistance	\$ 1,335,824	\$ 793,681
Total	\$ 5,705,755	\$ 11,990,097

2. Medicaid pharmacy and rebates for traditional and expansion: Request is for general information on pharmacy utilization including unique users between traditional and expanded Medicaid.

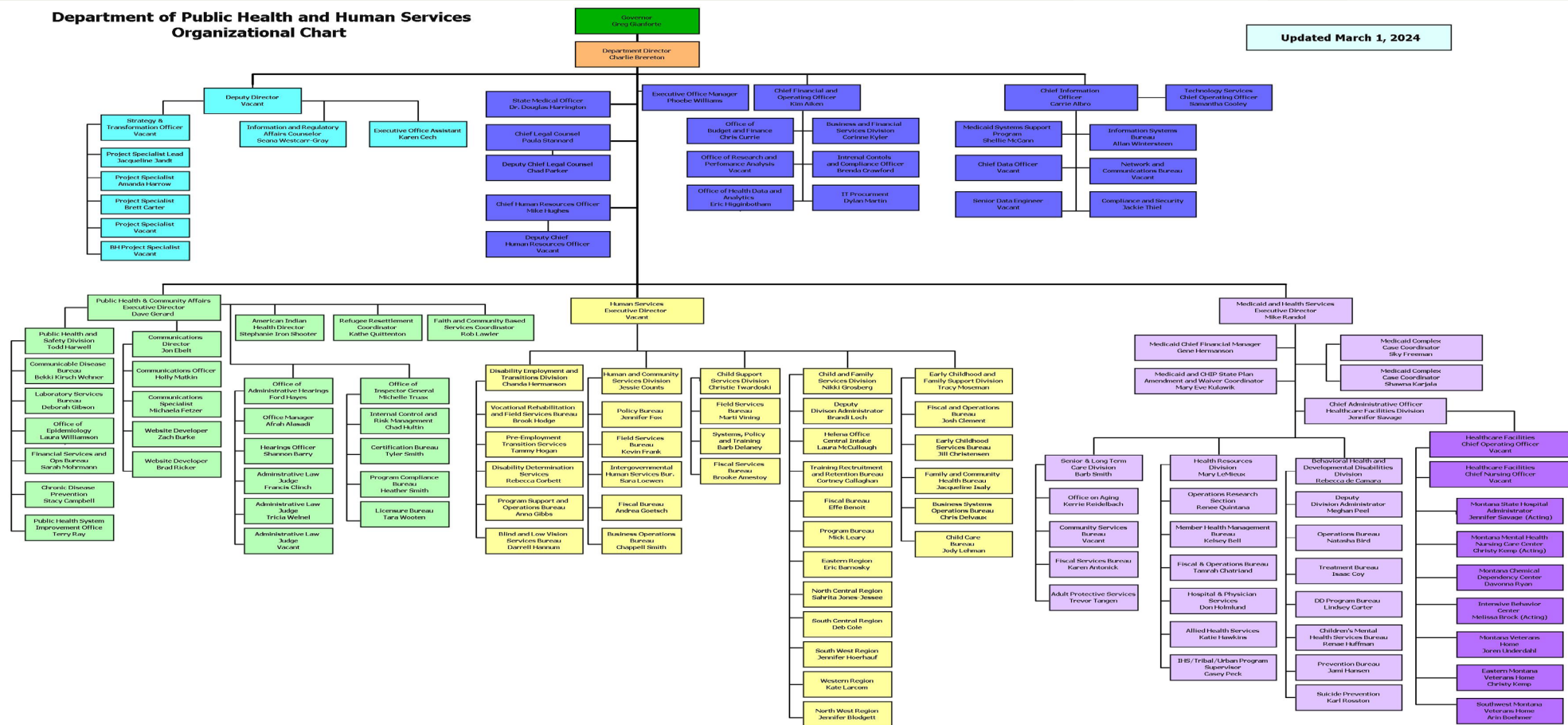
Pharmacy expenditures for Traditional Medicaid are less than Medicaid Expansion. The difference in expenditures between the two groups are driven by demographics. Pharmacy per member costs is much lower for children than adults. While 100% of Medicaid Expansion enrollees are age 19-64, approximately 63% of the traditional Medicaid population are children. For those age 65 or older on Traditional Medicaid, pharmacy coverage is provided by Medicare.

Pharmacy per member per month (PMPM) cost information below indicates that in FY 2023 the average PMPM for a Medicaid child under age six was 11% of that of a Medicaid Expansion adult (\$19 versus \$168). The average PMPM for a Medicaid child ages 6 to 18 was 32% of that of a Medicaid Expansion adult (\$54.50 versus \$168).



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Organizational Highlights



Agency Financial Update

Kim Aiken, DPHHS CF00



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agency Financial Update

HB 2 Summary: Agency Projections through 01/31/2024

Funding	FY 2024 Budget	FY 2024 Expense	FY 2024 Projection	FY 2024 Remaining
General Fund	\$ 729,887,994	\$ 361,142,023	\$ 713,466,146	\$ 16,421,848
Enhanced FMAP Return	\$ 14,224,019			\$ 14,224,019
Total	\$ 744,112,013	\$ 361,142,023	\$ 713,466,146	\$ 30,645,867
State Special	\$ 256,946,463	\$ 71,294,478	\$ 243,360,856	\$ 13,585,607
Enhanced FMAP Return	\$ 905,485			\$ 905,485
Total	\$ 257,851,948	\$ 71,294,478	\$ 243,360,856	\$ 14,491,092
Federal	\$ 2,501,849,426	\$ 1,006,675,822	\$ 2,348,215,689	\$ 153,633,737
Enhanced FMAP Increase			\$ 15,129,504	(\$15,129,504)
Total	\$ 2,501,849,426	\$ 1,006,675,822	\$ 2,348,215,689	\$ 138,504,233
TOTAL	\$ 3,503,813,387	\$ 1,439,112,323	\$ 3,305,042,691	\$ 183,641,192

General Fund Balance Type				
Available	\$ 264,886,521		\$ 271,226,745	\$ (6,340,224)
Restricted - Legislative	\$ 465,001,473		\$ 442,239,401	\$ 22,762,072
Restricted - Budget	\$ 14,224,019		\$ -	\$ 14,224,019
	\$ 744,112,013	\$ -	\$ 713,466,146	\$ 30,645,867

1. Enhanced FMAP is +2.5% for QE 09/30/23 and =1.5% for QE 12/31/23 - Enhanced FMAP ended 12/31/2023.
2. Expenses are thru 01/31/2024
3. Projection is from published BSR



Agency Financial Update (cont.)

Medicaid Projections - February Budget Status Report

Summary - Medicaid Traditional

Fund Type	FY 2024 Budget *	FY 2024 Projection	FY 2024 Remaining
General Fund	\$ 384,655,344	\$ 368,398,741	\$ 16,256,603
State Special Funds	\$ 118,702,421	\$ 115,520,074	\$ 3,182,347
Federal Funds	\$ 885,359,404	\$ 847,930,940	\$ 37,428,464
TOTAL	\$ 1,388,717,169	\$ 1,331,849,755	\$ 56,867,414

*Adjusted for Enhanced FMAP

Summary - Medicaid Expansion

Fund Type	FY 2024 Budget	FY 2024 Projection	FY 2024 Remaining
General Fund	\$ 38,885,303	\$ 34,056,709	\$ 4,828,594
State Special Funds	\$ 56,610,256	\$ 55,060,592	\$ 1,549,664
Federal Funds	\$ 971,014,326	\$ 886,460,275	\$ 84,554,051
TOTAL	\$ 1,066,509,885	\$ 975,577,576	\$ 90,932,309

Medicaid Projections from 02/15/2024 BSR

- Projections currently indicate a small surplus at the end of SFY 2024.
- Projections are based on claims processed through 12/31/2024.
- Projections used to create the budget assumed larger utilization due to provider rate increases.
- Impact of provider rates on service provision is yet to be determined but being monitored closely.



Agency Financial Update (cont.)

State-Run Healthcare Facilities Summary and Projected Shortfall

Montana State Hospital continues its heavy dependence on contracted staffing to ensure patient safety and required admissions. The department implemented historic pay reforms in January 2024 to mitigate contracted expenditures.

**Projections include \$30 million in contingency funding from 2023 Legislature. The contingency appropriation was allocated to MSH, IBC and MMHNCC.*

Facility	Fund Type	Current Appropriation	Current Projection	Current Expense (thru 1/31)	Surplus / (Deficit)
IBC	General Fund	\$ 8,137,411	\$ 7,768,264	\$ 3,819,105	\$ 369,147
	State Special	\$ 1,276	\$ -	\$ -	\$ 1,276
	Federal Fund	\$ -	\$ -	\$ -	\$ -
Total		\$ 8,138,687	\$ 7,768,264	\$ 3,819,105	\$ 370,423
MCDC	General Fund	\$ -	\$ 350,742	\$ -	\$ (350,742)
	State Special	\$ 6,552,511	\$ 5,503,414	\$ 3,106,107	\$ 1,049,097
	Federal Fund	\$ -	\$ -	\$ -	\$ -
Total		\$ 6,552,511	\$ 5,854,156	\$ 3,106,107	\$ 698,355
MMHNCC	General Fund	\$ 14,607,954	\$ 15,478,402	\$ 7,225,235	\$ (870,448)
	State Special	\$ -	\$ -	\$ -	\$ -
	Federal Fund	\$ -	\$ -	\$ -	\$ -
Total		\$ 14,607,954	\$ 15,478,402	\$ 7,225,235	\$ (870,448)
MSH	General Fund	\$ 80,042,261	\$ 82,309,626	\$ 41,508,393	\$ (2,267,365)
	State Special	\$ 3,161,405	\$ 1,408,905	\$ 1,311,055	\$ 1,752,500
	Federal Fund	\$ -	\$ -	\$ -	\$ -
Total		\$ 83,203,666	\$ 83,718,531	\$ 42,819,448	\$ (514,865)
MVH	General Fund	\$ -	\$ 2,459,598	\$ -	\$ (2,459,598)
	State Special	\$ 10,615,633	\$ 8,853,013	\$ 6,360,836	\$ 1,762,620
	Federal Fund	\$ 6,286,349	\$ 4,785,991	\$ 1,998,715	\$ 1,500,358
Total		\$ 16,901,982	\$ 16,098,602	\$ 8,359,551	\$ 803,380
EMVH	General Fund	\$ -	\$ 245,544	\$ -	\$ (245,544)
	State Special	\$ 554,963	\$ 574,073	\$ 142,947	\$ (19,110)
	Federal Fund	\$ 4,296,210	\$ 3,391,199	\$ 1,435,819	\$ 905,011
Total		\$ 4,851,173	\$ 4,210,816	\$ 1,578,766	\$ 640,357
SWMVH	General Fund	\$ -	\$ -	\$ -	\$ -
	State Special	\$ 1,406,665	\$ 914,190	\$ 21,097	\$ 492,475
	Federal Fund	\$ 6,257,638	\$ 3,712,251	\$ 1,869,123	\$ 2,545,387
Total		\$ 7,664,303	\$ 4,626,441	\$ 1,890,220	\$ 3,037,862
TOTAL	General Fund	\$ 102,787,626	\$ 108,612,176	\$ 52,552,733	\$ (5,824,550)
	State Special	\$ 22,292,453	\$ 17,253,595	\$ 10,942,042	\$ 5,038,858
	Federal Fund	\$ 16,840,197	\$ 11,889,441	\$ 5,303,657	\$ 4,950,756
Total		\$ 141,920,276	\$ 137,755,212	\$ 68,798,432	\$ 4,165,064



Agency Financial Update (cont.)

