Guidehouse

Behavioral Health Alternative Settings

Summary of Final Report Recommendations

Delivered to: Montana Department of Public Health and Human Services (DPHHS)
Prepared for: HB 872 Behavioral Health System for Future Generations (BHSFG) Commission

Delivered by: Guidehouse

April 22, 2024

Agenda: Behavioral Health Alternative Settings

Topic	Duration	Description
Our Approach	**15 minutes**	**Objective:** Anchor today's presentation in the study's guiding principles, provide context for the report, and review the stakeholder engagement model.
Review of Recommendations	**105 minutes**	**Objective:** Provide the Commission a summary of recommendations to foster discussion and understanding of opportunities to drive measurable improvement in Montana's BH system of care.

Acronym List: Behavioral Health Alternative Settings

Acronym	Definition
ACT	Assertive Community Treatment
APRN	Advanced Practice Registered Nurse
BH	Behavioral Health
BHSFG	Behavioral Health System for Future Generations
CCBHC	Certified Community Behavioral Health Center
CDC	Center for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
DPHHS	Department of Public Health and Human Services
ED	Emergency Department
FQHC	Federally Qualified Health Center
HB 872	House Bill 872
HHS	Health and Human Services
HRSA	Health Resources and Services Administration
I/DD	Intellectual / Development Disabilities

Acronym	Definition
IBH	Integrated Behavioral Health
MH	Mental Health
MSH	Montana State Hospital
OP	Outpatient
PACT	Patient Aligned Care Team
PCP	Primary Care Provider
RFI	Request for Information
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SPA	State Plan Amendment
SUD	Substance Use Disorder
TANF	Temporary Assistance for Needy Families
USDA	United States Department of Agriculture

Our Approach

BH Alternative Settings Design Study Purpose and Scope

The study team developed Reports with recommendations for BH and I/DD Alternative Settings needs in Montana. This presentation serves to establish a foundation of understanding of the BH and I/DD landscape for the HB 872 Commission as the Commission considers final recommendations to the Governor.

- The study team was charged with investigating the feasibility of implementing regional BH facilities to create **statewide access to lower acuity settings and** improve access to a **more comprehensive BH care continuum** while **reducing dependency on Montana State Hospital** and other state-funded institutions. Statewide stakeholder engagement informed understanding of the BH and I/DD care settings and supports relative to the need of Montanans.
- DPHHS and the study team's work operated with an original hypothesis that the **number of beds available in Montana is insufficient** to support those seeking BH care. However, analyses revealed **ample supply of inpatient beds**, which are **concentrated in one area,** but **not available** across the State and **insufficient** supply of **sub-acute and outpatient services,** creating an **over-reliance** on **inpatient care.** The study team, then, pivoted to focus the study more on **interventions to prevent unnecessary inpatient bed use.**
- The independent study resulted in developing the BH and I/DD Alternative Settings Design Study Reports as final deliverables that **satisfy the HB 872 requirement** to conduct research and analysis that **summarizes and prioritizes the strengths, gaps, and opportunities** for the State's BH and I/DD systems and provide recommendations to the Commission that reflect a **comprehensive understanding of Montana's BH and I/DD landscape**.

Our BH work was guided by a shared theory of change

Alternate setting design and implementation planning anchored on a theory of change published by DPHHS in early 2023.

If we know that…

- State-run facilities are aged, expensive to maintain, isolated, and have outdated design that is not patient-centric.
- MSH was cited for health and safety issues, and isolation from population centers hindering workforce retention.
- Access to acute behavioral healthcare is limited across the State with more long-term stays than desired in state-run facilities.
- Limited access presents challenges to achieving high-quality care.

Then we must create pathways to modernize by...

- **Identifying the appropriate location and service mix** to improve access to acute behavioral healthcare programs in appropriate settings based on clinical needs and best practice.
- **Assessing healthcare real estate** across the State to identify opportunities to develop alternative settings to MSH for appropriate patient populations.
- **Identifying capital needs and operating models** capable of improving quality and sustaining or reducing cost through state-run or public/private partnerships.
- **Performing an assessment** that is transparent to legislators and stakeholders and solicits public input throughout the process.

So that…

Montana citizens have access to a behavioral healthcare continuum that includes localized outpatient, sub-acute, and acute-care that offers high quality in operationally and financially sustainable patient-centric settings.

To deeply understand the Montana context, local experts with broad and diverse BH experience were engaged in Committees

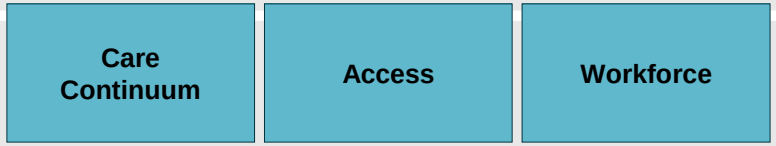
The Alternative Settings Steering Committee and Subcommittees helped to develop recommendations that consider the communities they represent.

Steering Committee

Provides Broad Strategic Oversight

- Comprised of legislators, executive leadership, and subject matter experts serving in an oversight capacity, who provide input and ongoing communication to the HB 872 Commission

Subcommittees



Provide Subject Matter Expertise

- Subcommittees are linked to the Steering Committee through overlapping membership; charged with providing input

For comprehensive coverage of the State and focused outcomes, members were tasked to engage in region-specific discussion

Steering Committee Members

Tasked to engage in region-specific discussion to identify local needs and solutions

	Care Continuum	Access	Workforce
Focus Areas	• Gaps in the care continuum, • Coordination of care across the continuum, and integration among care providers, community-based organizations, and support services, • Strategies to ensure consistent access to appropriate levels of care, • Regional and cultural disparities, and • Program eligibility and waitlists.	• Challenges associated with access to existing services and care delivery, • Access to the right service at the right time, and • Availability and adequacy of physical settings and recommending strategies to improve access to a broader statewide continuum of behavioral healthcare programs and settings.	• Shortages in qualified personnel, • Ways to enhance interdisciplinary collaboration, • Systemic workforce barriers that impede the effective delivery of behavioral health and developmental disability services, and • Strategies to recruit and/or develop, train, and retain a skilled workforce to support these efforts.
Region(s)	**East-South | North | West**	**East-South | North | West**	**Statewide**
Meeting Cadence	**Four Subcommittee Meetings (August 2023*, September 2023, October 2023, and January 2024)**		

*August Subcommittee meetings were on-site (Missoula, Great Falls, and Billings)

Today, we will discuss the highest impact recommendations as Montana takes steps to build a BH system for future generations

The Report does

- Offer independent recommendations for the State to consider as part of the BHSFG Commission
- Aggregate data analysis, stakeholder engagement, and best practice research
- Focus on improving Montana's BH system
- Propose longer-term strategies to reduce reliance on institutional settings by emphasizing community-based alternatives
- Consider the needs of various populations (e.g., Tribal, Pediatric, MH, SUD, Co-occurring diagnosis)
- Present high-level steps for implementation

The Report does not

- Offer I/DD-specific recommendations (addressed in a separate study)
- Guarantee funding or implementation of any proposed recommendation
- Provide an in-depth implementation plan
- Identify exact costs of start-up and operational capital required
- Provide extensive details around services to be procured by the State
- Link to potentially relevant current or near-term initiatives
- Advise on Montana State Hospital operations

Summary of Recommendations

10 recommendations to address Montana's BH system challenges

Top ranked recommendations are listed based on the relative scoring within each category.

1 Care Continuum

1.1 Develop a statewide comprehensive care management approach to facilitate coordination care between all participants spanning the full continuum of services within Montana's behavioral health system

1.2 Enhance existing infrastructure and resources - CCBHC, mobile support, school-based programs with sustained funding

1.3 Incorporate culturally relevant care protocols (Tribal and others) and hire culturally relevant staff

1.4 Expand use of integrated behavioral health care models through partnerships with BH providers, enhanced reimbursement, training, etc.

1.5 Spread awareness of Medicaid reimbursement for mobile crisis services (recent State plan amendment) to encourage its expanded utilization

2 Access

2.1 Expand community-based crisis receiving and stabilization centers

2.2 Enhance access to Comprehensive Behavioral Healthcare Campuses, especially in the east to improve transitions between inpatient, sub-acute, and OP care

2.3 Increase capacity of in-state residential treatment and group homes for youth to reduce out-of-state care

3 Workforce

3.1 Create a dedicated recruitment and retention unit within state government to support expansion and maintenance of homegrown BH workforce.