Summary - Child and Family Services			
Fund Type	FY 2024 Budget *	FY 2024 Projection	FY 2024 Remaining
General Fund	\$ 65,589,388	\$ 71,259,904	\$ (5,670,516)
State Special Funds	\$ 1,541,584	\$ 1,558,239	\$ (16,655)
Federal Funds	\$ 47,309,147	\$ 41,504,726	\$ 5,804,421
TOTAL	\$ 114,440,119	\$ 114,322,869	\$ 117,250

*Adjusted for Enhanced FMAP

Child and Family Services Summary and Projected Shortfall

- Foster Care total projection is higher than budgeted. Additionally, federal reimbursement continues to decline:
 - IV-E eligibility is based on 1996 federal poverty levels. Through time fewer children meet financial eligibility requirements. This is recognized at the federal level as “look back” to certain prior law AFDC eligibility provisions (effective July 16, 1996)
- Administrative projections are higher than budgeted for General Fund.
 - Declines in IV-E eligibility impact reimbursement for personal services. As the saturation rate for IV-E continues to drop dependence on General Fund grows.



Agency Financial Update (cont.)

Current Mitigation Strategies

- Determine allowability of potential additional TANF utilization in CFSD.
 - Maximize TANF transfer to CFSD
 - Potential utilization for eligible guardianship subsidies
 - Potential utilization for eligible direct services
- Pay reform for IBC and MSH as well as hiring incentives in other facilities.
- New master contract staffing model for facilities. New contract awards have the following potential impacts:
 - Increase competition to obtain the lowest possible rates. Included both DOC and DPHHS in the RFP.
 - Increase availability of services in the facilities, for example dental services and mental health technicians were labor categories added to the bid.
 - Reduction in total number of labor contracts allowing the department to terminate a variety of stand-alone contracts for individual services and strengthen contract oversight.
 - Clarify contract terms that will ease management and reduce costs (holidays, meal breaks, overtime).



Agency Financial Update (cont.)

Contracted Staffing and Overtime

OVERTIME Report for March 2024 IBC

HB 2 Overtime Hours by Division 11/01/2023-01/31/2024			
Division Name	Hours	FTE Equivalent	Expense
DETD	609.00	1.15	\$ 25,669.89
HCSD	9,095.00	17.23	\$ 370,233.80
CFSD	2,362.51	4.47	\$ 99,174.08
DO	215.93	0.41	\$ 16,165.99
CSSD	17.00	0.03	\$ 905.89
BFSD	324.00	0.61	\$ 17,712.05
PHSD	259.00	0.49	\$ 13,221.04
OIG	0.50	0.00	\$ 21.65
TSD	903.00	1.71	\$ 49,945.81
BHDD	195.50	0.37	\$ 10,664.71
HRD	31.00	0.06	\$ 1,648.37
OSD	46.50	0.09	\$ 2,494.34
SLTC	80.00	0.15	\$ 3,919.11
ECFSD	69.00	0.13	\$ 3,087.23
HFD	12,112.52	22.94	\$ 413,956.30
TOTAL	26,320.47	49.85	1,028,820.26

The most overtime hours are concentrated in the following divisions:

HCSD: Overtime hours due to workload associated with redetermination efforts. Primary staff type accruing overtime are Client Service Coordinators.

CFSD: Overtime hours due to workload associated with caseload. Primary staff type accruing overtime are Child Protection Specialists.

TSD: Overtime hours due to workload associated with on-call. Primary staff type accruing overtime are IT Systems Administrators.

HFD: Half of HFD's overtime hours are associated with Psych Techs and Nursing Aides. The other half is split amongst 66 other occupations with higher concentration in food prep and security.

Most overtime hours are associated with vacancies.



Agency Financial Update (cont.)

Contracted Staffing and Overtime

Contracted Staffing Report - 11/01/2023 - 01/31/2024								
Division	Division Acronym	Contractor	Staffing Type	Purpose	Due to Vacancy Y/N	Calculated Hours	FTE Equivalent	Expense
01	DETD	RANDSTAD NORTH AMERICA LP	VR Counseling, etc	Staff difficult to fill vacancy	Yes	312	0.59	\$ 10,934.22
01	DETD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Digitizing/Paperless	No	1,522	2.88	\$ 49,774.37
02	HCSD	GREAT FALLS INTERPRETING SERVICES LLC	Interpreter's	Work is adhoc	No	27	0.05	\$ 350.00
02	HCSD	PUBLIC CONSULTING GROUP INC	Redetermination	Staff Augmentation	No	8,639	16.36	\$ 1,079,832.45
03	CFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Digitizing/Paperless	No	284	0.54	\$ 9,951.09
06	BFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Food and Consumer - ad hoc	No	466	0.88	\$ 16,308.61
07	PHSD	BRADY CO INC	Administrative	Intern/Data Entry & Cleanup	No	461	0.87	\$ 16,119.91
07	PHSD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Fill vacancy/catch up work from prior vacancies	Yes	1,075	2.04	\$ 37,616.72
09	TSD	BRADY CO INC	Administrative	Intern/Data Entry & Cleanup	No	239	0.45	\$ 8,352.35
10	BHDD	BRADY CO INC	Admin Assistant	Vacation fill	Yes	83	0.16	\$ 2,904.25
22	SLTC	BRADY CO INC	Staff Augmentation	Program Management	Yes	746	1.41	\$ 26,127.20
25	ECFSD	WESTAFF WORKFORCE SOLUTIONS LLC	Admin Assistant	Vacation fill	Yes	408	0.77	\$ 14,273.38
33	HFD	AYA HEALTHCARE INC	Direct Care	Staff 24/7 facilities	Yes	23,594	14.90	\$ 2,005,497.50
33	HFD	MAXIM HEALTHCARE STAFFING SERVICES INC	Direct Care	Staff 24/7 facilities	Yes	20,380	12.87	\$ 1,732,285.97
33	HFD	PRAIRIE TRAVELERS INC	Direct Care	Staff 24/7 facilities	Yes	15,815	9.98	\$ 1,344,282.85
33	HFD	PRIME TIME HEALTHCARE LLC	Direct Care	Staff 24/7 facilities	Yes	77,925	49.20	\$ 6,623,632.22
33	HFD	SHC SERVICES INC	Direct Care	Staff 24/7 facilities	Yes	6,958	4.39	\$ 591,443.00
33	HFD	SUNBELT STAFFING LLC	Direct Care	Staff 24/7 facilities	Yes	17,456	11.02	\$ 1,483,791.72
33	HFD	WESTAFF WORKFORCE SOLUTIONS LLC	Direct Care	Staff 24/7 facilities	Yes	125	0.24	\$ 4,377.41
33	HFD	WORLDWIDE TRAVEL STAFFING LIMITED	Direct Care	Staff 24/7 facilities	Yes	11,997	7.57	\$ 1,019,712.10
33	HFD	MSH Leadership Contract	Direct Care	Staff 24/7 facilities	Yes	449	0.85	\$ 107,038.78
33	HFD	IBC Leadership Contract	Direct Care	Staff 24/7 facilities	Yes	528	1.00	\$ 75,965.10
33	HFD	WESTAFF WORKFORCE SOLUTIONS LLC	Administrative	Vacation fill	Yes	216	0.41	\$ 5,134.98
33	HFD	TRADITIONS - MSH Medical Director	Direct Care	Staff 24/7 facilities	Yes	256	0.48	\$ 68,750.00
33	HFD	Kirby Bates - Behavior Health Clinical Leaders	Direct Care	Staff 24/7 facilities	Yes	1,008	1.91	\$ 233,100.00
TOTAL						190,969	141.83	\$ 16,567,556.18

*Hours are calculated based on average compensation. Actual hours may deviate from calculation



HB 190: DPHHS Annual Plan Update

Charlie Brereton, DPHHS Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Medicaid Redetermination Update

Charlie Brereton, DPHHS Director

*Jessie Counts, Administrator, Human and
Community Services Division*

Gene Hermanson, Medicaid Chief Financial Manager



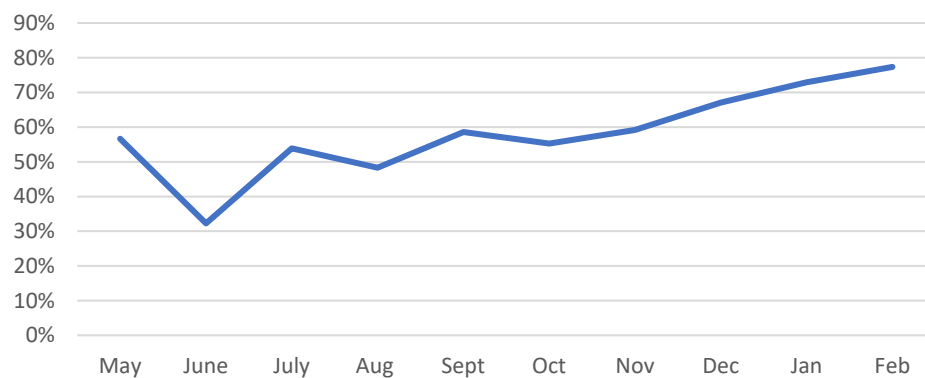
DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Medicaid Redeterminations

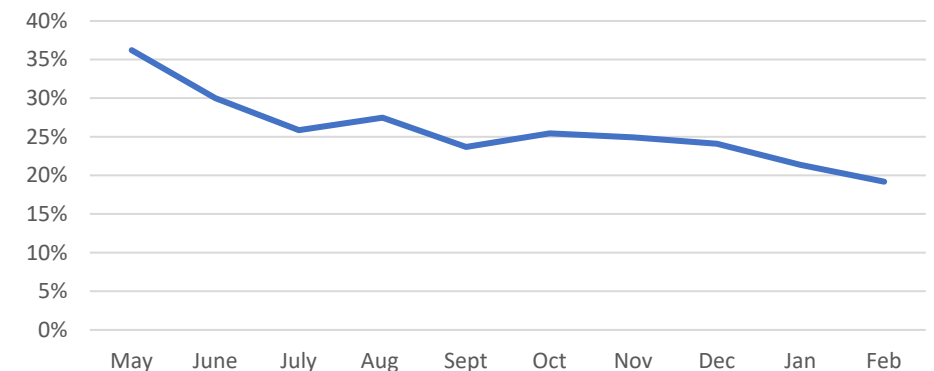
In April 2023, DPHHS began the federally-directed Medicaid redetermination process for over 330k Montanans enrolled in Medicaid. **As of March 2024, the redetermination process has initiated for all individuals covered by Medicaid and the 60-day redetermination cycle has completed.** The final procedural disenrollments were March 1, 2024. The progress is being tracked on a public-facing dashboard.

In general, cases less likely to be eligible were scheduled earlier in the redetermination process. Ex parte (auto renewal) rates **increased** in the final months; procedural disenrollment rates **decreased**, in accordance with Department predictions.

Ex Parte (Autorenewal) Rates



Procedural Terminations



Medicaid Redeterminations (cont.)

What are the next steps for Montanans who believe they are eligible but whose coverage has ended?

- Any Montanan who believes they are eligible for Medicaid can apply/reapply at any time. There are no blackout periods or penalties for losing coverage.
- Submission of redetermination packet within 90 days of termination of coverage will allow for up to three (3) months of retroactive coverage, if the individual was eligible during that period.
- If an individual provided the necessary information to the Department and believes they were redetermined incorrectly, they should request a fair hearing in writing to the Office of Public Assistance.

Why are some cases still pending?

There are a variety of reasons cases may be pending. If a client has returned the necessary information, the Department is committed to not closing the case until it can make an accurate determination of eligibility.

- Further communications with client, including verifications requested from client
- Previously unreported assets that require verification
- Prioritization of cases and caseload balancing across staff and offices
- Complex cases requiring additional verifications



Medicaid Redeterminations (cont.)

Status of individuals due for redetermination through February 2024 based on initial determination

(Note: Pending cases are issuing benefits while a determination is being made)

	All Individuals	Children Only
Renewed	44%	50%
Closed	40%	35%
Pending	16%	15%



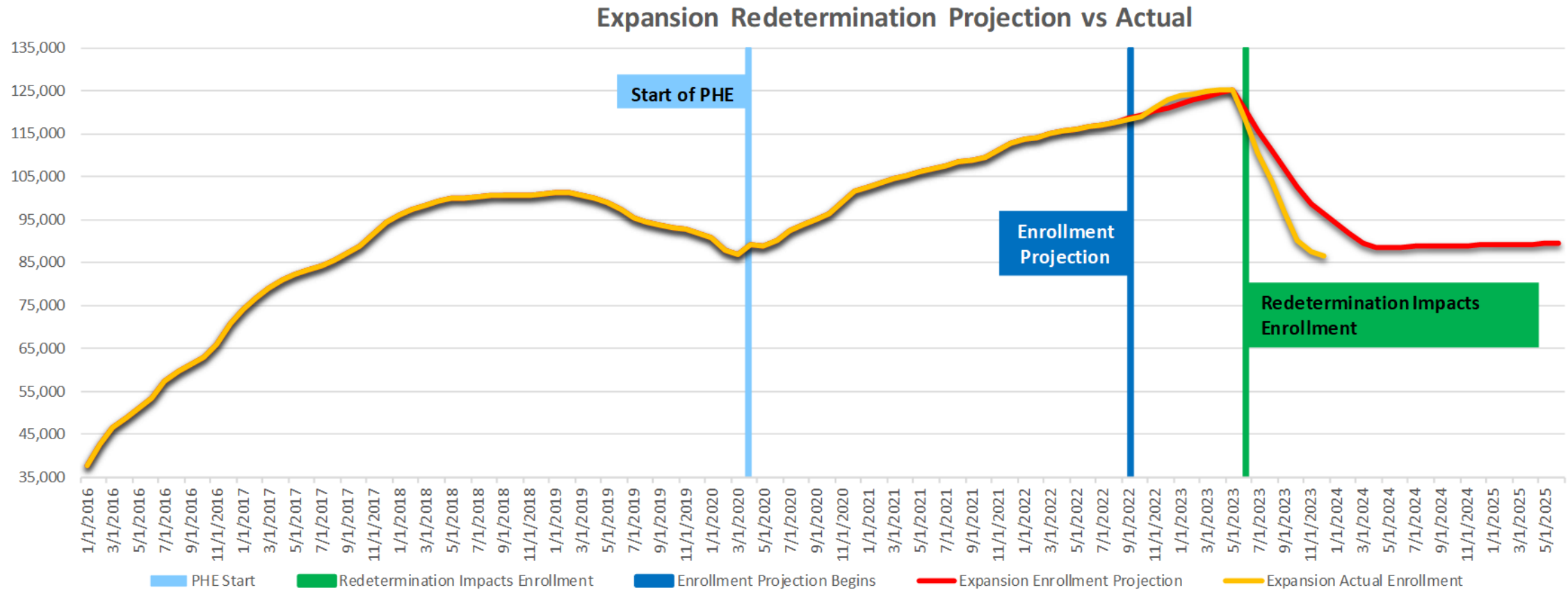
Impact of Redeterminations on Forecasting

The Department utilized the following assumptions regarding redetermination when building the Medicaid budget **for the 2025 biennium**:

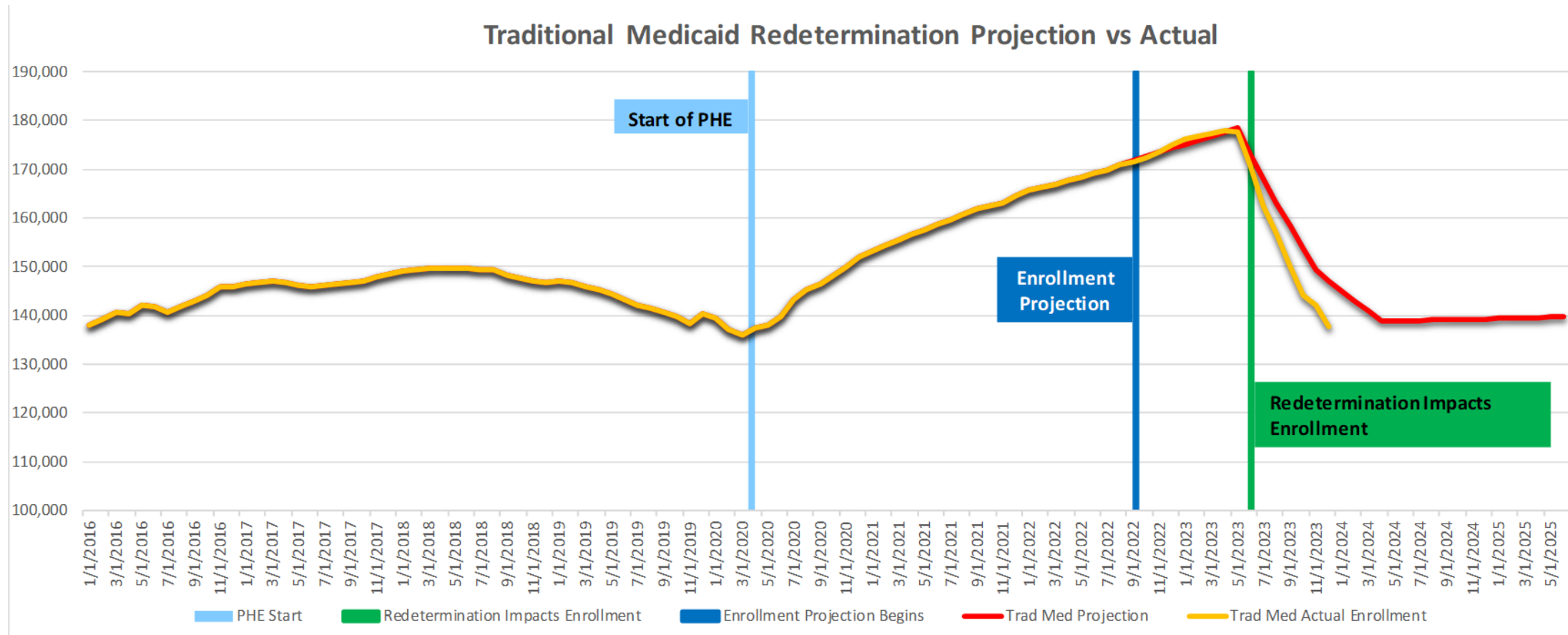
- Assumed 70% of ineligible members would be disenrolled in the first 6 months of the redetermination process (by December 2023), with the remaining ineligible members disenrolled within 12 months (by June 2024).
 - As of December 2023, traditional Medicaid had 137,581 enrollees; this is 9,599 (6.5%) less enrollees than originally projected.
 - As of December 2023, Medicaid expansion had 86,607 enrollees; this is 9,668 (10%) less enrollees than originally projected.
- The projected enrollment utilized for 2025 biennial budget planning assumed a drop in member months of 14.6% for Traditional Medicaid and a drop of 19.3% for Expansion Medicaid in SFY 2024.



Impact of Redeterminations on Forecasting (cont.)



Impact of Redeterminations on Forecasting (cont.)



HB 5 Projects Update

Gene Hermanson, Medicaid Chief Financial Manager



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

HB 5 Update – Long-Range Building Update

Funding in HB 5 will support efforts for the Montana State Hospital (MSH) to obtain Centers for Medicare and Medicaid Services (CMS) recertification and provide supplemental funding required to meet the objectives of projects initiated and approved in previous biennia. **DPHHS received a total of \$35,245,039 in HB 5 funding during the 2023 Legislative Session.**

Facility	Projects	Appropriated Funds	Remaining Balance
New Projects			
Montana State Hospital	Compliance Upgrades for Recertification & Deferred Maintenance	\$ 15,903,000	\$ 15,760,300.00
Montana Mental Health Nursing Care Center	Key Card Entry System	\$ 125,000	\$ 125,000.00
Montana Mental Health Nursing Care Center	Heated Storage Unit	\$ 360,000	\$ 360,000.00
Ongoing Projects			
Montana State Hospital	Supplemental Wastewater Treatment	\$ 1,400,000	\$ 1,385,329.80
Montana State Hospital	Supplemental Hospital Roof	\$ 800,000	\$ 800,000.00
Montana Mental Health Nursing Care Center	Supplemental Roof Replacement	\$ 1,500,000	\$ 1,433,173.28
Montana Veterans' Home	Supplemental Roof Replacement	\$ 1,600,000	\$ 372,851.64
Montana Veterans' Home	Supplemental Courtyard Improvements	\$ 517,000	\$ 80,000.39
Montana Veterans' Home	Supplemental Flooring	\$ 367,000	\$ 155,643.47
Montana Veterans' Home	Supplemental ARPA HVAC	\$ 423,039	\$ 120,922.73
Southwestern Montana Veterans' Home	Supplemental Cottage Connectors	\$ 5,250,000	\$ 1,340,320.00
Montana State Lab	Supplemental State Health Lab Renovation	\$ 7,000,000	\$ -



HB 5 Update – Montana State Hospital

The \$15.9 million approved for MSH upgrades is comprised of 21 identified significant physical plant deficiencies that must be addressed prior to CMS certification survey(s).

Spectrum selected for project design and management of the CMS Recert Work	MSH Facility Detailed Walkthrough and Assessment with Contractor	Design Drawing Work Began	A&E Issued Request for Qualification and Proposal for Construction Work
September 2023	November 2023	January 2024	February 2024

- In November 2023, Spectrum performed a complete on-site review of MSH.
- In January 2024, Spectrum published the list of identified needs and estimated costs based on the on-site review and project schedule.
- In February 2024, A&E issued a request for qualification and proposal for a general contractor to complete the identified construction projects.
- Projects will be prioritized based on client safety, licensure compliance, and CMS Conditions of Participation for certification.

Project	Total Cost
Restore Nurse Call System - fully operational	\$800,000
Provide fencing around facilities to muster points	\$180,000
Baseline Statement of Conditions (SOC) by Healthcare A/E	\$75,000
HVAC Repair/Replacement	\$1,560,000
Med Clinic Upgrade	\$250,000
Various Demolition	\$200,000
Loading Dock Replacement	\$150,000
Kitchen Upgrades	\$150,000
Fix Sally Port relays to make operable	\$3,000
Replace Sliding Sally Port doors	\$35,000
Standardize Restraint Bed Type	\$60,000
Address Ligature Risks and Replace Bumper Guards	\$1,500,000
Replacement of Fire Doors	\$120,000
Replacement of Spraying Faucets	\$10,000
Automated Medication Dispensing Carts (e.g. Pyxis	\$372,000
Regular Air Quality/Industrial Hygiene Air Sampling Support	\$84,000
Replacement of Metal Detectors	\$10,000
Redundant System Option for Emergency Supply Water Treatment Backup	\$200,000
Mobile Water Tank for Fire Protection Back-Up	\$144,000
Water Line Project	Up to \$10,000,000
Total	\$15,903,000



TANF Pathways and SNAP E&T Update

Charlie Brereton, DPHHS Director

*Jessie Counts, Administrator, Human and Community
Services Division*



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

TANF Pathways and SNAP E&T Update (cont.)