3.2 Evaluate the sustainability of expanding the scope and/or use of ancillary providers (e.g., peer support specialists, community health workers, family caregivers) to deliver BH-related services and integrate these providers into BH care teams

Recommendations were ranked using a standard methodology

Given the breadth of preliminary recommendations developed from quantitative and qualitative findings of the study, recommendations that are most likely to improve Montana's BH ecosystem will be today's focus.

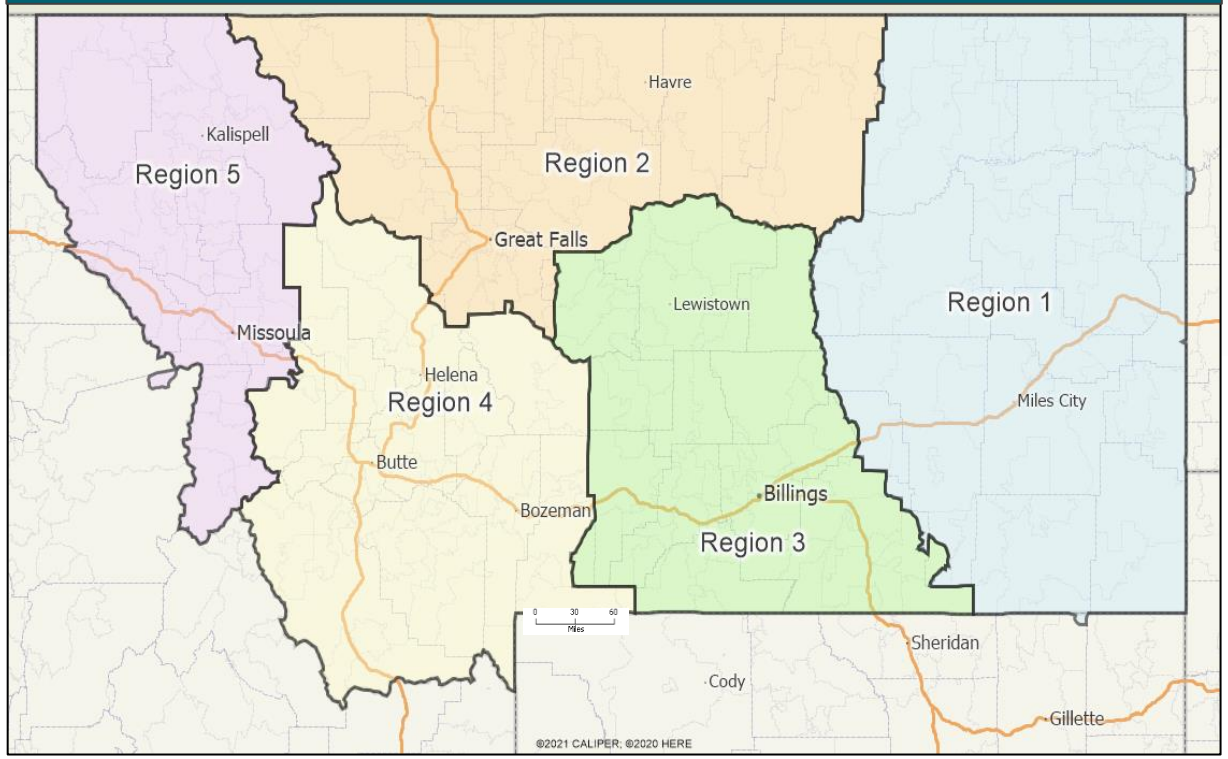
Evaluation Criteria	Weight	Description
Broad BH Ecosystem Impact	**35%**	• Evaluates initiative's **likelihood of impacting a broader section of the population's mental health.** • Greater impact in a broader population is given a higher relative score.
Subcommittee Priorities	**20%**	• Scores initiatives based on **feedback from sub-committees** (Care Continuum, Access, and Workforce) **regarding what is or should be a priority** that will meaningfully impact Montana's BH system.
BHSFG Commission Priority	**10%**	• Alignment with **BHSFG Commission priorities** has a higher score.
Investment Commitment	**15%**	• Evaluates initiative's **likelihood of requiring substantial investment from DPHHS.** • Lower $ sign is better, indicating lower capital/operating investment, relative to other initiatives.
Implementation Complexity	**10%**	• Evaluates initiative based on **buy-in required from more stakeholders to approve initiative** as well as **availability of existing infrastructure to work with** versus new build. • Low complexity is better.
Level of Effort	**10%**	• Evaluates whether **change required** to activate the initiative **is within DPHHS's scope / span of control** as well as **magnitude of regulatory/policy change required** to complete the project. • Lower level of effort is better.

Each factor could receive up to 5 points. Weights are listed above. Maximum total weighted score is 30. Recommendations presented scored 20 or higher (Care Continuum) and 18 and over (Access and Workforce).

Defining the service areas of Montana Health Planning Regions

*Montana is divided into **five health planning regions that have distinct geographic and demographic qualities**. The study team considered each region to evaluate how the regions differ in BH service availability compared to benchmark, which informed the design of a future state recommendations to address gaps.*

Montana Health Planning Regions

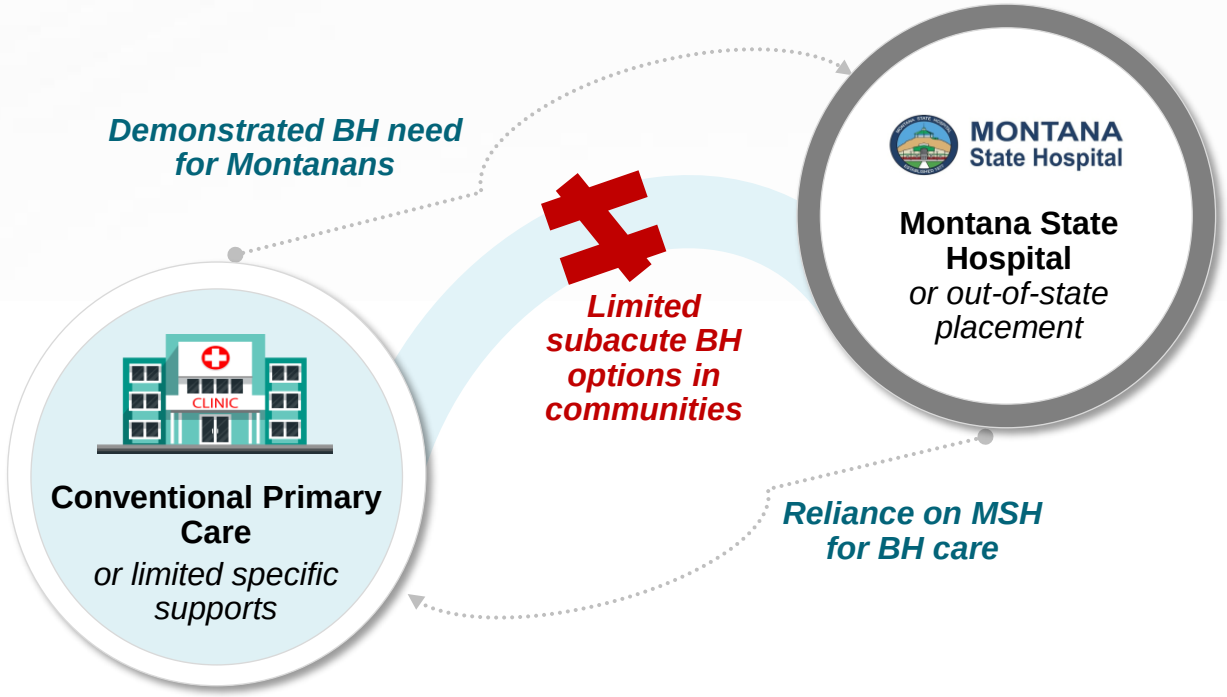


Region	Counties
Region 1	Sheridan, Daniels, Valley, Roosevelt, Richland, McCone, Garfield, Dawson, Prairie, Wibaux, Fallon, Custer, Rosebud, Treasure, Powder River, and Carter
Region 2	Blaine, Hill, Liberty, Toole, Glacier, Phillips, Pondera, Teton, Chouteau, and Cascade
Region 3	Judith Basin, Fergus, Petroleum, Musselshell, Golden Valley, Wheatland, Sweet Grass, Stillwater, Yellowstone, Carbon, and Big Horn
Region 4	Lewis and Clark, Powell, Granite, Deer Lodge, Silver Bow, Jefferson, Broadwater, Meagher, Park, Gallatin, Madison, and Beaverhead
Region 5	Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli

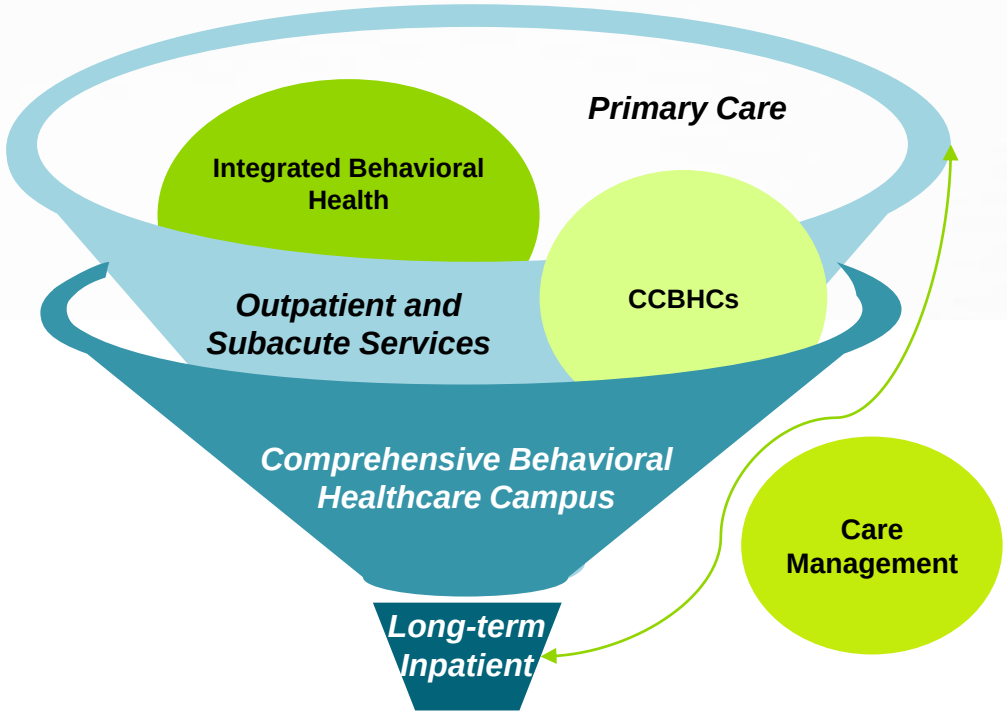
There is an over-reliance on primary and long-term inpatient care, with limited subacute levels of care

To reduce reliance on MSH, the State must consider region-specific models that enable coordinated comprehensive behavioral healthcare.

Montana's BH system <u>current</u> feedback loop does not optimize care settings



Proposed <u>future</u> system addresses BH needs in the appropriate care setting and minimizes placements at MSH



Care Continuum Recommendations

1 Care continuum recommendations and ranking

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

These recommendations aim to resolve care fragmentation, improve patient satisfaction, and prevent unnecessary escalation of BH conditions to acute settings.

Recommendations	Broad BH Ecosystem Impact	Subcommittee Priority	BHSFG Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
1.1 Develop a statewide comprehensive care management role or entity to facilitate care coordination between participants in Montana's BH system.	High	High	High	$$$$	High	High	22
1.2 Enhance existing infrastructure and resources – for example CCBHC, mobile crisis, PACT/ACT, school-based programs with sustained funding.	High	Moderate	High	$$$	High	Moderate	21
1.3 Incorporate culturally relevant care protocols (Tribal and others) and hire culturally relevant staff.	Moderate	Moderate	Moderate	$	Low	Moderate	21
1.4 Expand the use of integrated behavioral health care models to support collaboration through partnerships with primary care and BH providers, enhanced reimbursement, and training.	High	Moderate	High	$$$	High	Moderate	21
1.5 Spread awareness of Medicaid reimbursement for mobile crisis services (recent State plan amendment) to encourage its expanded utilization.	Moderate	Low	Moderate	$	Low	Low	20

Scoring is relative across identified recommendations

Favorable | Neutral | Less Favorable

1.1 Develop a statewide comprehensive care management role or entity

Patient-centered care coordination is needed among providers in Montana's BH system.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Develop a statewide comprehensive care management role or entity to facilitate care coordination between participants in Montana's BH system.	High	High	High	$$$$	High	High	22

Summary and Rationale

- The care management role or entity can serve as a **coordinator** on behalf of select individuals with BH conditions and individuals with I/DD **to help them access behavioral, physical, and social care services**
- The State can **hire care managers or contract with a third-party entity** that provides care management services.
- Individuals receiving **Medicaid Targeted Case Management** would not be eligible for care management services
- Comprehensive care managers can **identify where real-time capacity exists** and conduct outreach to **secure appropriate service and proper placement**
- A care management entity can address **disjointed communication**, **limited healthcare navigation support**, **duplicated services, and underutilized resources**

Anticipated Impact

- Improved **throughput** across care settings, including state-run facilities
- Improved health **outcomes**
- Reduced **utilization** of acute services
- Increased **patient adherence** through assistance with appointment scheduling and reminders
- Increased patient and family **satisfaction**
- Enhanced **rapport** between the individual and care manager
- Strengthened **whole-person care** for the BH population

Key Implementation Considerations

Start-up funding sources

- Funding to develop or contract for **information technology** services providing a **statewide** bed board and a **resource database for care management** (e.g., BHSFG funding, Medicaid Advanced Planning Document funding, USDA community development grants, HRSA grants, CDC grants, SAMHSA grants, SAMHSA State Opioid Response dollars)

Ongoing operational sustainability

- **Per member per month fees** for care management entity or staff salaries funded through Medicaid allocation
- **Care manager training and database/technology maintenance**

Regulatory changes and approvals

- Receive **State regulatory authority** for care management role or entity
- Receive authority from CMS (e.g., State Plan Amendment, waiver) for care management entity (as applicable)

Other steps/considerations

- Draft, distribute, and review RFP responses for **potential third-party entities** to perform care management
- Align care management entity with **existing state infrastructure**

Report Pages 17 – 21

1.2 Enhance existing infrastructure with sustained funding: CCBHCs, mobile crisis, PACT/ACT, school-based programs

Continued state investment in community-based services can strengthen Montana's BH infrastructure.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Enhance existing infrastructure and resources – for example CCBHC, mobile crisis, PACT/ACT, school-based programs with sustained funding.	High	Moderate	High	$$$	High	Moderate	21

Summary and Rationale

- Sustained implementation can **address vulnerable populations** and **specialized BH care needs** across the State
  - Allocate funding for net new costs associated with implementing **CCHBCs** and consider expansion of program
  - Expand **mobile crisis** in rural and frontier areas and assess payment options
  - Permit **schools** to bill for Medicaid services without regard to Individualized Education Plan
- Leveraging existing community programs and resources for intervention can help **fill service gaps, promote program continuity, and treat individuals closer to home**

Anticipated Impact

- Improved access to **early intervention and prevention**
- More **responsive crisis care**
- Improved access to **behavioral and physical health services** in schools for students
- **Reduced reliance** on emergency services and state-run facilities
- Added **convenience,** as mobile crisis and school-based care do not require transportation or internet access

Key Implementation Considerations

Start-up funding sources
- No additional significant funding needs anticipated

Ongoing operational sustainability
- **CCBHCs, mobile crisis, PACT/ACT:** Claims reimbursement to providers (e.g., Medicaid, Medicare, commercial insurance)
- **Schools:** Federal match for Medicaid school-based mental health services and administrative activities
- State-level staff positions for **oversight of community programs**

Regulatory changes and approvals
- Obtain legislative approval for **long-term program funding and Medicaid allocation**
- **Submit State Plan Amendment** to expand school-based health services

Other steps/considerations
- Perform **financial feasibility studies** at the state-level for program sustainability
- Educate community providers on **reimbursement opportunities**
- Seek assistance from **CMS' school-based health services Technical Assistance Center**

Report Pages 21 - 25

1.3 Incorporate culturally relevant care protocols (Tribal and others) and hire culturally relevant staff

Culturally relevant care protocols can maximize engagement in care and improve care quality.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Incorporate culturally relevant care protocols (Tribal and others) and hire culturally relevant staff.	Moderate	Moderate	Moderate	$	Low	Moderate	21