Current State of Employment and Training Programs

- Employment and training programs are intended to provide supportive services, training, and employment opportunities to low-income Montanans to promote sustained healthy independence.
- Participation is expected to grow based on eligibility changes for TANF and expanded service areas for SNAP E&T.

	TANF Pathways	SNAP E&T
Approximate Monthly Avg Participants	700	25
Number of Providers	12	1 intermediary; 6 subrecipients
Program Eligibility (financial)	30% 2023 FPL	200% current year FPL
Average benefit issuance per family (Jan 2024)	\$515	\$332
Monthly program hours required	108-132 hours	80 hours



TANF Pathways and SNAP E&T Update (cont.)

Employment and Training (E&T) Past and Present

Service delivery prior to RFP:

- SNAP E&T services were delivered in a County-based model through a statewide intermediary (contractor)
- TANF Pathways and Refugee Support Services E&T services were delivered in a regional model with independent providers in each region
- Client facing supports, cost per client, and service delivery models were unique to providers

Unique opportunity to procure E&T Services for three similar programs at the same time to support a consistency in services:

- TANF Pathways E&T services required an RFP to re-procure services
- Refugee Support Services required an RFP to re-procure services
- SNAP E&T had procured a statewide intermediary that was unable to match the expansion plans with the ability to raise 50/50 funding due to limitations of the previous contract/RFP



TANF Pathways and SNAP E&T Update (cont.)

2023 E&T RFP for Provision of Services Beginning in 2024

RFP Dates

- RFP Posted: October 24, 2023
- RFP Close: December 11, 2023
- Notice of Intent to Award: January 29, 2024
- Contract Start: February 23, 2024
- New Contractor Ready for Clients: April 1, 2024

Key Components of RFP

- Single statewide provider for TANF Pathways, SNAP E&T and Refugee Support Services
- Pay for Performance contract structure
- Emphasis on desired outcomes rather than prescribing details of how work must be done
- Aligning expansion of SNAP E&T with ability to meet 50/50 needs



TANF Pathways and SNAP E&T Update (cont.)

Summary of Client Journey

1. Client applies at Office of Public Assistance and eligibility is determined
2. Referral for services is made to Maximus
3. Client orientation is completed explaining program requirements and benefits
4. Barrier identification and remediation takes place
5. Employment Plan, which could include education/training, is developed to meet client needs and outline a path to employment
6. Client engages in employment and/or training activities
7. Client exits program through employment, non-compliance, time limitations, or voluntarily termination.



TANF Pathways and SNAP E&T Update (cont.)

Benefits of a Statewide E&T Program

- Contractor and subcontractors ensuring consistent delivery of services and approach to processes
- Streamlined training for all staff
- Leveraging best practices and resources across the state is simplified
- Allows for a data-driven lens into effectiveness of services (**with an emphasis on client outcomes**)
- Ensures consistent client access statewide (urban vs. rural)
- Decreased redundancy in management and support staff
- State can direct changes to service delivery model more rapidly through one POC



TANF Pathways and SNAP E&T Update (cont.)

Pay for Performance Contract Model

- Creates shared risk for contractors and agency
- Improves accountability for driving program outcomes
- Incentivizes moving clients to employment and training activities that will result in long-term, sustainable employment
- Allows for stability of services for clients through a fixed fee/performance combination that incentivizes Maximus and other partners to support complex clients who face more barriers to employment



TANF Pathways and SNAP E&T Update (cont.)

Pay for Performance Plan

- 14 Day Job Placement
 - Job Retention 180 Days
 - Job Advancement 180 Days
 - Post Secondary Completion
 - Completion of GED/HiSET
 - Participant Engagement
- Fixed unit rate for achievement of individual milestones
 - 20% of contract budget (\$2.8M) earned through achievement of pay points
 - Pay points aligned with RFP goals and focused on outcomes



TANF Pathways and SNAP E&T Update (cont.)

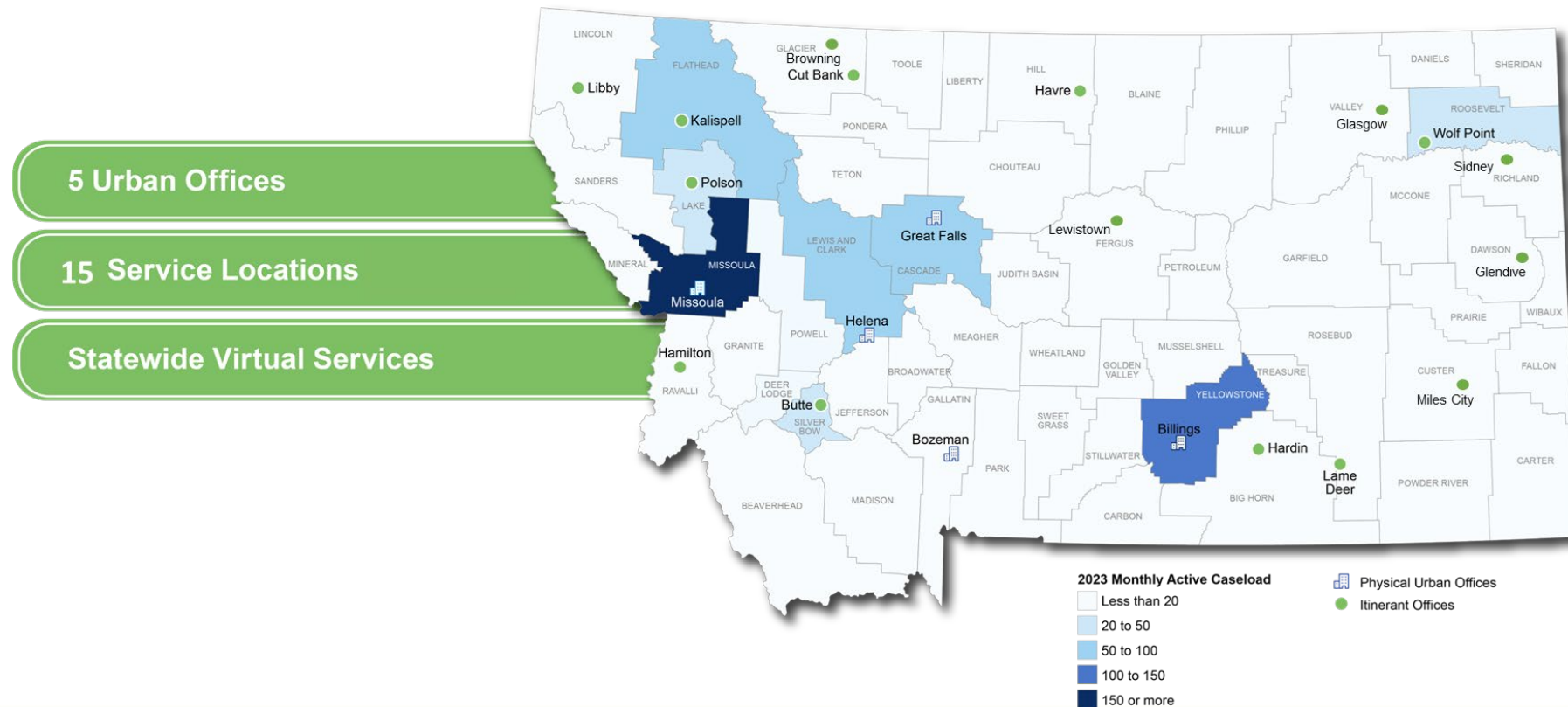
Highlights of the new model

- Service delivery options statewide based upon client choice; *DPHHS is committed to meeting clients where and how most convenient*
 - In-person
 - Phone
 - Video call
- Expanded access through 20 statewide locations for in-person services, in addition to pop-up locations
- Expanded network of community partners and employers, regardless of SNAP/TANF/RSS
 - Expanded network examples include increased partnerships with community colleges, food banks, etc.
- Participant-facing training/coaching and case management platform
- "One stop shop" program website with web chat
- Mobile enabled engagement (laptop and cell phone functionality)



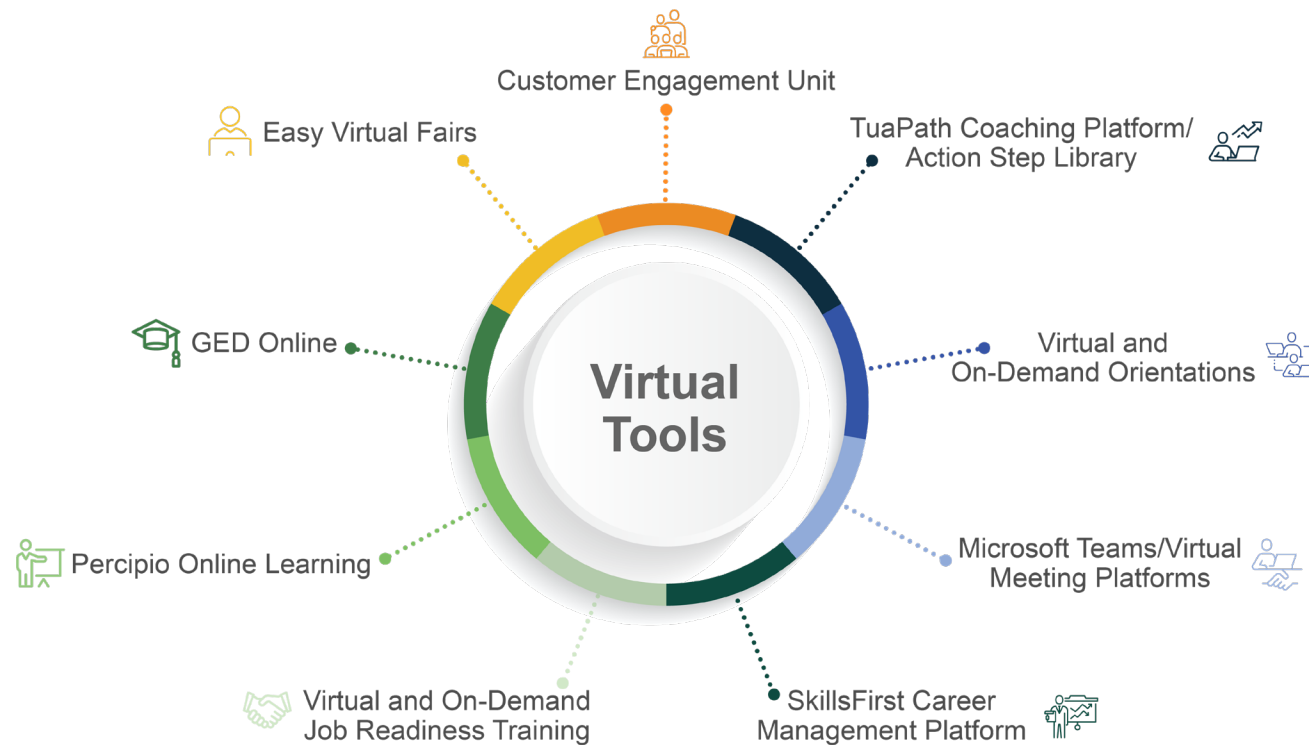
TANF Pathways and SNAP E&T Update (cont.)

Statewide Coverage Plan for E&T Services



TANF Pathways and SNAP E&T Update (cont.)

Engagement Tools for Statewide Service

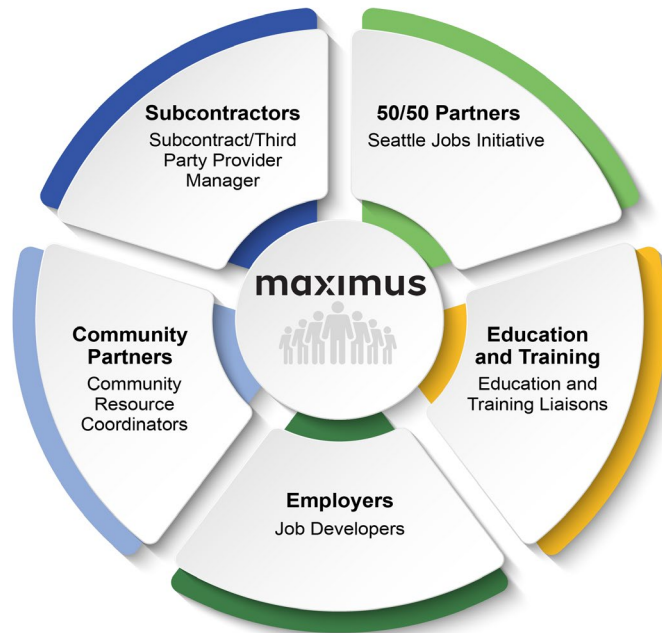


TANF Pathways and SNAP E&T Update (cont.)

Partnering for Success

Maximus Delivery Partner Network Highlights

23-P31101.0196-50



- Strengths-based partnerships
- Local providers to deliver training, supports, and utilization of partner space
- National experts to build out the framework for a sustainable 50/50 program
 - To support future state of SNAP E&T in all counties
- Employer & education partnerships to develop jobs and career pathways for participants



TANF Pathways and SNAP E&T Update (cont.)

Program Overview – Client Experience Enhancements and Example

- Barrier identification and remediation takes place at multiple points from intake through job retention using the MT Family Bridge Assessment
- Supportive Services: leveraging statewide resources to support barriers including housing counseling, financial coaching, mental health and addiction in hard-to-serve areas
- Participants are asked to complete a personal snapshot prior to each appointment
- Additional communication tools allow easy access to supportive services including live chat, “well-check” text messaging and an employment coaching platform





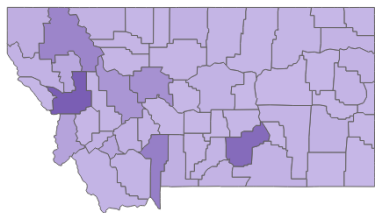
Search Zip

All

Search County

Flathead

Population Heat Map

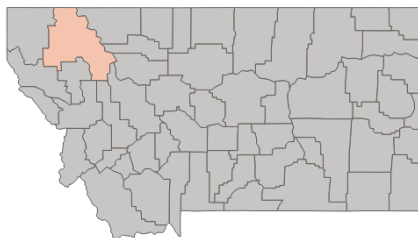


Barrier Assistance

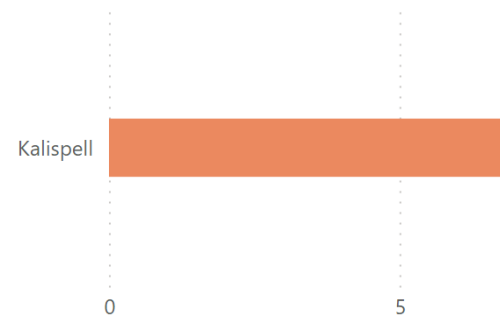
Employers

Education and Training

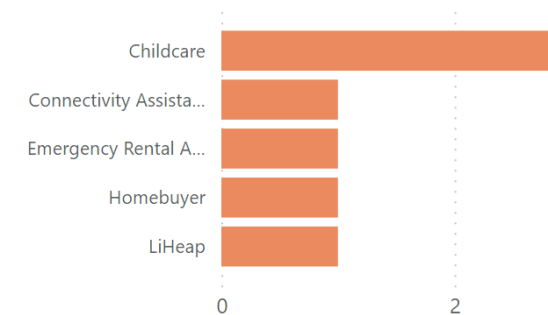
Barrier Assistance Heatmap



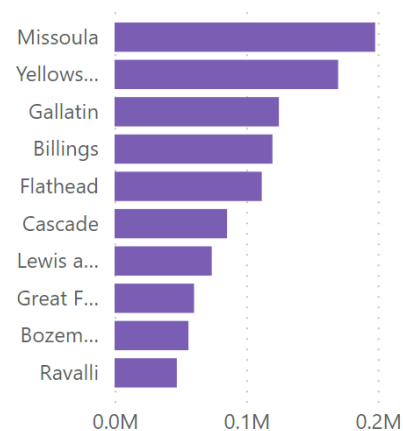
Barrier Assistance by City



Barrier Assistance by Program Assistance



Population by County



Search City

All

Search County

Flathead

Search Program Service

All

Search Name of Organization

All

Name of Organization	Address	City	County	Phone	Program Service	Website
Scribbles Childcare	38 1st Ave E	Kalispell	Flathead	406.755.7550	Childcare	https://www.scribblespalycare.com
Firefly Children's Center	536 W Reserve Dr	Kalispell	Flathead	406.309.2284	Childcare	https://www.fireflymt.com
Smith Memorial Day Care	329 2nd Ave E	Kalispell	Flathead	406.755.9224	Childcare	https://www.epworthkalispell.com
Community Action Partnership of NW MT	214 Main St	Kalispell	Flathead	406.752.6565	Connectivity Assistance	https://www.capnm.net
Community Action Partnership of NW MT	214 Main St	Kalispell	Flathead	406.752.6565	Emergency Rental Assistance	https://www.capnm.net
Community Action Partnership of NW MT	214 Main St	Kalispell	Flathead	406.752.6565	Homebuyer	https://www.capnm.net
Community Action Partnership of NW MT	214 Main St	Kalispell	Flathead	406.752.6565	LiHeap	https://www.capnm.net



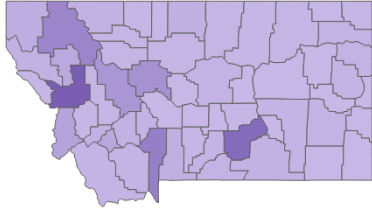
Search Zip

All

Search County

All

Population Heat Map



Barrier Assistance

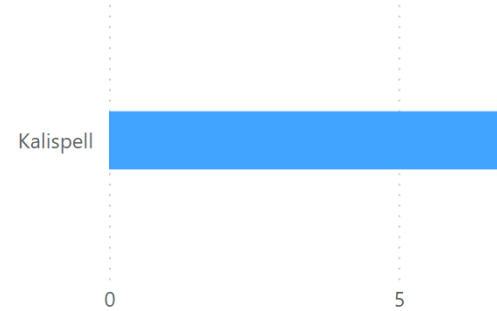
Employers

Education and Training

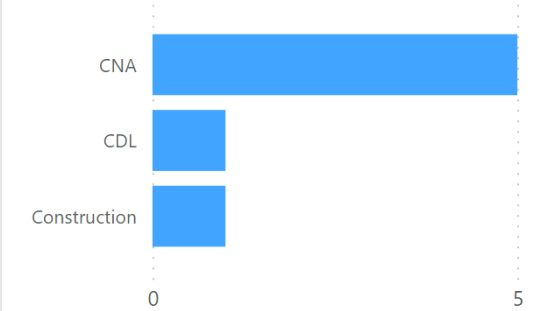
Businesses Heatmap



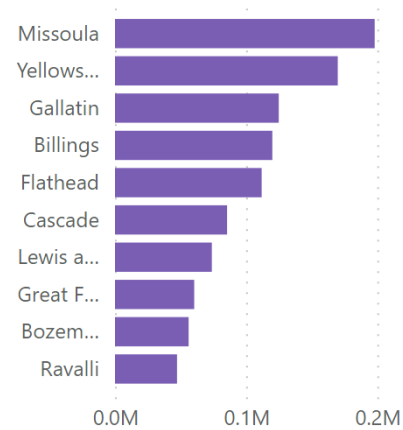
Businesses by City



Businesses by Program Assistance



Population by County



Search City

All

Search County

Flathead

Search Program Service

All

Search Name of Organization

All

Name of Organization	Address	City	County	Phone	Program Service	Website
EPAGA Home Care of Kalispell	40 Appleway Dr.	Kalispell	Flathead	406.755.4633	CNA	https://www.epagahomecare.com/
Enhabit Hospice	42 Bruyer Way	Kalispell	Flathead	406.755.4923	CNA	https://www.ehab.com/
Synergy HomeCare of Flathead Valley	1069 North Meridian Road	Kalispell	Flathead	406.797.2711	CNA	https://synergyhomecare.com/mt-kalispell-59901/
LHC, Inc.	155 7th Ave West N.	Kalispell	Flathead	406.758.6400	CDL	https://lhcm.com/
LHC, Inc.	155 7th Ave West N.	Kalispell	Flathead	406.758.6400	Construction	https://lhcm.com/
Kalispell Rehab & Nursing	171 Heritage Way	Kalispell	Flathead	406.755.0800	CNA	https://kalispellrehab.com/
A Plus Health Care	1310 South Main	Kalispell	Flathead	406.755.4968	CNA	https://aplushc.com/



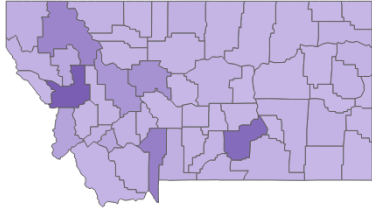
Search Zip

All

Search County

All

Population Heat Map

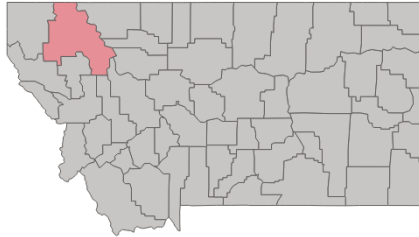


Barrier Assistance

Employers

Education and Training

Education and Training Heatmap



Education and Training by City

Kalispell

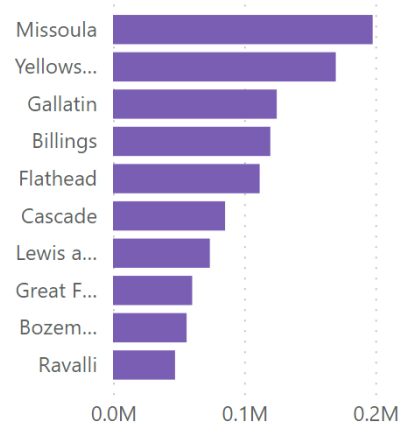
0 1 2

Education and Training by Program Assistance

CNA

0 1 2

Population by County



Search City

All

Search County

Flathead

Search Program Service

CNA

Search Name of Organization

All

Name of Organization	Address	City	County	Phone	Program Service	Website
Logan Health Education Services	310 Sunnyview Lane	Kalispell	Flathead	406.756.4744	CNA	https://www.logan.org/
Flathead Valley Community College	777 Grandview Dr	Kalispell	Flathead	406.756.3822	CNA	https://www.fvcc.edu/program/certified-nurse-aide-c-n-a-course

TANF Pathways and SNAP E&T Update (cont.)

Client Transition

- DPHHS is working with Maximus and current providers to develop a transition timeline and plan
 - All current Pathways and SNAP E&T contracts extend through June 30, 2024
- Maximus can accept clients as of April 1, 2024
- Referral and caseloads will be transitioned in partnership with all current providers to meet the needs of the agencies and the clients transitioning
- Some clients will receive a “warm hand off” as part of the transition plan
- Client communication, FAQ, and process documents are being developed to support all providers, in addition to ongoing meetings with DPHHS and Maximus staff



HEART 1115 Waiver Update

*Rebecca de Camara, Administrator, Behavioral Health
and Developmental Disabilities Division*



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

HEART 1115 Waiver Update

HEART 1115 Demonstration Waiver was approved by CMS on 2/26/24

New services to be provided under the HEART waiver:

- Tenancy Support Services
 - Assist Medicaid members with qualifying behavioral health conditions to find and maintain stable housing
- Contingency Management
 - Evidence-based treatment for Medicaid members with a stimulant use disorder
- Justice-Involved Reentry Services
 - Limited set of services (e.g., case management) to Medicaid-eligible inmates with qualifying behavioral health conditions
 - \$2.3 million in capacity building funds to support DOC and DPHHS planning efforts



HEART 1115 Waiver Update (cont.)