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• Develop **care protocols** and provide **training programs** on delivering culturally relevant care • Culturally relevant care can result in **better diagnosis, treatment adherence, and satisfaction** • Addressing **cultural differences in healthcare delivery** can alleviate disparities in access, utilization, and quality of care • Treating individuals with **knowledge of lived experience and cultural trauma** can result in better outcomes	• **Increased trust and utilization** of healthcare services from trained staff • **Reduced BH stigma** and increased comfort with accessing BH services • Increased collaboration among Tribal Nations in **developing educational curriculum incorporating Tribal customs and practices**	**Start-up funding sources** • Funding to develop training and education programs (e.g., BHSFG funding, Indian Health Service funding, National Health Service Corps funding, SAMHSA grants, HRSA grants) **Ongoing operational sustainability** • Provider continuing education credits and ongoing **training and education programs** • Payment of instructors **Regulatory changes and approvals** • None anticipated **Other steps/considerations** • Use existing **tribal forums** or an initiative by led by the Office of American Indian Health to engage feedback from Tribal representatives • Identify existing, publicly available protocols and trainings that could be customized for Montana • **Recruit instructors** knowledgeable on Montana's native community needs • **Identify healthcare entities** on or near Tribal lands who would most benefit from training on delivering culturally relevant care

Report Pages 25 - 30

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

1.4 Expand use of integrated BH models

Training and enhanced reimbursement can expand Integrated BH models that offer primary care and BH in one setting to more individuals.

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Expand use of integrated behavioral health care models to support collaboration through partnerships with primary care and BH providers, enhanced reimbursement, and training.	High	Moderate	High	$$$	High	Moderate	21

Summary and Rationale

- Partner with BH and PCP organizations to **facilitate workforce development and training** programs for integrated care practice
- Develop and implement **financial incentives** for BH professionals and PCPs to participate in integrated care models
- Integrating physical and behavioral health into existing frameworks (e.g., primary care, CCHBCs), takes a **holistic care approach**, promoting comprehensive services in one setting
- Integrated care providers **enhance collaboration and information sharing** within a comprehensive care management approach

Anticipated Impact

- **Increased access** to BH services, resulting in **early diagnoses and preventing exacerbation of conditions**
- Improved physical and behavioral health **outcomes**
- **Reduced healthcare costs** by preventing complications and hospitalizations, improving coordination and communication, and promoting whole-person care
- **Reduced stigma and increased comfort** with engaging BH services
- Enhanced **patient satisfaction** due to better care coordination

Key Implementation Considerations

Start-up funding sources
- Funding to expand Integrated BH models (e.g., BHSFG funding, CMS Integrated Care grants, HRSA grants, SAMHSA grants, SAMHSA State Opioid Response dollars)

Ongoing operational sustainability
- Claims reimbursement to providers (e.g., Medicaid, Medicare, commercial insurance)

Regulatory changes and approvals
- **Assess State regulations** that may inadvertently impede delivery of integrated BH models
- Obtain State and CMS approval for updates to **reimbursement and financial incentive structure** as necessary

Other steps/considerations
- Offer **training to** interested **PCPs on BH screenings and referral pathways**
  - E.g. Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the primary care setting
- Confirm **billing codes** and **policies** for PCPs to bill screenings and consults

Report Pages 30 - 33

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

1.5 Spread awareness of Medicaid reimbursement for mobile crisis services

The recent mobile crisis State Plan Amendment and related reimbursement can result in the expansion of mobile crisis services.

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Spread awareness of Medicaid reimbursement for mobile crisis services (recent State Plan Amendment) to encourage its expanded utilization.	Moderate	Low	Moderate	$	Low	Low	20

Summary and Rationale

- As of July 1, 2023, Montana Medicaid has the authority to **reimburse eligible providers** for mobile crisis services
- As a newly covered Medicaid service, it is critical to continue to **educate providers and other stakeholders** of the opportunity for new service provision and reimbursement
- Increasing availability of mobile crisis services by raising awareness of expanded Medicaid coverage can **reduce reliance on law enforcement** and **improve early intervention** and crisis stabilization at a lower cost
- Mobile crisis services play a vital role in the **comprehensive crisis care continuum**

Anticipated Impact

- Timely access to mobile crisis services can lead to **better symptom management**
- Diverting BH crises from law enforcement can free up officers for other duties and potentially **reduce the risk of unnecessary escalation**
- **Improved prompt de-escalation of** individuals in crisis
- Increased **access and coverage of mobile crisis to rural and frontier areas** in Montana

Key Implementation Considerations

Start-up funding sources
- No significant funding needs anticipated

Ongoing operational sustainability
- Continue to monitor utilization of mobile crisis services to determine modifications necessary to encourage appropriate utilization and sustainable delivery
- Use public service announcement avenues to spread public awareness of mobile crisis service availability across the State

Regulatory changes and approvals
- None anticipated

Other steps/considerations
- Consider messaging to **rural and frontier county providers** given challenges with population density in delivering mobile crisis
- **Distribute education materials and publicize the opportunity for reimbursement** to relevant providers through provider associations

Report Pages 33 – 37

Access Recommendations

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

2 Access recommendations and rankings

These recommendations aim to improve access to inpatient, sub-acute, and outpatient (OP) facilities throughout the State and reduce volumes from Montana State Hospital.

Recommendations	Broad BH Ecosystem Impact	Subcommittee Priority	BHSFG Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
2.1 Expand community-based crisis receiving and stabilization centers.	High	High	High	$$$	Moderate	High	24
2.2 Enhance access to Comprehensive Behavioral Healthcare Campuses, especially in the east, to improve transitions between acute, sub-acute, and OP care.	High	Moderate	High	$$$$	Moderate	Moderate	22
2.3 Increase capacity of in-state residential treatment and group homes for the pediatric population to reduce out-of-state care.	Moderate	High	Moderate	$$$	Moderate	High	18

Scoring is relative across identified recommendations

Favorable | Neutral | Less Favorable

2.1 Expand community-based crisis receiving and stabilization centers

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Offering crisis services for individuals can result in a decline in the volume of inpatient acute BH and SUD care needed and prevent unnecessary inpatient stays.

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Expand community-based crisis receiving and stabilization centers.	High	High	High	$$$	Moderate	High	24

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• Issue a procurement for crisis receiving and stabilization services in **areas that lack capacity** • Invest in workforce development to build a **qualified pool of professionals** to staff centers, including peer support specialists • Statewide **EDs are not tailored** to effectively handle BH crises • Crisis receiving and stabilization centers focus on **de-escalation, stabilization, and connection to appropriate BH services** • Many individuals experiencing BH crises **lack access to traditional outpatient services**; centers in convenient locations can address this gap	• Improved **clinical outcomes** • **Reduced reliance** on state-run facilities • Reduced costs due to **diverting BH crises from EDs** to specialized crisis centers • **Reduced use** of law enforcement	**Start-up funding sources** • Funding to providers for creation of **new crisis stabilization centers** (e.g., BHSFG funding, USDA rural development grant or loans, HRSA grants, SAMHSA Block Grants, SAMHSA State Opioid Response Dollars); provider matching contribution **Ongoing operational sustainability** • Claims reimbursement to providers (e.g., Medicaid, Medicare, commercial insurance) **Regulatory changes and approvals** • Secure funding for **long-term, statewide CCBHC program** via the Legislature for crisis receiving services **Other steps/considerations** • **Align expansion of crisis receiving services with CCBHC statewide program** upon inclusion in 2024 Demonstration Year • Draft, distribute, and review RFP responses for **potential crisis stabilization providers and sites**

Report Pages 41 - 45

2.2 Enhance access to Comprehensive Behavioral Healthcare Campuses

These campuses consolidate BH services in gap areas, offering inpatient, sub-acute, and OP care to improve access to services closer to home.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Enhance access to Comprehensive Behavioral Healthcare Campuses, especially in the east, to improve transitions between acute, sub-acute, and OP care.	High	Moderate	High	$$$$	Moderate	Moderate	22

Summary and Rationale

- A **Comprehensive Behavioral Healthcare Campus** is a care location in a community setting that provides a range of acute, sub-acute, and OP care
- May be operated by **one entity, or multiple entities** that partner to provide services across the BH continuum
- Montana **consistently lacks access to the full spectrum of BH services** (especially in the east) and MSH is at capacity
- Offering multiple BH services within a proximate area is more **cost-effective** than investing in many new independent care sites
- Integrating sub-acute and OP services in the east can make specialized care more readily available to **rural and frontier residents**

Anticipated Impact

- **Reduced admissions at MSH, particularly for voluntary placements,** by offering lower acuity, inpatient services, close to home, preventing escalation of BH conditions
- **Improved patient satisfaction** due to reduced travel time
- **Reduced healthcare costs due to treating conditions earlier** and preventing potential treatment gaps and re-hospitalizations
- Ability to share staff at Comprehensive Behavioral Healthcare Campuses, **reducing workforce shortage and maximizing productivity**

Key Implementation Considerations

Start-up funding sources
- Funding to providers for capital costs, equipment, technology, etc. (e.g., BHSFG funding, USDA rural development grant or loans, HRSA grants); provider matching contribution

Ongoing operational sustainability
- Claims reimbursement to providers (e.g., Medicaid, Medicare, commercial insurance)
- Ongoing state involvement/investment

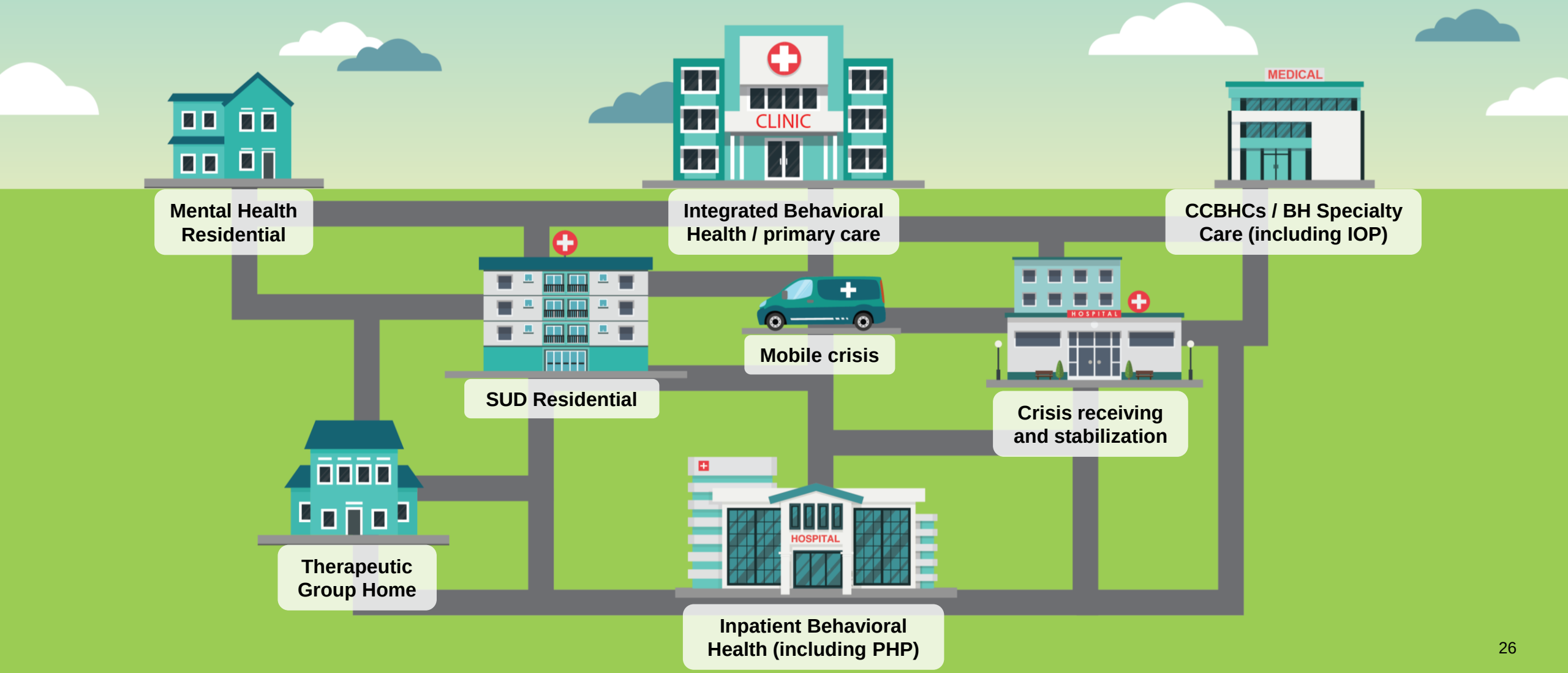
Regulatory changes and approvals
- Potential licensing changes to **allow co-location**

Other steps/considerations
- Issue RFI to **seek input on design** of Comprehensive Behavioral Healthcare Campuses (potential for public-private partnerships)
- Issue RFP to **select providers to serve as Comprehensive Behavioral Healthcare Campuses** by location
- Evaluate proposals and **issue awards**

Report Pages 45 - 49

Components of a patient-centric, community-based Comprehensive Behavioral Healthcare Campus

A resilient, comprehensive behavioral health care continuum requires multiple, complimentary service settings available to meet Montanans' needs.



2.3 Increase capacity of in-state residential treatment and group homes for youth to reduce out-of-state care

This allows children to be closer to their homes during residential treatment and involve family and caregivers in the healing process.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Increase capacity of in-state residential treatment and group homes for the pediatric population to reduce out-of-state care.	Moderate	High	Moderate	$$$	Moderate	High	18

Summary and Rationale

- Identify need for additional procurement for **expansion of residential treatment and group home beds**
- Offer training to providers caring for **children with complex conditions and co-occurring BH and I/DD diagnoses**
- Explore **acuity-based reimbursement models** to care for children with complex medical and social needs
- Medicaid claims reveals a need for approximately **15 inpatient pediatric beds** and **55 pediatric residential beds** based on the volume of children receiving care at out-of-state facilities
- Montana sends some youths requiring residential treatment and group homes **out-of-state due to limited in-state options**
- Keeping the youth population closer to home allows for easier family contact and involvement in treatment, **fostering stronger support systems and facilitating smoother transitions** back into their communities

Anticipated Impact

- Improved treatment outcomes and **enhanced well-being**
- **Reduced disruption** to social development
- Strengthened **local BH infrastructure**
- **Added care options**

Key Implementation Considerations

Start-up funding sources
- Funding for expansion of residential treatment and group homes (e.g., BHSFG funding, USDA rural development grants or loans, HRSA grants); provider matching contribution

Ongoing operational sustainability
- Claims reimbursement to providers (e.g., Medicaid, Medicare, commercial insurance)
- Consider **acuity-based reimbursement models**
- Payment of instructors for trainings

Regulatory changes and approvals
- Review State regulations for potential changes to introduce **4-bed vs. 8-bed residential sites**
- Obtain State and CMS approval for **updates to reimbursement model**

Other steps/considerations
- Conduct statewide pediatric needs assessment and financial analysis
- Identify if grant applicants meet demand for **youth residential treatment and group home expansion**

Report Pages 49 - 53

Workforce Recommendations

3 Workforce recommendations and rankings

These recommendations aim to increase existing staff capabilities, retain staff, and aid in recruiting new staff.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendations	Broad BH Ecosystem Impact	Subcommittee Priority	BHSFG Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
3.1 Create a dedicated provider recruitment and retention unit within state government to support expansion and maintenance of homegrown BH workforce.	High	Moderate	High	$$$	Moderate	High	21
3.2 Evaluate the sustainability of expanding the scope and/or use of ancillary providers (e.g., peer support specialists, community health workers, family caregivers) to deliver BH-related services and integrate these providers into BH care teams.	Moderate	Moderate	Moderate	$$	Moderate	Moderate	18

Scoring is relative across identified recommendations

Favorable | Neutral | Less Favorable

3.1 Create dedicated provider recruitment / retention unit within state government

The dedicated provider recruitment and retention unit can expand the homegrown BH workforce.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Create a dedicated provider recruitment and retention unit within state government to support expansion and maintenance of homegrown BH workforce.	High	Moderate	High	$$$	Moderate	High	21

Summary and Rationale

- The unit can:
  - Establish **career pipelines** through schools
  - Provide **technical assistance to students** on completing applications for **scholarships, grants, and loans** to pursue career opportunities in BH
  - Focus on strategic efforts to **attract and retain talent**
- Montana faces a **critical shortage of BH professionals**, particularly in rural/frontier areas; virtually all counties are designated as Mental Healthcare Health Professional Shortage Areas
- Investing in statewide talent through scholarships, loan repayment programs, and targeted recruitment programs can **create a pipeline of BH professionals** familiar with the unique needs of Montana communities
- **Dependence on out-of-state professionals** can be vulnerable to fluctuations, limit long-term commitment, and are costly to sustain

Anticipated Impact

- **Increased access** to BH services
- Enhanced **quality of care**
- Strengthened BH services in rural/frontier communities
- BH workforce that better reflects the cultural diversity of its communities and **promotes culturally relevant care**

Key Implementation Considerations

Start-up funding sources
- Funding for recruitment and retention hardware and software (e.g., BHSFG Funding)

Ongoing operational sustainability
- Full-time staff costs, with potential for shared funding among State agencies
- Recruitment costs
- Enhancements to scholarships, loan repayment, training programs, etc. funded through Pell grants; Carl D. Perkins grants; SAMHSA, HRSA, and CDC grants and program; etc.

Regulatory changes and approvals
- Identify and authorize the **oversight agency**

Other steps/considerations
- **Collaborate** across Montana Healthcare Workforce Advisory Committee, Dept. of Labor and Industry, Dept. of Education, Area Health Education Centers, etc.
- **Set targets for recruitment and retention** of BH providers across Montana
- Draft, distribute, and review RFP responses **if using a third-party unit**

Report Pages 55 - 58

3.2 Evaluate scope and integration of BH ancillary providers into BH teams

Peer support specialists, community health workers, family caregivers, and other ancillary providers could potentially extend their scope of practice and integrate into BH care teams.

Evaluation Criteria	Weight
Broad BH Ecosystem Impact	35%
Subcommittee Priorities	20%
BHSFG Commission Priority	10%
Investment Commitment	15%
Implementation Complexity	10%
Level of Effort	10%

Recommendation	Ecosystem Impact	Subcommittee Priority	Commission Priority	Investment Commitment	Implementation Complexity	Level of Effort	Initial Score
Evaluate the sustainability of expanding the scope and/or use of ancillary providers (e.g., peer support specialists, community health workers, family caregivers) to deliver BH-related services and integrate these providers into BH care teams.	Moderate	Moderate	Moderate	$$	Moderate	Moderate	18

Summary and Rationale

- Evaluation can include defining potential Medicaid reimbursable services that could be provided by ancillary providers, reviewing qualifications for Medicaid enrollment, and **developing policy for more widely integrating ancillary providers into BH care teams**
- The BH delivery system **lacks sufficient BH providers**, hindering care access
- Ancillary providers' lived experience enhances client **understanding, trust, and engagement**
- Using **non-licensed workforce can be cost-effective**

Anticipated Impact

- **Increased access** to BH services
- Improved treatment outcomes due to **improved medication adherence and reduced symptom severity**
- **Enhanced engagement** in care and satisfaction
- Embedded **culturally relevant care** to deliver services that are supportive to the individual

Key Implementation Considerations

Start-up funding sources
- No significant funding needs anticipated

Ongoing operational sustainability
- If scope of practice extended, claims reimbursement for providers (e.g., Medicaid, Medicare, commercial insurance); increase in Medicaid claims expenditures

Regulatory changes and approvals
- **Draft regulations and update Medicaid provider manuals** allow for expanded scope for family caregiver and peer services
- Draft regulations and update Medicaid provider manuals to **expand Medicaid reimbursement eligibility** to community health workers

Other steps/considerations
- If scope of practice extended, **develop and deliver training/certification programs**
- Offer training programs, identify appropriate roles in BH teams, and **promote reimbursement of ancillary service providers**

Report Pages 58 - 60

10 recommendations to address Montana's BH system challenges

Top ranked recommendations are listed based on the relative scoring within each category.

1 Care Continuum

1.1 Develop a statewide comprehensive care management approach to facilitate coordination care between all participants spanning the full continuum of services within Montana's behavioral health system

1.2 Enhance existing infrastructure and resources - CCBHC, mobile support, school-based programs with sustained funding

1.3 Incorporate culturally relevant care protocols (Tribal and others) and hire culturally relevant staff

1.4 Expand use of integrated behavioral health care models through partnerships with BH providers, enhanced reimbursement, training, etc.

1.5 Spread awareness of Medicaid reimbursement for mobile crisis services (recent State plan amendment) to encourage its expanded utilization

2 Access

2.1 Expand community-based crisis receiving and stabilization centers

2.2 Enhance access to Comprehensive Behavioral Healthcare Campuses, especially in the east to improve transitions between inpatient, sub-acute, and OP care

2.3 Increase capacity of in-state residential treatment and group homes for youth to reduce out-of-state care

3 Workforce

3.1 Create a dedicated recruitment and retention unit within state government to support expansion and maintenance of homegrown BH workforce.

3.2 Evaluate the sustainability of expanding the scope and/or use of ancillary providers (e.g., peer support specialists, community health workers, family caregivers) to deliver BH-related services and integrate these providers into BH care teams

Guidehouse

Intellectual and Developmental Disabilities Alternative Settings

Summary of Final Report Recommendations

Delivered to: Montana Department of Public Health and Human Services (DPHHS)
Prepared for: HB 872 Behavioral Health System for Future Generations (BHSFG) Commission

Delivered by: Guidehouse

April 22, 2024

Agenda: Intellectual & Developmental Disabilities Alternative Settings

Topic	Duration	Description
Our Approach	**15 minutes**	**Objective:** Anchor today's presentation in the study's guiding principles, provide context for the report, and review the stakeholder engagement model.
Review of Recommendations	**75 minutes**	**Objective:** Provide the Committee a summary of recommendations to foster discussion and understanding of opportunities to drive measurable improvement in Montana's I/DD system of care.

Acronym List: Intellectual & Developmental Disabilities Alternative Settings

Acronym	Definition
BH	Behavioral Health
BHSFG	Behavioral Health System for Future Generations
CMS	Centers for Medicare & Medicaid Services
CSS	Center for START Services
DDP	Developmental Disabilities Program
DPHHS	Department of Public Health and Human Services
ED	Emergency Department
HCBS	Home and Community Based Services
F2F	Family to Family
I/DD	Intellectual / Development Disabilities
IBC	Intensive Behavior Center
ICF	Intermediate Care Facility
MCDD	Montana Council on Developmental Disabilities
MH	Mental Health
MSH	Montana State Hospital
NASDDDS	National Association of State Directors of Development Disabilities Services
NCSS	National Center for START Services
PRTF	Psychiatric Residential Treatment Facility
SFY	State Fiscal Year
START	Systemic, Therapeutic, Assessment, Resources, and Treatment Program

Our Approach

Our I/DD study was guided by a shared theory of change

If we believe that…	Individuals with complex needs living in the IBC would benefit from a more home-like, community-inclusive setting of care	Individuals with intensive needs have long length of stay in MSH, IBC, and/or are being served in out-of-state facility-based settings	The State is committed to the Olmstead rule and advancing systems of care that promote high quality of care in the least restrictive settings, with HCBS the preferred care setting where desired and appropriate	There is a need to have more flexibility in I/DD continuum of care to address existing gaps in service, **specifically, improved crisis response services,** for those across programs who have short- or long-term intensive needs
Then we must create pathways to improvement by...	**Identifying an appropriate eligibility criteria for a setting**, based on objective clinical and functional needs to improve access to I/DD services and supports in appropriate settings based on clinical needs and best practices	Design new components of the care continuum to maintain a "whole-continuum" approach that promotes transition of care to the **least restrictive setting of care possible** in the spirit of Olmstead	**Projecting current and future demand** in a way that also considers how the State can **partner to advance affordable housing** to maximize HCBS and avoid a setting being used for housing vs. care	**Establishing** the features of a setting including the needed **capital investment and operating model** to offer a setting that can serve individuals with I/DD
So that…	**Montanans with I/DD, including those with intensive care needs, have access to high quality and comprehensive services and supports, including crisis response services, provided in a person-centered setting. These services will exist within a broader care continuum that is committed to promoting care in the least restrictive, most community-embedded setting possible.**			

The I/DD Report provides context and flexibility as Montana takes steps to build a I/DD system for future generations

The Report does

- Offer independent recommendations for the State to consider as a part of the BHSFG Commission
- Aggregate data analysis, stakeholder engagement, and best practice research
- Focus on improving Montana's I/DD system
- Propose longer-term strategies to reduce reliance on institutional settings by emphasizing community-based alternatives
- Present high-level steps for implementation

The Report does not

- Offer BH-specific recommendations (addressed in a separate study)
- Provide an in-depth implementation plan
- Identify exact costs of start-up and operational capital required
- Provide extensive details around services to be procured by the State
- Link to potential relevant current or near-term initiatives
- Advise on Intensive Behavior Center operations

The study team engaged broad and diverse I/DD experts within a Steering and Subcommittee Structure throughout the study

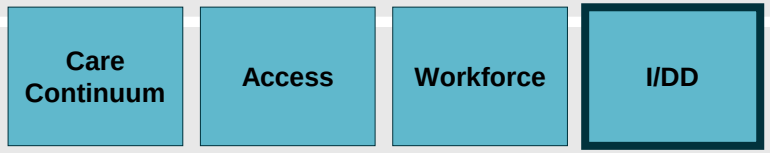
The Alternative Settings Steering Committee and I/DD Subcommittee helped to develop recommendations that consider the communities they represent.

Steering Committee

Provides Broad Strategic Oversight

- Comprised of legislators, executive leadership, and subject matter experts serving in an oversight capacity, who will provide input and ongoing communication to the HB 872 Legislative Commission

Subcommittees



Provide Subject Expertise

- Subcommittees are linked to the Steering Committee through overlapping membership; charged with providing input

Why a separate I/DD Subcommittee?

Understanding I/DD placement within the larger BH Alternative Settings focus.

- Based on stakeholder input, DPHHS determined an **I/DD specific Subcommittee** was needed to highlight the **needs of the I/DD population** to support planning to improve and expand the range of services in the I/DD system.
- The I/DD study focused on the design and implementation of updated, intensive services and supports with a focus on acute and crisis care to address gaps in the I/DD care continuum and link to the larger BH Alternative Settings Design Study. Primary tasks included:
  - Envisioning **future treatment setting(s)** to better meet the needs of Montanans with I/DD,
  - Considering both the needs of children and adults, including those with **co-occurring I/DD and mental health diagnosis(es),** and
  - Offering **insights**, **experiences**, and a set of final **recommendations** to improve the ability to meet the needs of those in crises and/ or with acute needs.

Summary of Recommendations

7 recommendations to address Montana's I/DD system challenges

To bridge the gap in the care continuum by expanding services covered by the 0208 Comprehensive Waiver.

Immediate Programmatic Initiatives

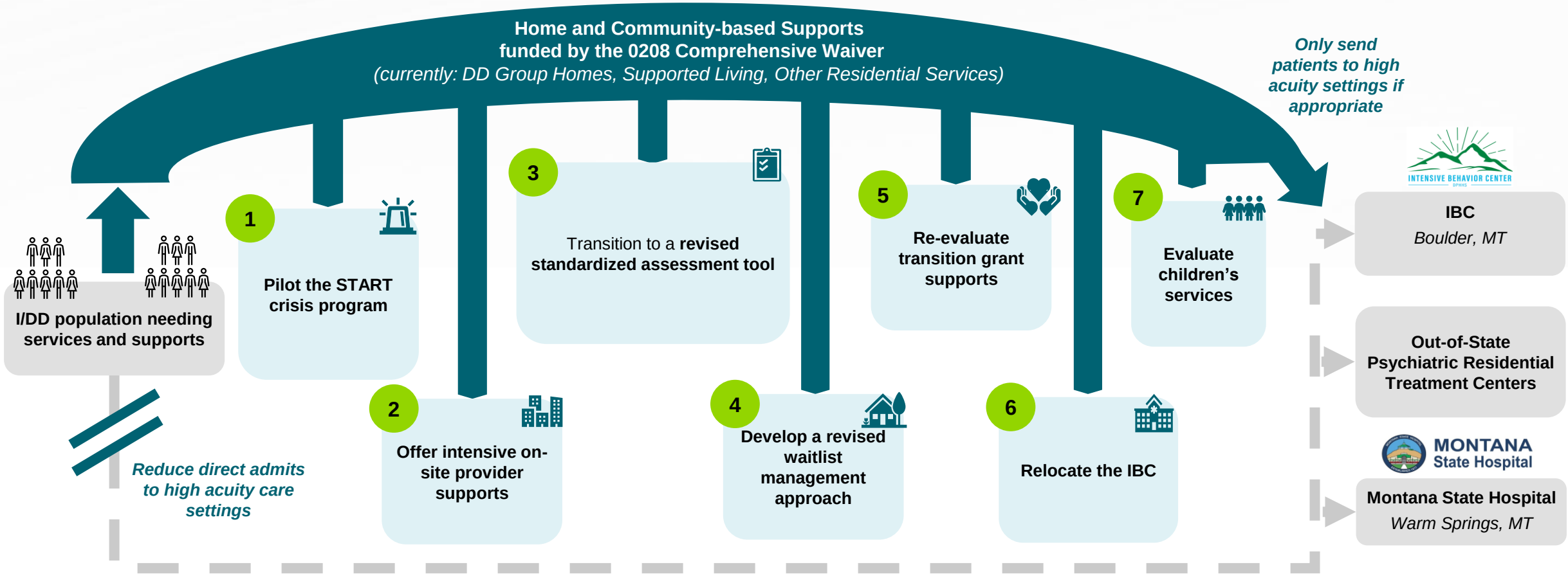
1. Pilot the national Systemic, Therapeutic, Assessment, Resources, and Treatment (START) crisis program
2. Offer intensive on-site provider supports
3. Transition to a revised standardized assessment tool

Long-Term Initiatives

4. Develop a revised waitlist management approach
5. Re-evaluate transition grant supports
6. Relocate the Intensive Behavior Center (IBC)
7. Evaluate children's services

Strengthening the pillars of 0208 Comprehensive Waiver services will divert volume from the IBC and MSH and bridge care settings

To support all individuals with I/DD within the community, the service delivery system requires sufficient capacity to wrap services around individuals who could be better served in a more appropriate care setting.



I/DD Recommendations

1 Pilot the national START crisis program

Piloting the national START crisis program could address the current gap in crisis services in the I/DD continuum of care by expanding access to community crisis prevention and intervention services and creating a pathway for statewide expansion.

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• The START crisis program is a **research-based model of community-based crisis prevention and intervention services** for individuals aged six and older with I/DD and BH needs • **House Bill 691** of the 67th legislature requires DPHHS to **establish crisis response services** to help individuals with I/DD minimize or avoid instances of crisis • A **dedicated setting** specific for crisis intervention services in Montana **could lead to favorable outcomes**, such as preventing individuals with I/DD from unnecessary inpatient admissions to psychiatric facilities, hospitals, and facing other displacements • Stakeholders voiced the importance and need for individuals to have a **safe and well-equipped care setting** to utilize **during crisis episodes** • The START Crisis Resource Center could serve as a place for **crisis stabilization services** and provide additional support by offering **beds for crisis respite** and **planned respite**	• Improved health **outcomes** • High rates of **stabilization** following crisis events • **Reduced** psychiatric **hospitalization** and ED usage • **Reduced** long-term **admissions** • **Strengthened safety** measures for direct care workforce	**Start-up funding sources** • Potential funding through SAMHSA grants and Administration for Community Living grants **Ongoing operational sustainability** • 10-person clinical team with additional workforce • Resource Center • Obtain and sustain SMART certification **Regulatory changes and approvals** • None required **Other steps/considerations** • Contract with Center for START Services • Build START crisis clinical team • Identify Resource Center location

Report Pages 12 - 17

2 Offer intensive on-site provider supports

Intensive on-site provider supports can improve outcomes for individuals with complex care needs and increase the overall capacity of the existing provider network.

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• On-site provider supports **offer wraparound supports** to **enhance programs and services** from existing providers • On-site provider supports can include **hands-on training, support, and resources** to providers to allow for multiple pathways to stabilization for highly acute cases • **Services** offered through an on-site provider support model **are flexible and can be modified to meet the specific needs** of DPHHS, existing providers, and the individual receiving services (**added flexibility of the 0208 Comprehensive Waiver**) • The on-site provider supports model **assists DPHHS in meeting legislative requirements of HB 691** (prevention and intervention)	• **For the individual being served:** ○ Faster stabilization ○ Prevention of behavior escalation and psychiatric crises ○ Improved care coordination / case management • **For the community provider:** ○ Increased capacity to serve a wider array of individuals ○ Increased staff skill and retention due to the additional on-site support ○ Improved paraprofessional and professional development ○ Increased access to supports and improved ability to offer higher quality of care services. • **For the system:** ○ Maintained and/or stabilized levels of Medicaid funding ○ Reduced intensive care needs that require higher levels of care	**Start-up funding sources** • Potential funding through SAMHSA grants • Identify sustainable funding through combination of state, federal, and private sources **Ongoing operational sustainability** • Explore partnership opportunities with existing or new organizations to leverage resources and expertise in building the on-site provider supports offering **Regulatory changes and approvals** • Advocate for policy and any needed new rates that support additional on-site provider supports models **Other steps/considerations** • Implement a pilot program in targeted areas to test the feasibility and effectiveness of the model before broader rollout • Identify outcomes to evaluate the pilot program to measure its potential success

Report Pages 17 - 20

Immediate Programmatic Initiatives

3 Transition to a revised standardized assessment tool

In conjunction with developing an acuity-based reimbursement methodology for HCBS rates.

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• Implementing a new assessment tool is the **first step in creating a tiered acuity-based rate structure** • A revised standardized assessment tool can **identify the pattern and intensity of supports** that a person will require **to be served appropriately** through the 0208 Comprehensive Waiver • A revised acuity-based reimbursement methodology is needed to adjust residential and day service **rates based on an individual's level of acuity and assessed resource need**	• A standardized assessment tool has the potential to: ○ **Distribute funding** more effectively by targeting reimbursement where it is most needed ○ **Foster more responsive action** to individuals' evolving service needs ○ **Minimize 'cherry-picking'** of individuals with less intensive needs and encourage providers to deliver care to individuals with greater need	**Regulatory changes and approvals** • Develop new policies, procedures, instructions, and training on the assessment tool for provider network • Requires a waiver amendment to change the assessment tool and update rates • Requires administrative rule changes and/or updates **Other steps/considerations** • Conduct gap analysis of the State's current assessment policies, procedures, and tools • Engage providers and stakeholders regarding State's intention and plan to pursue a revised assessment tool and reimbursement methodology • Use Montana's procurement process to screen and assess tool vendors and evaluate proposals

Report Pages 20 - 23

4 Develop a revised waitlist management approach

A revised waitlist management approach can offer the most appropriate waiver services based on a person's identified need(s), rather than duration on the waitlist.

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• Under a revised waitlist management approach, individuals may first be screened to help **assess the urgency of need** for the individual for enrollment into the 0208 Comprehensive Waiver • Will allow for **better coordination and planning efforts** and better understanding what services individuals are waiting for • Will allow **for more accurate reporting**, **influencing future waiver amendments**, including increases in the number of waiver slots • Can **improve outcomes** by centralizing data, reporting, quality, and managing information across state agencies	• **Reduced waitlist** to allow individuals to receive the needed and appropriate services in a timelier manner • **Better manage costs** and provide more predictable budget requests while directing resources to where they are most needed • **Decreased total cost of care** by offering lower cost, ongoing HCBS services to help mitigate the need for emergency and/or acute crisis level care • **Improved access** to Comprehensive 0208 Waiver services	**Start-up funding sources** • Potential to use American Rescue Plan 9817 federal funding to help offset costs associated with a revised process **Ongoing operational sustainability** • Provider capacity **Regulatory changes and approvals** • Updates to the 0208 Comprehensive Waiver to adjust the revised waitlist management approach • Revisions to waitlist policies and procedures **Other steps/considerations** • Conduct stakeholder engagement • Engage with national organizations (e.g., NASDDDS) to maximize research efforts • Conduct targeted interviews with peer states to identify best practices and lessons learned

Report Pages 24 - 28

5 Re-evaluate transition grant supports

HCBS providers play a key role in facilitating transitions to less restrictive settings of care for individuals with I/DD. To support these providers, exploring options to enhance the two existing grant opportunities can improve care transitions from institutional care to community-based services.

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• Evaluating existing transition grants (HCBS Transitional Grants and Community Transition Waiver Services) to **assess current effectiveness and efficiency** can help identify ways their permissible use could be expanded and/or changed **to have broader impact** • Current **grant funding is limited** to certain permissible uses (i.e., transitions out of institutions) • **Expanding permissible use of grant funds** provides opportunities to incentivize providers to build capacity to offer services to individuals that have more difficult, higher acute cases • Funding for non-reimbursed planning efforts is necessary to help **ensure successful community placements**	• **Improved access** to services and supports in community-based settings • **Reduced reliance on institutional care settings**, including IBC and MSH, and higher likelihood of successful, appropriate transitions from institutional care • **Improved satisfaction and quality of life** for the individual receiving services	**Ongoing operational sustainability** • Maintaining and/or expanding a transition grant program requires long-term sustained funding **Regulatory changes and approvals** • Develop policies and procedures for any changes to permissible uses for grant funding **Other steps/considerations** • Prioritize stakeholder feedback • Analyze budget implications • Promote transition grant awareness • Implement pilot programs in targeted areas • Identify outcomes to measure success of transition grant changes

Report Pages 28 - 31

6 Relocate the IBC

Relocating the IBC to a larger population center can help address current challenges to ensure the State's most vulnerable and high-need population has access to required and needed services, up-to-date infrastructure, and workforce.

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• The grounds and the **physical plant** for the IBC are **outdated and require substantial investments** to continue functioning properly • The IBC is currently located in close proximity to Montana State Highway Patrol, reinforcing the **perception that the IBC is a forensic or correctional facility** • The current small community provides **limited access to needed services and workforce** ○ IBC has had challenges securing willing clinicians and other professionals to provide services on its grounds and maintains its basic workforce needs by using costly contract staff • **Community integration** is hampered by the current location of the IBC	**Relocating the IBC within a larger population center can:** • **Expand access to workforce** by increasing access to a pool of clinical and direct care workers and may provide an opportunity to establish internships and practicums with local universities • Provide equal opportunities for **vocational training and employment opportunities** • **Improve access to full array** of community services and activities	**Ongoing operational sustainability** • Need for housing availability for staff **Other steps/considerations** • Identify and select new location for IBC • Engage stakeholders throughout the process • Conduct evaluation of bed need to determine size of new facility

Report Pages 31 - 34

7 Evaluate children's services

Identify gaps in the care continuum and service barriers hindering children with I/DD and caregivers' access to high quality services.

Summary and Rationale	Anticipated Impact	Key Implementation Considerations
• There are **large gaps in the continuum of care** for children, youth, and young adults with I/DD, including **lack of support services**, **inadequate workforce** to deliver care, **ineffective referral management** that leads to improper placements, and need for **earlier identification of children with I/DD** • Developing additional rate tiers for residential services for children with higher care needs can **overcome potential service barriers due to current reimbursement levels** • **Replicating Home Supports Services (HSS) for children with I/DD** can help keep the family unit intact • **Offering Therapeutic Foster Care services to children with I/DD** can help prevent or minimize the need for more restrictive levels of care and support permanency or return to the legal guardian; these services are in-home therapeutic and family support services for children living in a licensed therapeutic foster home environment	• **Tiered rate tiers could:** ○ **Improve workforce development** by allowing for providers to hire more qualified staff and help with recruitment, training, and retention efforts ○ **Increase provider capacity** by providing an opportunity to bring more providers into the network to offer appropriate services to children with I/DD ○ **Improve child/family satisfaction** ○ **An increase in foster parents to work with children with I/DD** by offering Therapeutic Foster Care services to foster families to reduce participation barriers • **Reduced reliance on institutional care,** particularly out-of-state placements at Psychiatric Residential Treatment Facilities	**Regulatory changes and approvals** • Identify policy impact on rules and programmatic variables as a result of these recommendations • Pursue a state plan amendment or waiver amendment to add services • Update Medicaid provider manuals **Other steps/considerations** • Conduct stakeholder engagement • Collaborate across State agencies • Assess foster care system capacity • Address organizational realignment within children's I/DD system

Report Pages 34 - 36

7 recommendations to address Montana's I/DD system challenges

To bridge the gap in the care continuum by expanding services covered by the 0208 Comprehensive Waiver.

Immediate Programmatic Initiatives

1. Pilot the national Systemic, Therapeutic, Assessment, Resources, and Treatment (START) crisis program
2. Offer intensive on-site provider supports
3. Transition to a revised standardized assessment tool

Long-Term Initiatives

4. Develop a revised waitlist management approach
5. Re-evaluate transition grant supports
6. Relocate the Intensive Behavior Center (IBC)
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