Montana is the third state in the nation to receive CMS approval for contingency management and the reentry initiative.

Tenancy support services and contingency management are expected to become available on October 1, 2024. Reentry services are planned to begin September 2025.

DPHHS is engaging with tenancy providers to inform the policy development for this service. Engagement with contingency management providers will begin soon.



Healthcare Facilities Update

*Jennifer Savage, Chief Administrative Officer, Healthcare
Facilities Division*



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Facility Highlights

Healthcare Facilities Division (HFD)

- The Healthcare Facilities Division is actively recruiting to staff a Chief Operating Officer and Chief Nursing Officer.
- Additional leadership alterations have occurred across healthcare facilities.
- Efforts are ongoing to get all new and existing employees through new Crisis Prevention Institute training.

Montana Chemical Dependency Center (MCDC)

- Facility remains fully staffed across direct patient care positions; travel staff spend remained zero.
- Continued efforts with community sources to increase referrals to the facility to increase census.

Montana State Hospital (MSH)

- Hired a Chief Operations Officer, starting March 18, 2024.
- Exploring a new clinical leadership model with a contracted medical director (Traditions Behavioral Health)
- Continuous efforts have been initiated to transform the cultural foundation at the Montana State Hospital
- Architecture & Engineering (A&E) is working with Spectrum to continue to finalize project drawings, currently 50% complete, to be in compliance with requirements for CMS certification
- Continuous creation and revision of required policies and procedures to meet federal and state regulations. Seven new policies were approved at Governing Board Meeting February 13, 2024.

Eastern Montana Veterans Home (EMVH)

- Eduro Healthcare assumed operations in March 2023

Intensive Behavior Center (IBC)

- Current Administrator contract expires on March 14, internal interim candidate has been identified. A transition plan has been developed and is being implemented.
- Increase in community outings over the past year with an average of 5-6 monthly outings for each person residing at IBC.
- Development of a new transition plan built around each person's vision of their good life with embedded tools familiar to the community providers.
- One patient discharge set for March 11, 2024.

Southwestern Montana Veteran Home (SWMVH)

- Onboarded new Administrative Officer in January 2024.
- Construction for cottage connectors between cottages 3 and 4 are ongoing. Anticipated completion date is Aug 2024.
- Anticipating applying for certification for Cottage 4 and 5 in September 2024.

Montana Mental Health Nursing Care Center (MMHNCC)

- Continued reduction in falls with major injuries and reduction of UTIs
- Ongoing efforts for employee training in de-escalation as well as other training programs.
- New employee committee to support newly hired staff as they transition into their new role is active in the facility and engaging all new employees.

Columbia Falls Montana Veterans Home (CFMVH)

- Met goals for quality indicators to continue to reduce UTIs. Worked with medical staff to reduce the number of catheters in use and with the staff to ensure competency in proper technique to minimize infections.
- Comprehensive review of all residents receiving antianxiety medications was done with our pharmacist and physicians to reduce and stop the use of any of these medications that are no longer necessary.



Overview | CMS 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. Seven new policies were approved at Governing Board Meeting February 13, 2024.
2. **Patient Rights / Utilization Review:** One of the Seven new policies were approved by the Governing Board on February 13, 2024 was specific to patient rights and grievances.
3. **Emergency Preparedness:** Radios and related equipment for Montana State Hospital's emergency communication system are on backorder.
4. **Quality Assurance and Performance Improvement:** The Quality Assurance and Improvement Plan has been reviewed, updated, and approved by the Medical Executive Board on January 25, 2024.
5. **Medical Staff:** The hospital filled several positions within the social services department to support treatment planning and documentation audits.
6. **Administrative Staff:** Montana State Hospital successfully recruited a new Chief Operating Officer that is joining the team mid of March, also ongoing recruitment efforts for the Chief Executive Officer continue.
7. **Medical Staff:** Medical Staff bylaws were approved February 13, 2024 at the Governing Body meeting.
8. **Nursing:** The positions for Chief Nursing Officer for Healthcare Facilities Division and Director of Nursing at Montana State Hospital are currently in active recruitment. These position will 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 posted a formal RFP for capital improvements for Montana State Hospital's infrastructure on February 27, 2024.
11. **Physical Environment:** Spectrum is continuing to revise and align project drawings (50% complete), while prioritizing CMS requirements.
12. **Discharge Planning:** Onboarded three clinically based employees within the Social Services department to facilitate ongoing efforts for treatment and discharge planning, along with other therapeutic needs of the patients.



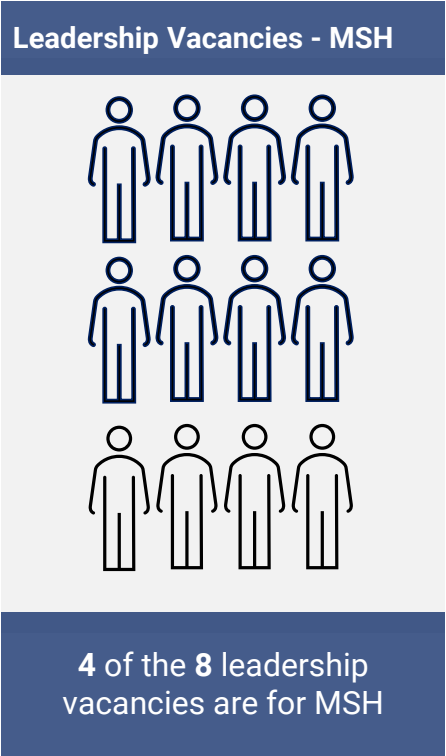
MSH Recertification Project Plan (July 2023 – December 2024)

CMS Workstream/Initiative	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24
1. Governing Body																		
2. Patient's Rights																		
3. Emergency Preparedness																		
4. QA and PI Program																		
5. Medical Staff																		
6. Nursing																		
7. Medical Records																		
8. Food and Dietetic Services																		
9. Utilization Review																		
10. Physical Environment																		
11. Infection Prevention & Control																		
12. Special Med Record Require.																		



Vacancies | Leadership

In addition to HFD’s efforts to recruit direct-patient-care positions, HFD continues to monitor vacancies to staff skilled, competent leadership at the state-run healthcare facilities. At this time, 12 vacant positions have been prioritized in collaboration with the Office of Human Resources, especially for CMS certification endeavors at MSH. Note: A couple of these positions are filled by interim staff: Facility Administrator (IBC) and Chief Executive Officer (MSH)



FACILITY	POSITION TITLE	ELIGIBLE APPLICANTS
HFD	Chief Nursing Officer	0
HFD	Chief Operations Officer	10
IBC	Facility Administrator	16
MMHNCC	Facility Administrator	3
MSH	Chief Executive Officer	22
MSH	Director of Nursing	0
MSH	Infection Control RN	0
MSH	Assistant Clinical Services Manager	0
MSH	Chief Operations Officer	Starting March 2024
MSH	Quality Improvement Manager	Starting March 2024

*Ongoing efforts to determine eligibility of applicants

HFD Hiring Incentive & Retention Initiative

Charlie Brereton, DPHHS Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES








Facility Hiring Incentive Program

Overview

DPHHS has implemented one-time incentive payments and targeted, historic wage increases to recruit and retain employees at Montana’s state-run health care facilities. This effort is designed to reduce reliance on contracted clinical staff.

Hiring Incentive for New Clinical Staff

- \$7,500 incentive payments for external candidates hired into targeted clinical positions to be made at the six and 12-month marks of continuous employment
- Incentive payments apply to RNs, CNAs, direct support professionals, psych techs, and forensic mental health techs hired at MSH, IBC, MCDC, MMHNCC, and MVH

New Hires	Screening	Pending Background Check
MSH 	MSH 	MSH 
IBC 	IBC 	IBC 
MCDC No vacant positions	MCDC No vacant positions	MCDC No vacant positions
MVH	MVH	MVH
MMHNCC	MMHNCC 	MMHNCC

MSH has hired 4 RNs and 6 full-time Psych Techs since Feb. 1



Facility Hiring Incentive Program (cont.)

Advertising Campaign Overview

- Work4DPHHS.com launched on Jan. 19, 2024
- The campaign is primarily targeting individuals living within a 50-mile radius of each facility location; newly graduated or certified nurses and psych tech staff; experienced clinical professionals looking for a change in their careers or environments; nursing school graduates and nursing home care workers
- Secondary targets are individuals within a 300-mile radius of the facilities
- Reaching targeted individuals via YouTube, TV, social media, online searches, static ads, and video ads

Digital Marketing Campaign Performance

- 7,470 total website visits Jan. 19 to Mar. 4, **with increased website visits week-over-week**
- 3,122,872 impressions (average of approximately 100,000 per week) from Jan. 19 to Feb. 29
- Data indicates increased progress each week, signifying a gain in momentum with the target audience

Statewide billboard advertising will launch in April



Facility Retention Program

Incentives for existing staff in targeted positions at MSH and IBC

- \$7,500 one-time-only retention incentives being issued to eligible HFD employees (\$3,750 for part-time FTE) hired prior to January 1, 2024
- Applies to currently employed RNs, LPNs, psych techs, forensic mental health techs, and direct support professionals who have worked in an eligible position for at least one year
 - For example: full-time RN who begins working in April 2023 will receive payment in April 2024
- Payments began in February 2024

Historic wage increases for existing staff in targeted positions

- Direct support professionals, psych techs, and forensic mental health techs have received a permanent \$2/hour increase in their base rate
- LPNs have received a permanent \$1.75/hour increase in their base rate
- RNs have received a permanent \$4/hour increase in their base rate



Facility Hiring Incentive and Retention Initiative: Fiscal Impact

Potential Savings for Hiring Incentive and Retention Initiative at MSH

- The Department projects SFY 2024 spending of just under \$40 million for contracted staffing at the current average utilization.
- The retention program has a projected total cost for existing state staff of approx. \$2 million between SFY 2024 and SFY 2025.
- Projected Scenario
 - MSH has hired 4 RNs and 6 Psych Techs since February 1st. The shift of these resources from contracted staff has a projected savings of \$1 million per year. All future hires will reduce the projected contract staffing cost.
 - If the Department can convert 30 Psych Techs and 10 RNs, the reduction in contracted expenditure would be approx. \$10.3 million a year.

	Projected Unmitigated Contract Spend*	Projected Retention Expense SFY 24	Projected Retention Expense SFY 25	Unmitigated SFY 24 Total
Psych Tech/CNA	\$ 23,750,400	\$ 741,716	\$ 1,030,458	\$ 24,492,116
LPN	\$ 2,546,762	\$ 32,720	\$ 44,340	\$ 2,579,482
RN	\$ 12,988,526	\$ 137,260	\$ 217,260	\$ 13,125,786
TOTAL	\$ 39,285,688	\$ 911,696	\$ 1,292,058	\$ 40,197,384

* Projected cost if no contracted staff resources convert to state staff

Potential savings per contract staff conversion

Staff Type	Contract Avg Cost Per Year*	New State Staff Avg Cost per year**	Savings per conversion
Psych Tech/CNA	\$ 171,401	\$ 65,610	\$ 105,791
LPN	\$ 183,872	\$ 78,480	\$ 105,392
RN	\$ 235,518	\$ 121,172	\$ 114,346

*based on hourly average

**includes benefits and hiring incentive



Olmstead Plan Update

Barb Smith, Administrator, Senior & Long-Term Care Division



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Olmstead Plan Update

In *Olmstead v. LC*, 527 U.S. 581 (1999), the U.S. Supreme Court held that the bar on discrimination may require the placement of persons with disabilities in community settings when:

- treatment professionals have determined that community placement is appropriate;
- the person does not object to placement in a less restrictive setting/in the community; and
- the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with disabilities.

HB 922 requires DPHHS to develop an Olmstead Plan that includes:

- An overview of the *Olmstead* decision;
- An analysis of DPHHS's current efforts to integrate people with disabilities into the community and DPHHS-funded services and supports available to such people;
- An assessment of the strengths and weaknesses of the system;
- Recommendations for increasing the availability of, and access to, community-based services supports; and
- Incorporation of quality assurance activities to ensure compliance with the principles of *Olmstead*.

The Plan must take into consideration that community supports be provided when required by *Olmstead*.



Olmstead Plan Update (cont.)

- The development of the Department wide-Olmstead Plan is the result of HB 922 sponsored by Representative Bob Keenan.
- The project is contracted to The Rural Institute of the University of Montana.
- Additional support, at no cost, will be provided by the National Academy of State Health Policy and PHI Inc., a research firm focusing on direct care worker issues.
- The official launch is April 11, 2024, where Department staff and major stakeholders will be educated about the Olmstead decision and the process being adopted to develop the plan.
- Input from stakeholders will be accomplished by on-site community meetings across the state with a focus on creating a plan for comprehensive and integrated community-based services.
- Data analysis will be completed in partnership with the Rural Institute and PHI.
- The timeline allows for a draft plan to be completed within a year and adoption by stakeholders within the following 12 months.



Senior & Long-Term Care Division Region Analysis

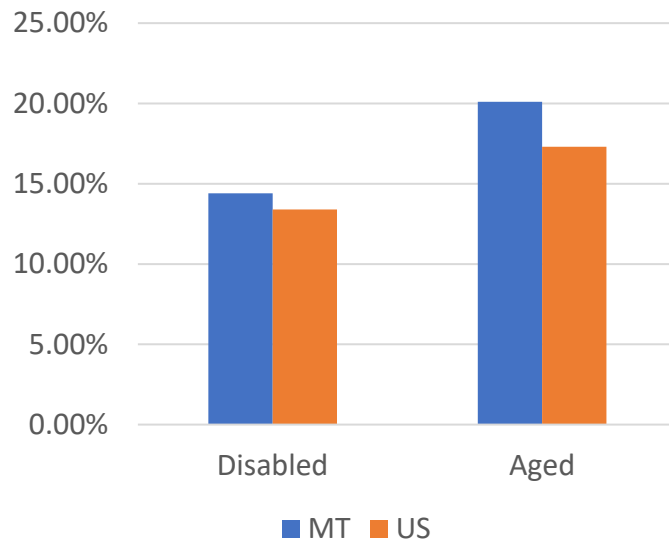
Barb Smith, Administrator, Senior & Long-Term Care Division



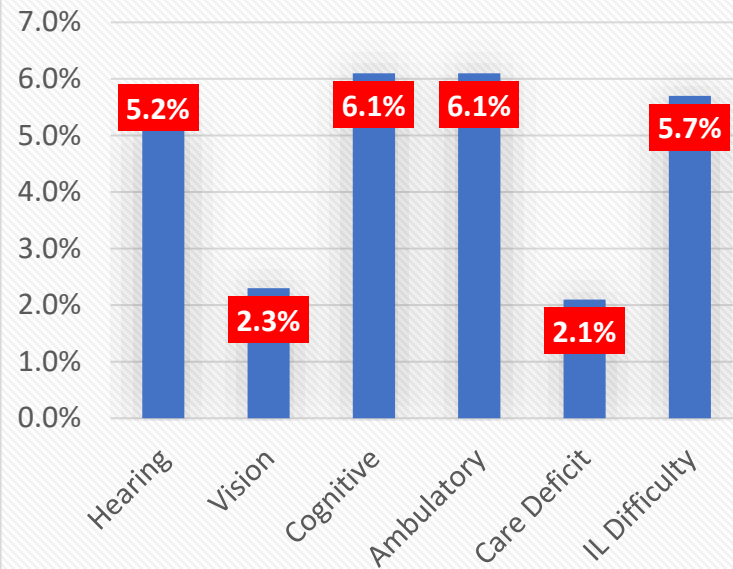
DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Senior and Long-Term Care Division Region Analysis

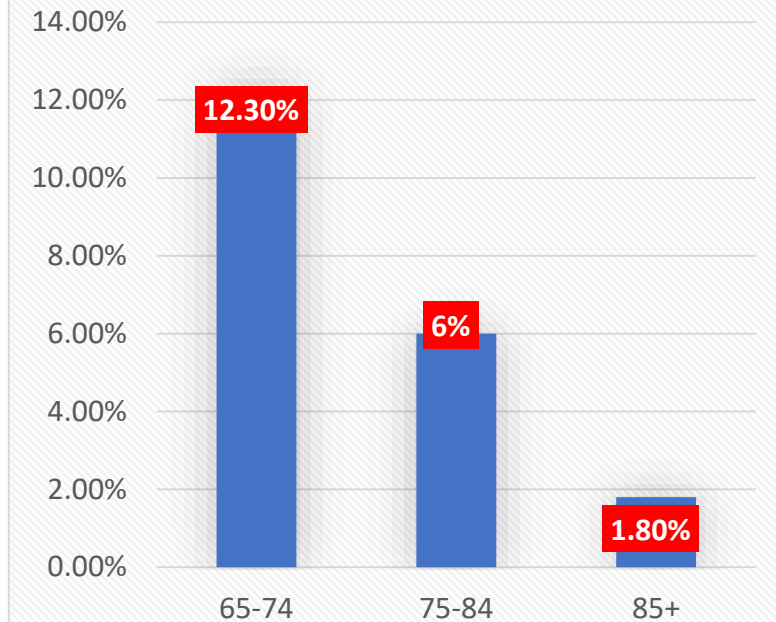
Disabled and Aged (over 65)
MT & US



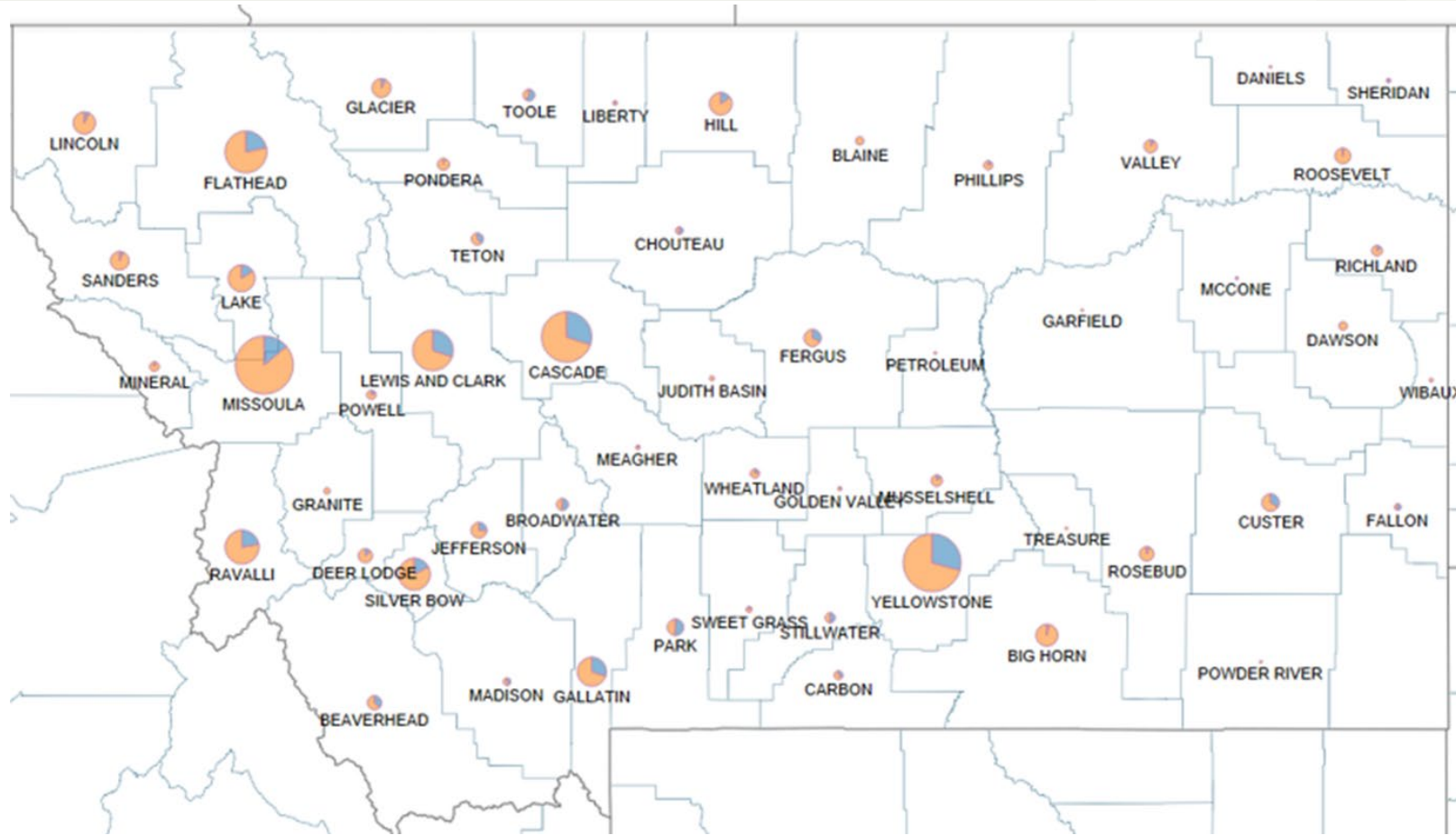
Disability by Type
(Can be multiple)



Age Categories



Senior and Long-Term Care Division Region Analysis – Location of Members



The pie chart size represents a concentration of members. The blue portion of the pie represents those residing in assisted living or group home environment. The pink are those residing at home.



Senior and Long-Term Care Division

Region Analysis – Expenditures FY 23

Community First Choice Expenditures by Type in Millions

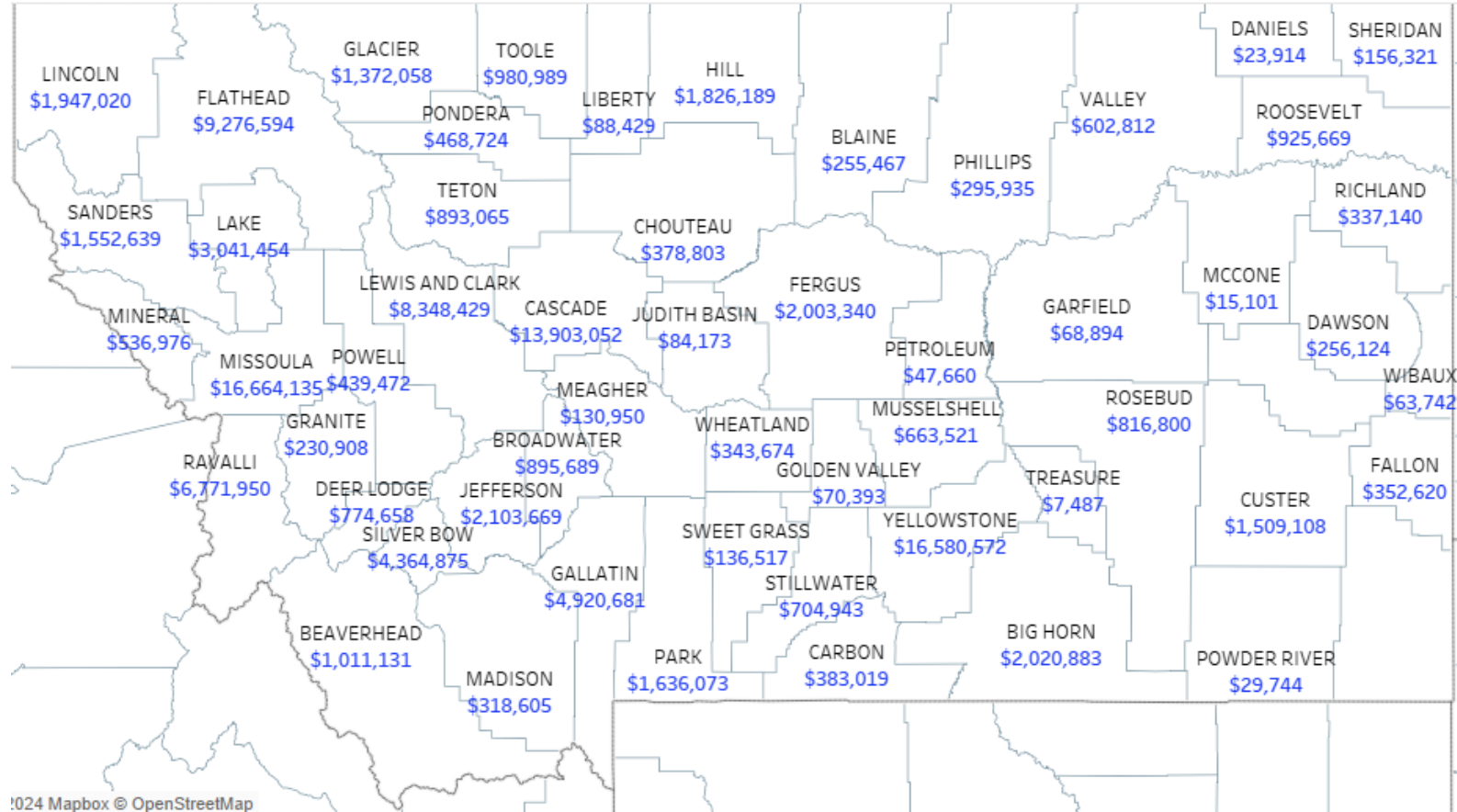
Direct Care	\$47.5
Medical Escort	\$1.1
Mileage	\$0.4
Personal Emergency Response	<u>\$0.65</u>
Total	\$49.65

Big Sky Waiver Expenditures for Major Services in Millions

Assisted Living	\$34.5
Case Management	\$8.1
Extended Community First Choice	\$6.7
Residential Habilitation	\$2.7
All other Services	<u>\$5.7</u>
Total	\$57.60



Senior and Long-Term Care Division Region Analysis – Expenditures by County – FY 23



Total Expenditures of Big Sky Waiver and Community First Choice in each county.

©2024 Mapbox © OpenStreetMap



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Best Beginnings Childcare Subsidies Update

*Tracy Moseman, Administrator, Early Childhood and Family
Support Division*



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Best Beginnings Childcare Subsidies

Prior to March 2020 150% FPL/13% Copayment	\$1.5 million average monthly subsidy	Pre-Pandemic Actual Attendance
↓		
March & April 2020 150% FPL/13% Copayment	\$1.5 million average monthly subsidy	Start of Pandemic Full Authorization Regardless of Attendance
↓		
May 2020 to January 2021 150% FPL/13% Copayment	\$1.5 million average monthly subsidy	CARES & CRSSA Actual Attendance
↓		
July 2021 to December 2022 185% FPL/\$10 Copayment	\$2.8 million average monthly subsidy	Pandemic CCDF Policies in Effect Full Authorization Regardless of Attendance
↓		
January 2023 to June 2023 150% FPL/13% Copayment	\$1.7 million average monthly subsidy	Post Pandemic Policies in Effect Actual Attendance
↓		
July 2023 to February 2024 185% FPL/9% Copayment	\$1.8 million average monthly subsidy	HB 648 Implemented Full Authorization Regardless of Attendance
↓		
March 2024 to Present 185%FPL/8% Copayment	Projected \$2.4 million average monthly subsidy	New Market Rates Implemented Full Authorization Regardless of attendance



Best Beginnings Child Care Subsidies (cont.)

BBS Rates through 2/29/24

Center	
Infant/Toddler	\$45
Preschool	\$40
School Age	\$40
Group	
Infant/Toddler	\$35
Preschool	\$35
School Age	\$33
Family	
Infant/Toddler	\$35
Preschool	\$35
School Age	\$30

BBS Rates as of 3/1/24

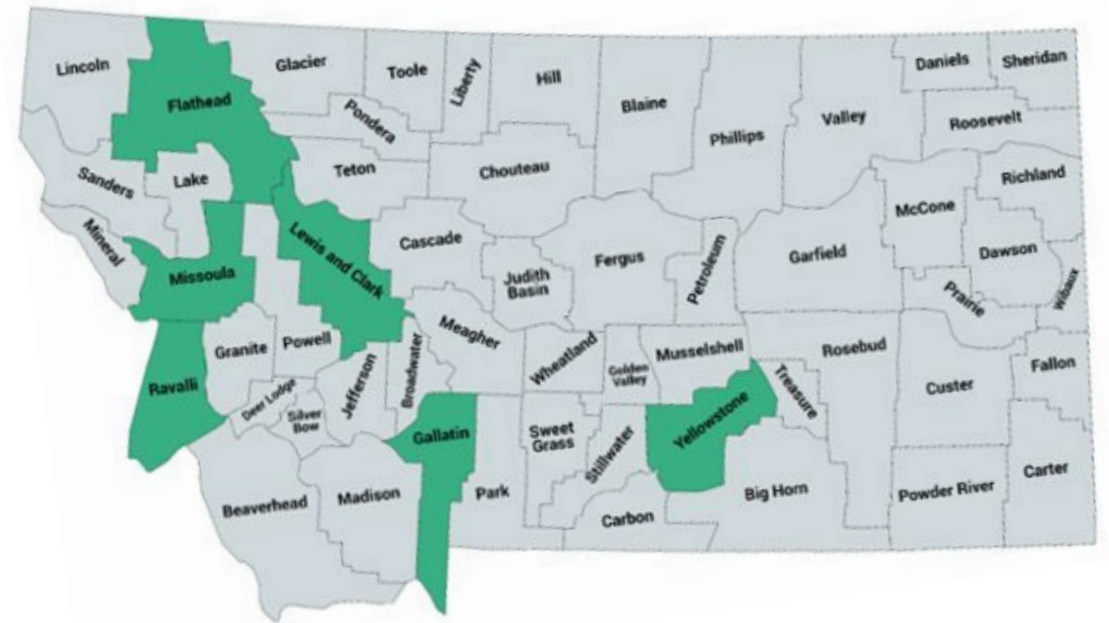
Center	
Infant/Toddler	\$58
Preschool	\$55
School Age	\$50
Group	
Infant/Toddler	\$48
Preschool	\$45
School Age	\$45
Family	
Infant/Toddler	\$45
Preschool	\$40
School Age	\$40



Best Beginnings Childcare Subsidies (cont.)

15% Additional Premium for High Growth Counties

- Flathead
- Gallatin
- Lewis and Clark
- Missoula
- Ravalli
- Yellowstone



HB 872: Behavioral Health System for Future Generations (BHSFG) Update

Rep. Bob Keenan, Chairman, BHSFG Commission
Charlie Brereton, DPHHS Director



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

HB 872: Behavioral Health System for Future Generations (cont.)

Commission Milestones

Past	Key Milestones
July 20, 2023	Meeting #1 Focus: Commission establishment, public comment, priorities, focus areas, and meeting cadence.
September 8, 2023	Meeting #2 Focus: Civil and forensic commitments with panels consisting of Judges, County Attorneys, Sheriffs, Jail Commanders, and family members.
October 13, 2023	Meeting #3 Focus: Comprehensive statewide crisis system with panels consisting of elements of the crisis now model including someone to call, someone to respond, and somewhere to go in crisis situations.
November 30, 2023 December 1, 2023	Meeting #4 Focus: Developmental disabilities and co-occurring populations systems with panels consisting of providers of early childhood services, adult DD and behavioral health services, and crisis/acute services for both children and adults.
January 11, 2024 January 12, 2024	Meeting #5 Focus: Children's mental health system and family and caretaker supports with panels consisting of providers dealing with the system of care, prevention, the continuum of care, and those with lived experience in caretaker support.
March 5, 2024	Meeting #6 Focus: Tribal Health and Urban Indian Health Centers.



HB 872: Behavioral Health System for Future Generations (cont.)

Commission Milestones

Future		Upcoming Commission Meetings
July 1, 2024	Commission submits a report on its final recommendations to OBPP and LFD; within 60 days, the Commission will present to the following legislative committees who shall meet jointly: <ul style="list-style-type: none">• Legislative Finance Committee;• Health and Human Services Interim Budget Committee• Children, Families, Health, and Human Services Interim Committee	
Fall 2024 (estimated)	Governor approves and finalizes all Commission recommendations with changes, as required.	

Upcoming Commission Meetings

- Thursday/Friday, March 28 and 29, 2024
- Tuesday, April 23, 2024
- Thursday, May 23, 2024
- Thursday, June 27, 2024



HB 872: Behavioral Health System for Future Generations (cont.)

October 13 BHSFG meeting NTIs - Operational

Incentivize community-based court-ordered evaluations

- Problem: Waitlist for evaluations at Montana State Hospital and few local options
- Recommendation: Provide pilot grants to counties to catalyze local evaluations
- Cost: No greater than \$7,500,000

Increase residential bed capacity for BH and/or DD service providers

- Problem: Insufficient access to residential care (in part due to closed settings)
- Recommendation: Provide grants to stabilize and/or increase residential services
- Cost: No greater than \$10,000,000

November 30/December 1 BHSFG meeting NTIs – In process/on track

Support mobile crisis response and crisis receiving and stabilization services

- Problem: Insufficient funding for mobile crisis response and receiving/stabilization services
- Recommendation: Provide grants to stabilize and/or increase crisis services
- Cost: No greater than \$7,500,000

Develop and deploy comprehensive crisis worker curriculum and certification course

- Problem: Gap in availability of standardized training for crisis response staff
- Recommendation: Develop/host a certification course for providers delivering crisis services
- Cost: No greater than \$500,000



HB 872: Behavioral Health System for Future Generations (cont.)

January 11/12 BHSFG meeting NTI – In process/on track

Investment in direct care workforce stabilization and healthcare capacity for people with developmental disabilities

- Problem: High vacancy and turnover rates for the direct service provider profession and lack of developmental disabilities training for health care staff
- Recommendation: Provide one-time grants to service providers agencies for direct service providers to become professionally certified and sponsor access to training for healthcare professionals and behavioral health staff working with people with developmental disabilities
- Cost: No greater than \$600,000

March 28th/29th BHSFG meeting pending NTIs

- Upcoming NTIs being considered focused on the children's mental health system and family/caretaker supports
 - Local public health department investment
 - Increasing respite capacity
 - Expand family peer support



Conclusion



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES