

***Presentation to the 2019 Health and Human Services  
Joint Appropriation Subcommittee***

**Addictive and Mental Disorders Division  
Medicaid and Health Services Branch  
Department of Public Health and Human Services**

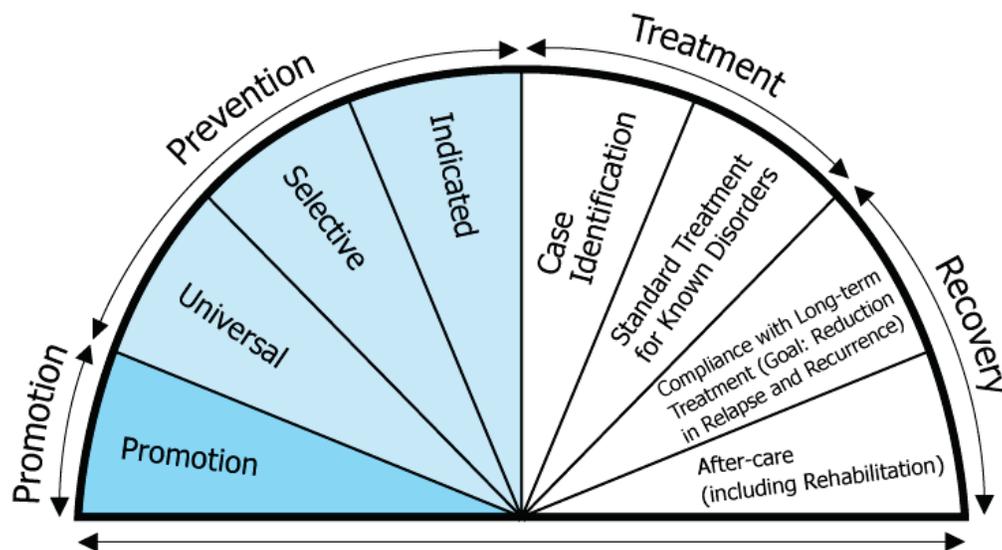
**The following topics are covered in this report:**

- Overview
- Summary of Major Functions
- Highlights and Accomplishments during the 2019 Biennium
- Funding and FTE Information
- Change Packages

## Overview

The Addictive and Mental Disorders Division (AMDD) manages program and payment for publicly funded behavioral health services, which include adult mental health and adult and youth substance use disorder (SUD) prevention and treatment programs. These programs include the three facilities that serve individuals in need of more serious care: Montana State Hospital in Warm Springs, Mental Health Nursing Care Center in Lewistown, and Montana Chemical Dependency Center in Butte. AMDD also contracts with behavioral health providers and agencies statewide to provide community-based and inpatient services, primarily through Medicaid. Services range from prevention and early intervention services to inpatient, residential, home- and community-based, and recovery support services.

The continuum of mental health and SUD care is shown below in the following graphic created by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).



Our vision is a Montana with emotionally resilient children, where individuals can find help for mental health and substance use disorders and enter recovery without stigma.

# Summary of Major Functions

## Mental Health and SUD Prevention, Treatment, and Recovery

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### Promotion and Prevention Services

Mental illness and substance abuse affect tens of thousands of Montanans and has a huge impact on the public's health. Both are associated with a wide range of health and social problems. Effective prevention strategies are critical to develop skills to strengthen healthy behaviors and may prevent substance use or delay SUD. There is strong scientific evidence supporting effective prevention programs. If used correctly, over time, prevention will reduce the number of Montanans needing crisis care. Prevention and early intervention programs in Montana supported by AMDD include the following programs:

- **Community-Based Emotional Resilience Programs** – Community-based early intervention services are intended to reduce or ameliorate more chronic illnesses. An example of an evidence-based early intervention program is the Early Psychosis Intervention Clinic, operated in Livingston by Billings Clinic. This program, led by AMDD, uses an evidence-based practice that was determined to be so successful by the National Institutes of Mental Health that it has been implemented to some degree nationwide.
- **Community-Based Substance Misuse and Abuse Prevention** – Community-based prevention includes universal strategies that helps all parents raise children who are less likely to misuse substances as well as targeted interventions to help at-risk populations. Community-based prevention promotes public health. Examples of these programs supported are Parenting Montana, county-based prevention specialists, and the Montana Prevention Needs Assessment.
- **Drop-in Centers** – Drop-in Centers are a best practice intervention strategy to ensure a safe place for individuals that fits their personal needs or preferences and are voluntary. This early intervention engages individuals in socialization, crisis mitigation, and overall quality of life improvement. There are currently seven peer-operated Drop-In Center providers in Montana.
- **Projects for Assistance in Transition from Homelessness (PATH)** – PATH helps to provide secure, safe and stable housing to individuals with serious mental illness and who are homeless or at risk of homelessness. Through such services as housing services, job training, education services, SUD services, referral to support services, and case management, PATH links a vulnerable population to supportive services that helps improve individual and population health.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** – Medicaid covers this primary-care based, evidence-based early intervention service that identifies risky substance use behaviors and uses motivational interviewing to change behaviors to prevent more severe SUDs and negative health impacts.

## **Spotlight on Prevention Programs**

To meet our vision, which is to keep substance abuse and misuse from starting in the first place, we have been able to increase our investment in prevention programs. Medicaid Expansion has provided a path to place more resources on the front end of the continuum. AMDD now provides 28 counties and seven tribes with community-based prevention services, along with Alcohol Compliance and Alcohol Reward and Remind efforts and the Montana Prevention Needs Assessment. Through a collaboration with the Montana Healthcare Foundation and the University of Washington, eight communities in the next year will implement Communities that Care, an evidence-based prevention community change process. We are also debuting Parenting Montana, which is a data informed statewide strategy that strengthens social and emotional skills of parents and their children—contributing to healthy, successful lives and reductions in risky behaviors like underage drinking.

### *Communities that Care*

Planning for this program began in January 2018. The project’s vision is to engage in a five-phase community change process that helps reduce levels of youth behavioral health problems before they escalate; a path to get away from the cycle of reaction. We are optimistic that the change process will strengthen our schools, our families, and our communities. The goal is to get communities, through an evidence-based collaborative action model, to identify needs and implement effective strategies that address those needs. Trainings will be initiated in calendar year 2019.

### *Parenting Montana*

The vision for Parenting Montana is to cultivate an environment where our children may grow by building a good foundation early in life. This prevention program braids together the supports grounded in evidence-based practices to help kids and families thrive, with the specific goals to: cultivate a positive, healthy culture among Montana parents with an emphasis on curbing underage drinking; provide resources to engage parents or those in a parenting role; and provide tools for everyday parenting challenges from the elementary to post high school years. By starting early, both parents and children learn how to grow skills such as self-awareness, self-management, responsible decision-making, relationship skills, and social awareness. Parents can use these same approaches with their children as they mature. Developing social and emotional skills protects children from negative outcomes associated with adverse childhood experiences (ACEs) and bolsters resilience.

## **Treatment and Recovery Services**

One in 10 Montana adults (nearly 84,000) report frequent mental distress with 14 or more days of poor mental or emotional health in the past month, and nearly 64,000 Montanans struggle with a SUD.<sup>1</sup> Access to timely and effective mental health and SUD treatment to identify, treat, and manage behavioral health disorders is essential. The number of individuals able to access SUD treatment funded by Medicaid has grown rapidly since the passage of Medicaid Expansion through

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<sup>1</sup> National Survey of Drug Use and Health, 2014, Montana, and as outlined in the [Addressing Substance Use Disorder in Montana](#) Interim report, 2017-2019

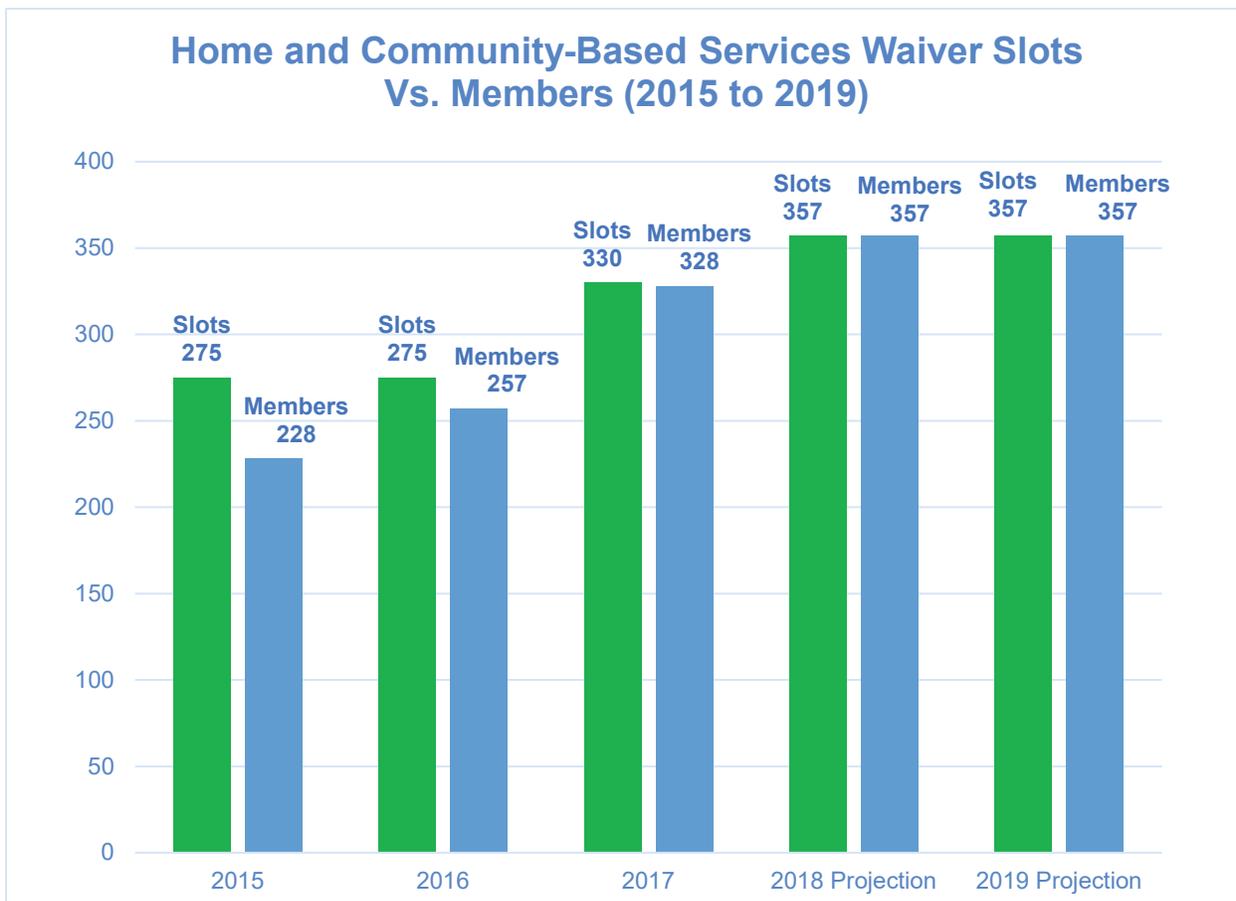
the HELP Act. Medicaid, Medicaid Expansion, and other innovative programs being implemented in Montana are significantly expanding access to treatment. These programs include:

- **Medicaid-Funded Community-Based Treatment Services** –Treatment services are provided to the individual in his or her own community and range from outpatient therapy to the intensive Program of Assertive Community Treatment (PACT). Services include: psychiatry and medication management, illness management and recovery (IMR), SUD and mental health treatment homes, individual and group therapy, and psychiatric rehabilitation and support. These services are the largest component of services provided by AMDD, both by number of programs and by number of individuals receiving services. The majority of services are covered by Medicaid and Medicaid Expansion.
- **Recovery Support Services** – These services are provided to adults with serious mental illness and children with serious emotional disturbances. Recovery support services include supported employment and peer support services.
- **Crisis Intervention Services** – These programs provide an alternative to placement at Montana State Hospital for short-term crisis intervention, emergency detention, and court ordered detention. These services include the 72-hour program for presumptive eligibility, county matching grants for crisis intervention and jail diversion, and secure crisis beds.
- **Targeted Case Management** –Targeted case management (TCM) is provided to adults with a severe and disabling mental illness (SDMI) and both adults and youth with SUD. The services include assessment, determination of need, development and periodic revision of a specific care plan, referral and related activities, and monitoring and follow-up activities. Services are available statewide.

## Spotlight on Medicaid Treatment Programs

### *The Home and Community Based Services (HCBS) Waiver for SDMI*

The HCBS Severe Disabling Mental Illness (SDMI) waiver is a Medicaid-funded mental health recovery program providing specialized services for up to 357 unduplicated members a year. The waiver is in addition to Medicaid State Plan services. These services are provided to keep members out of a higher level of care such as the Montana State Hospital, nursing homes, emergency rooms, and avoidable hospitalizations. Since fall of 2018, SDMI waiver services are provided statewide under new contracts with two case management providers. Waiver services are important because they allow an individual to remain in the community with intensive case management and other supports. As the figure shows, during the past two biennia, AMDD has increased the number of Medicaid members using the SDMI waiver, thus giving more members with SDMI the opportunity to remain independent and out of higher levels of care.



## Inpatient Services for Individuals with High Needs

AMDD’s goal is to provide the best evidence-based programs and services to support Montanans and address behavioral health issues at the community level through building the continuum of care. To that end, the continuum also has inpatient services for those who need/require more intense services than can be provided in the community.

### The Montana Mental Health Nursing Care Center

The Montana Mental Health Nursing Care Center (MMHNCC) was opened in 1952 and is a certified Long-Term Care Facility in Lewistown. To be served by the facility, residents must meet the requirement for a nursing home, have a severe and disabling mental illness (SDMI), and be denied entrance to at least three other nursing home facilities in the state. They may also be transferred, due to need, by another state facility. Usually, residents are committed to the facility by a judge. Sixty-five percent (65%) of the residents at MMHNCC are over the age of 65. All have extremely high care needs as well as challenging behaviors.

The MMHNCC typically serves 80 to 95 residents who would not be accepted into any other facility in the state. The facility can serve up to 117 through double occupancy, which is often not possible due to residents' behavioral disturbances.

- The MMHNCC has found success caring for those with schizophrenia, bipolar disorder, delusional disorder, and a few with traumatic brain injury, as well as many types of dementia with behavior disturbance.
- Staff who work at the MMHNCC are required to have annual Mandt training, which gives non-pharmacological ways to co-manage others from distressing events with the goal to prevent escalation. This training also gives ways to safely “hold” or “support” residents in the event the prior interventions were ineffective and aggression results.
- Staff are trained in dementia care to serve those in the memory care unit.
- Staff have provided complex care to thousands of aging Montanans with SDMI over the years.
- The facility consistently receives high praise from family members for providing dignified care to their loved ones during times of extreme challenges.

“I love that the staff is so loving and caring towards my brother. They fill me in on his life and are always interested in the stories I tell them about who he used to be. The staff calls me if there are issues with his health or care. Having my brother there is what is best for him. I am grateful for the considerate and kind care he receives from his care crew.” -Family Member, 2018

## The Montana State Hospital

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The Montana State Hospital (MSH) originally opened in 1877 with 13 patients. During the history of the hospital, the peak census reached 1,986 patients in the mid-20th century. Today, the hospital maintains 270 licensed beds, of which 216 are situated on the main campus, and 54 are located at the Galen / F-Wing satellite campus. The main campus contains 174 beds within the hospital while the remaining 42 beds are distributed in several group homes spread about the Warm Springs grounds. For FY 2018, the average daily patient census at the hospital was 231. During this same period, the hospital managed 790 admissions and 818 patient discharges.

MSH serves Montana via civil commitments, involuntary commitments, emergency detentions, or court ordered placements. The hospital also provides assistance to the Montana legal system by providing forensic evaluations to the courts of Montana. From January through November of 2018, nearly 80% of the almost 800 admissions were civil commitments to two of the six hospital wings, where the average length of stay was approximately 21 days.

- MSH is the only federally certified adult psychiatric hospital in the state.
- MSH designs treatment planning around the individual needs of each patient, combining medical, mental health, and SUD treatment with personal life skills training. Over the

last biennium, over 60% of the patients at MSH had a co-occurring mental illness and substance use disorder. MSH has a staff of licensed addiction counselors in addition to doctors, psychologists, nurses, mental health counselors, and direct care staff.

- In the past biennium, MSH received a national grant to implement Recovery Oriented Cognitive Behavioral Therapy, an evidence-based practice which helps stabilize severely mentally ill patients and return them successfully to the community.

## **The Montana Chemical Dependency Center**

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The Montana Chemical Dependency Center (MCDC) in Butte is the only inpatient chemical dependency treatment center administered by the State of Montana. The treatment center provides medically monitored detoxification and treatment services to individuals 18 years or older who have been diagnosed with SUDs. MCDC is licensed for 48 beds: 32 treatment beds, 8 withdrawal management beds, and 8 stabilization beds.

- MCDC uses a holistic approach to engage patients in a medical model of care that is patient-centered and outcome-informed. The treatment team includes a medical director, registered nursing staff, mental health therapists, substance abuse counselors, case managers, support staff, and administrative staff.
- The behavioral health program at MCDC emphasizes the importance of educational, interactive, and skills-based co-occurring treatment. The behavioral health staff facilitate evidence-based services using cognitive behavioral therapy, dialectical behavioral therapy, motivational interviewing, and motivational enhancement techniques in accordance with the American Society of Addiction Medicine criteria identified for inpatient care.
- The average daily population has increased from 23 to 35 over the course of the last biennium and has held steady at 35 since the start of FY 2018.
- We are improving access to care for pregnant and postpartum women in need of inpatient substance abuse services by partnering with community emergency rooms and detention staff to identify critical care options for these individuals. MCDC is excited to be involved in a recently formed partnership with St. James Healthcare in Butte to serve third trimester and high-risk pregnancies under a new Perinatal SUD grant initiative with the Montana Healthcare Foundation.

## Highlights and Accomplishments During the 2019 Biennium

AMDD has worked diligently over the last biennium to build the continuum of care for preventing and treating SUD and supporting Medicaid clients in need of these services. During the past biennium, we have sought to maximize the following:

- **Collaboration** – We are working cohesively with other divisions within DPHHS, other agencies, and organizations beyond state government to maximize our gains and align efforts. This includes seeking grants with our partners to round out resources to meet our goals and objectives in the Agency’s strategic plan. AMDD and the entire DPHHS are committed to addressing the high rate of SUDs in our state and in collaboration, developed a SUD Strategic Plan in 2017 to target strategies that may be implemented to lessen the impact of substance use. DPHHS also collectively worked with our partners to develop a Suicide Prevention Strategic Plan.
- **Consistency** – We have systematically worked through provider resources, rules, and other guidance to ensure that navigating Medicaid is much simpler for providers than it was two years ago.
- **Capitalizing on Existing Resources** – Medicaid Expansion has opened the door to innovation in the behavioral health prevention, treatment and recovery system. We have been able to significantly increase access to mental health and SUD treatment, and enhance and improve the continuum of prevention and recovery support services.

## Medicaid Expansion’s Impact on Mental Health and SUD Prevention, Treatment, and Recovery

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More than 100 people die every year from drug overdose in Montana and almost 22,000 hospital or ER visits annually are attributable to alcohol and drug use. The impacts of mental illness and SUD span every generation and cut across socioeconomic lines, from children in our foster care system to seniors prescribed opioids for chronic pain.

Montanans have access to an increased wide range of affordable prevention, treatment and recovery services and we are seeing the impact on individuals every day. The personal impact stories include the nearly 28,863 individuals who struggle with a mental illness who were able to receive an outpatient mental health service due to Medicaid Expansion coverage. Prior to Medicaid Expansion under the HELP Act, Montana did not have a significant role in covering and paying for the treatment of mental illnesses and SUDs; treatment was only covered for those under the age of 21 or over 64. Medicaid Expansion opened the door to innovation to build the continuum of care for treating mental illness and SUDs and is critical to Montanans receiving

treatment. The following has been accomplished as a result of Medicaid Expansion:

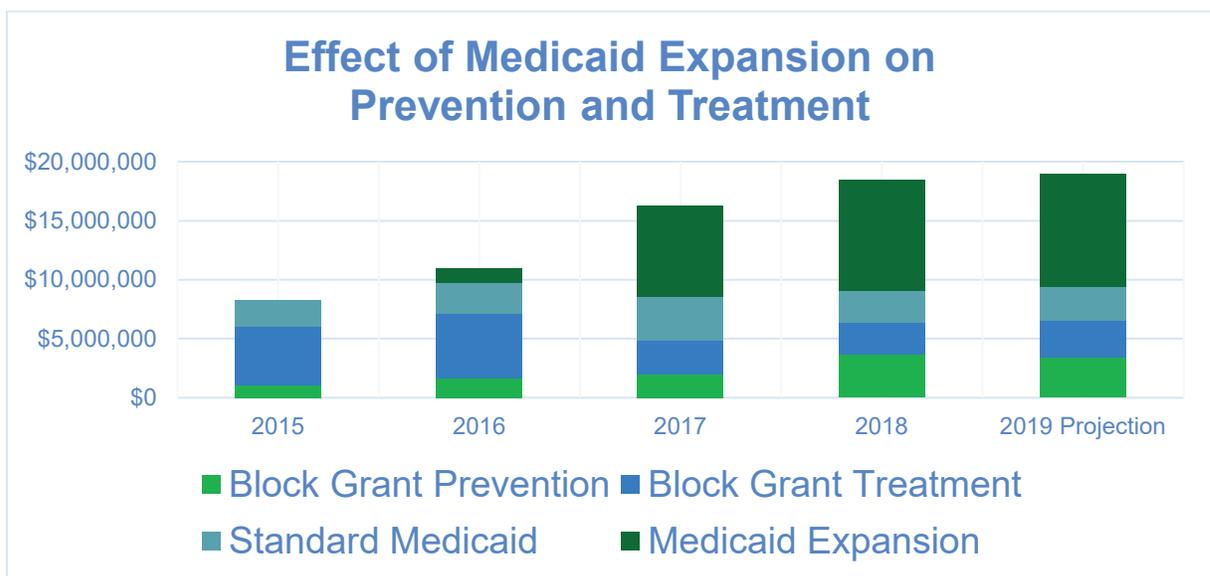
### Increased Access to Mental Health and SUD Treatment

31,804 Medicaid members received a mental health service and 9,030 members received a SUD service since inception of Medicaid Expansion.

Of those Medicaid members, 3,121 received an inpatient mental health service.

- 1,884 received an inpatient SUD service.
- 28,863 received an outpatient mental health service.
- 7,146 received an outpatient SUD service.

**Increased SUD Treatment:** Montanans have been accessing SUD treatment with increasing frequency. Historically, adult SUD treatment was funded through a complex patchwork of federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding, supplemented by state general fund and alcohol tax dollars, with limited Medicaid for those who qualified. \$2.6 million was spent in Medicaid expenditures for SUD treatment in 2015. With such a restricted system for providing treatment to low income adults, it is no surprise that in 2013 an estimated 93% of adults in Montana in need of SUD treatment were not receiving it.<sup>2</sup> The chart figure below shows how Medicaid billing of SUD treatment services has increased since the inception of Medicaid Expansion.



AMDD has been able to respond to the increasing need for treatment due to reimbursement for adult SUD treatment through Medicaid Expansion. This results in more funding available within the SAPT Block Grant to enhance and improve the continuum of prevention and recovery support services, particularly peer support services. Examples include:

- **Recovery Homes:** One of the critical gaps in Montana’s SUD continuum of care has been access to recovery homes, particularly for women with children in need of a safe

<sup>2</sup> Medicaid’s Role in Substance Use Disorder Services in Montana, Manatt Health, March 2017.

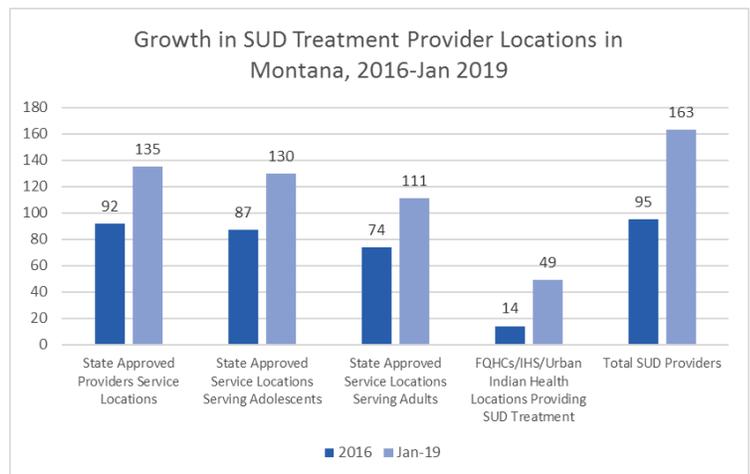
and recovery-oriented living space while engaging with SUD treatment. During this biennium, additional recovery home beds have been incorporated. As a result, new recovery homes have been opened in St. Ignatius, Helena, Missoula, and Rimrock Treatment has added beds for women with children in Billings.

- **Support for Families in the Child Welfare System:** Addiction Recovery Teams, comprised of a behavioral health provider and peer support specialist, serve at-risk families who need behavioral health services; providing support services to keep families together.

### Increased number of SUD Treatment Providers

Historically, Montana law limited the number of state approved SUD treatment providers to one per county for each type of SUD treatment service. As of December 2016, there were 32 state approved treatment providers in the state, providing services at 92 locations statewide. During the 2017 legislative session, Montana passed House Bill 95, which removed the geographic restrictions on the number of state approved treatment providers in Montana. Over the past two years, 25 new SUD providers have applied for and have been licensed as state approved treatment providers. The combined providers have expanded access to 135 locations across the state. In addition to the new providers who have received state approval, DPHHS has worked with additional types of providers to add substance use treatment to their scope of services.

DPHHS recently updated its Administrative Rules to allow Licensed Addiction Counselors (LACs) working in Federally Qualified Health Centers (FQHCs) to bill for their services and receive the facility encounter rate. Eleven of the state’s 17 FQHCs now employ one or more LACs and have incorporated SUD assessment and treatment into their integrated models of primary care. AMDD has continued to work with tribal treatment providers to access Medicaid reimbursement.



### Implemented Evidence-Based Innovations to Address Opioids

Since 2000, there have been more than 700 deaths from opioid overdose in Montana. DPHHS, along with key partners, is committed to reducing Opioid Use Disorder (OUD) and developing a strong infrastructure to address SUD in Montana. In September 2016, DPHHS was awarded a cooperative agreement from the CDC to address the opioid overdose epidemic in Montana, including the development of a Montana SUD Strategic Plan in 2017. Over 80 agencies and organizations participated in the development of this plan.

Medicaid Expansion has substantially increased access to health care services for individuals with a SUD, including opioids who otherwise would not qualify for standard Medicaid. Medicaid for Addiction Treatment (MAT) physician and mid-level services, along with the FDA-approved medications and behavioral health services are reimbursable services under Medicaid.

In 2017, the Montana Legislature approved the Naloxone Standing Order, HB333, which authorizes pharmacists who maintain a current active license practicing in a pharmacy located in Montana to initiate a prescription and dispense naloxone. Naloxone is a drug that prevents death by overdose for opiates. The Public Health and Safety Division of DPHHS was integral to this work and ensured that 163 of the 363 pharmacies in Montana agreed to participate and utilize the standing order that makes it possible for an individual to procure naloxone directly from a pharmacy without the need for an additional prescription from their providers. By making Naloxone medication readily available during the time of an overdose, we hope to see the number and rate of fatal overdoses decrease, ultimately saving lives and connecting individuals to life-saving healthcare and behavioral health services.

AMDD is creatively allocating resources towards prevention, treatment, and recovery support services to strengthen our SUD system through securing innovative federal funding opportunities, as outlined below.

### **Federal Grants to Support Opioid Use Disorder Prevention Programs**

AMDD applied for and received two SAMHSA grants to support opioid use disorder prevention systems of care and to develop comprehensive, evidence-based services for OUD treatment. The State Targeted Response (STR) grant is a two-year grant began May 2017 in the amount of \$2 million each year and targets at-risk populations in Montana: Native Americans; pregnant women and women of childbearing age; veterans, and justice system-involved individuals. The State Opioid Response (SOR) grant is a two-year grant that began September 2018 in the amount of \$4 million each year and serves the above at-risk populations with the addition of older adults. We recognize that seniors are often at risk of opioid overdose and they are more often prescribed opiates which may be diverted.

The two grants specifically aim to:

- Increase access to OUD treatment,
- Reduce unmet treatment needs, and
- Reduce opioid overdose related deaths in Montana.

The activities implemented under these grants seek to:

- Create a collaborative comprehensive needs assessment and strategic plan to address SUD, including OUD, in Montana. This was done in partnership with the Opioid Task Force managed by DPHHS' Public Health and Safety Division, under the CDC Data Driven Prevention Initiative to address opioid overdose deaths and SUD.
- Provide access to free training for administering Naloxone and access to Naloxone medication by law enforcement, first responders, school nurses and staff, and any other interested community member.
- Distribute free Deterra disposal bags to easily and safely dispose of extra or expired household medications. This is important because teenagers and others often get access to addictive drugs in the medicine cabinets of family or friends.
- Implement Medication for Addiction Treatment (MAT) by increasing the number of healthcare providers and clinics trained on the standards of care for MAT delivery and the use of FDA approved medications. This is important because it is the current best practice

standard of care for OUD and it brings primary care doctors up to speed on current practices which recognize primary care as SUD care.

- Train and hire Peer Support Specialists within MAT clinics for supporting individuals with OUD as they receive MAT services.
- Increase the number of healthcare providers and clinics trained in MAT and provide MAT delivery of care.
- Establish an Advisory Workgroup to develop a plan to integrate MAT into criminal justice, hospital and primary care settings; and a workforce development plan to guide training, academic detailing and technical assistance.
- Collaborate with key stakeholders to develop and distribute public information targeting older adults and prescription drug disposal and safety to prevent accidental overdoses or diversion of prescription medications.

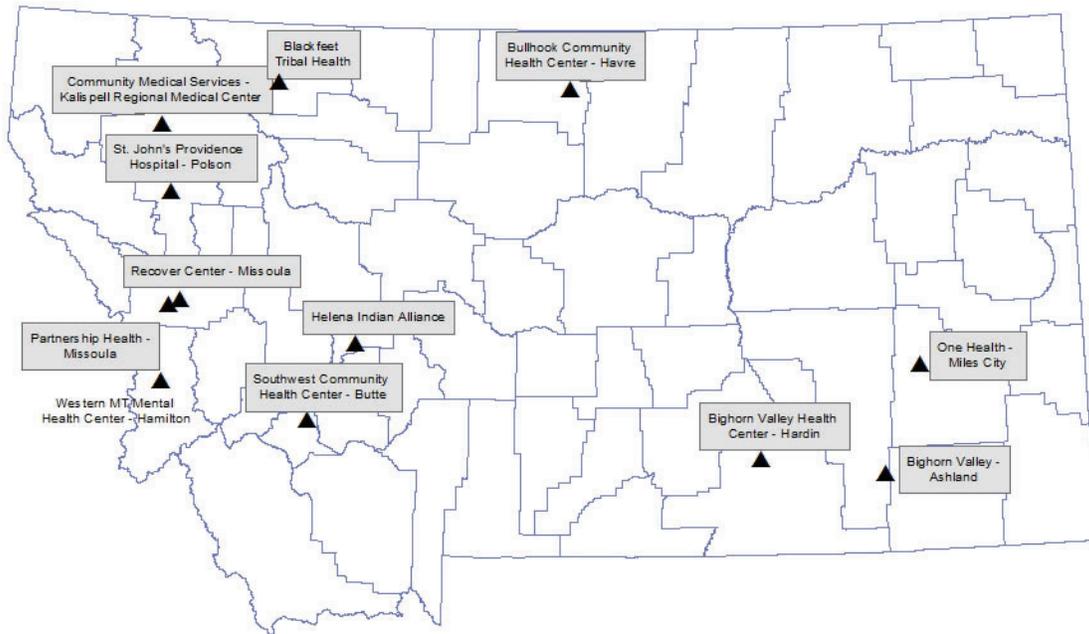
As of December 2018, we have successfully accomplished the following, in collaboration with other key partners in Montana:

- 100,000 Detera bags were distributed across 56 counties;
- 377 individuals were trained in Naloxone administration and 256 Master Trainers are available;
- 1,022 units of Naloxone have been distributed to use in case of an overdose;
- Since January 2017, there has been at least a 336% increase in the number of healthcare providers who have become Waivered by the DEA to prescribe buprenorphine; one of the FDA approved MAT medications (from 22 providers to 96 providers);
- 133 individuals have been trained as Peer Support Specialists.; 27% are Native American.

See the map on the next page listing MAT providers funded through the STR and SORs grants.

We are also collaborating with the Department of Corrections to implement a federal planning and implementation grant for MAT in secure settings.

## *MAT Providers funded through the STR and SORs grants, Montana, fall 2018*



### **Suicide Prevention Initiatives: PAX Good Behavior Game**

In 2017, the Montana legislature approved House Bill (HB) 118 which provided \$1 million in funding for suicide prevention. \$250,000 of the funding was allocated for school-based prevention. As a result, DPHHS funded five school districts who applied for money to implement an evidence-based classroom intervention called PAX Good Behavior Game (GBG). 21 elementary schools across Montana are currently implementing this intervention. Almost 2000 children are impacted by the \$250,000 in suicide prevention funds appropriated in HB 118.

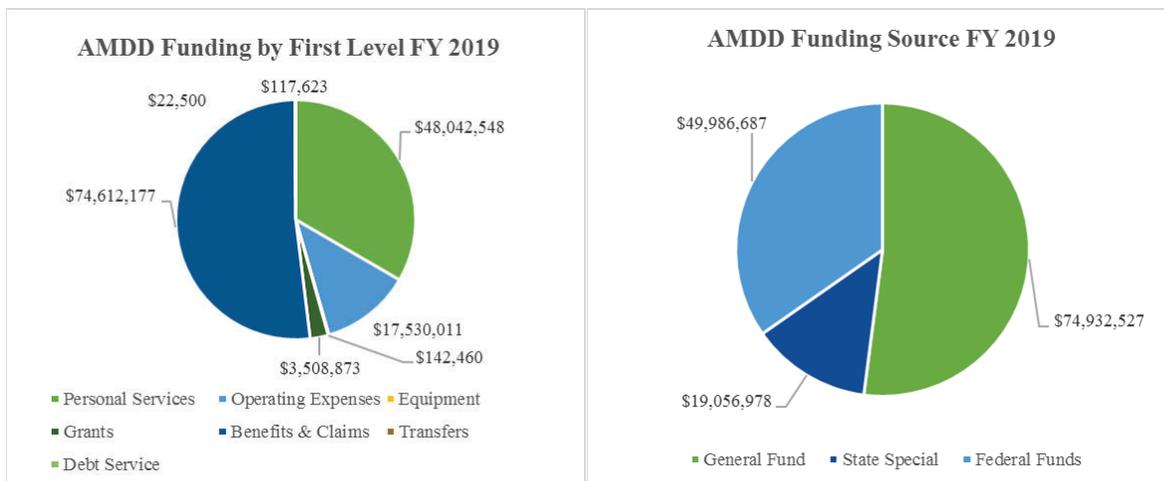
The GBG is an evidence-based classroom intervention consisting of behavioral health strategies delivered by teachers in the K-3 classroom setting. GBG has been shown to increase emotional resilience, decrease classroom disruption, and, over time, it is one of the best anti-bullying, SUD prevention, and suicide prevention strategies available. It is so effective that some states, notably New Mexico, have implemented it statewide. Until this past biennium and before the allocation of the HB 118 funding, GBG had been implemented in only various schools across Montana through a patchwork of funding. According to the Surgeon General's Report, *Facing Addiction*, the cost-benefit of this evidence based prevention strategy is \$64.18 for every one dollar spent.<sup>3</sup>

The State is partnering with the University of Montana and Johns Hopkins University for the evaluation of the Montana implementation of PAX GBG. Our joint vision is that this program evaluation will improve the school districts' and states' knowledge of whether or not the GBG teaches children the skills they need to prevent suicide and other risky behaviors and helps us understand the value of sustaining and/or growing the intervention's use across the state. Additionally, the program evaluation will ensure that the intervention is implemented to fidelity.

<sup>3</sup> <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf> - see page 3-14

## Funding and FTE Information

<b>Addictive and Mental Disorders</b>	<b>FY 2019 Budget</b>	<b>FY 2020 Request</b>	<b>FY 2021 Request</b>
FTE	757.25	757.25	757.25
Personal Services	\$48,042,548	\$52,480,149	\$52,456,789
Operating Expenses	\$17,530,011	\$18,594,139	\$18,652,022
Equipment	\$142,460	\$142,460	\$142,460
Grants	\$3,508,873	\$3,508,873	\$3,508,873
Benefits & Claims	\$74,612,177	\$73,239,624	\$76,842,662
Transfers	\$22,500	\$22,500	\$22,500
Debt Service	\$117,623	\$117,623	\$117,623
<b>TOTAL COSTS</b>	<b>\$143,976,192</b>	<b>\$ 148,105,368</b>	<b>\$ 151,742,929</b>
	<b>FY 2019 Budget</b>	<b>FY 2020 Request</b>	<b>FY 2021 Request</b>
General Fund	\$74,932,527	\$79,318,740	\$80,380,842
State Special	\$19,056,978	\$19,535,539	\$19,600,171
Federal Funds	\$49,986,687	\$49,251,089	\$51,761,916
<b>TOTAL FUNDS</b>	<b>\$143,976,192</b>	<b>\$148,105,368</b>	<b>\$151,742,929</b>



## Change Packages

### State Wide Present Law Adjustment

#### SWPL – 1 – Personal Services

The budget includes \$2,850,189 in FY 2020 and \$2,826,829 in FY 2021 to annualize various personal services costs including FY 2019 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$2,861,820	\$150,610	(\$162,241)	\$2,850,189
FY 2021	\$2,840,264	\$149,740	(\$163,175)	\$2,826,829
Biennium Total	\$5,702,084	\$300,350	(\$325,416)	\$5,677,018

#### SWPL – 2 – Fixed Costs

The request includes \$26,194 in FY 2020 and \$40,211 in FY 2021 to provide the funding required in the budget to pay fixed costs assessed by other agencies within state government for the services they provide. Examples of fixed costs include liability and property insurance, legislative audit, warrant writer, payroll processing, and others. The rates charged for these services are approved in a separate portion of the budget.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$25,514	\$680	\$0	\$26,194
FY 2021	\$45,292	(\$5,081)	\$0	\$40,211
Biennium Total	\$70,806	(\$4,401)	\$0	\$66,405

#### SWPL – 3 – Inflation/Deflation

This change package includes an increase of \$11,683 in FY 2020 and \$14,499 in FY 2021 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with the statewide Motor Pool operated by the Department of Transportation.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$10,582	\$1,101	\$0	\$11,683
FY 2021	\$13,132	\$1,367	\$0	\$14,499
Biennium Total	\$23,714	\$2,468	\$0	\$26,182

## Present Law Adjustments

### PL 6 – Medicaid fund switch from enhanced FMAP to traditional FMAP

This change package addresses the general and federal fund impact of transferring eligible members from expanded Medicaid to traditional Medicaid FMAP in the Addictive and Mental Disorders Division due to the sunset of the HELP Act. Total funds for this request is \$46,777,362 including biennial funding of \$16,119,478 in general fund.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$8,028,666	\$0	\$15,269,844	\$23,298,510
FY 2021	\$8,090,812	\$0	\$15,388,040	\$23,478,852
Biennium Total	\$16,119,478	\$0	\$30,657,884	\$46,777,362

### PL 33001 - Medicaid Waiver Services - AMDD

This present law adjustment for caseload growth in the Addictive and Mental Disorders Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a reduction of \$198,774 in total funds. The biennial funding is a reduction of \$69,491 in state special revenue, and a reduction of \$129,283 in federal funds.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	\$0	(\$34,855)	(\$64,532)	(\$99,387)
FY 2021	\$0	(\$34,636)	(\$64,751)	(\$99,387)
Biennium Total	\$0	(\$69,491)	(\$129,283)	(\$198,744)

### PL 33002 - FMAP - AMDD

This present law adjustment is necessary to maintain existing services for the Medicaid programs in the Addictive and Mental Disorders Division. The change package requests a general fund reduction of \$108,660 in FY 2020 and a \$201,422 in FY 2021 along with a state special fund increase of \$310,664 in FY 2020 and \$277,692 in FY 2021 with offsetting federal fund increases for each year. The total cost for the program does not change.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2020	(\$108,660)	\$310,664	(\$202,004)	\$0
FY 2021	(\$201,422)	\$277,692	(\$76,270)	\$0
Biennium Total	(\$310,082)	\$588,356	(\$278,274)	\$0

### PL 33003 - Medicaid Core Services - AMDD

This present law adjustment for caseload growth in the Addictive and Mental Disorders Division covers the increase in the number of eligible individuals, utilization, acuity levels and cost per service for medical care. This change package requests \$1,664,524 in total funds over the biennium. The biennial funding is \$572,258 in general fund and \$1,072,266 in federal funds.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2020	(\$136,963)	\$0	(\$253,580)	(\$390,543)
FY 2021	\$709,220	\$0	\$1,325,847	\$2,035,067
Biennium Total	\$572,257	\$0	\$1,072,267	\$1,644,524

**PL 33004 - Medicaid Federal Services - AMDD**

This present law adjustment for Medicaid Federal caseload in the Addictive and Mental Disorders Division is due to a change in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests a reduction of federal funds of \$434,301 in FY 2020 and \$434,301 in FY 2021.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2020	\$0	\$0	(\$434,301)	(\$434,301)
FY 2021	\$0	\$0	(\$434,301)	(\$434,301)
Biennium Total	\$0	\$0	(\$868,602)	(\$868,602)

**PL 33005 - Overtime/Holiday/Differential Montana State Hospital - AMDD**

This present law adjustment is to maintain existing services for the Montana State Hospital program in the Addictive and Mental Disorders Division. This change package requests \$2,625,136 in general fund for the biennium. The increase is necessary to fully fund overtime to maintain required staffing levels at this 24/7 acute services facility in addition to what is funded in SWPL 1. This service is funded with 100% general fund.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2020	\$1,312,568	\$0	\$0	\$1,312,568
FY 2021	\$1,312,568	\$0	\$0	\$1,312,568
Biennium Total	\$2,625,136	\$0	\$0	\$2,625,136

**PL 33006 - Overtime/Holiday/Differential MMHNCC - AMDD**

This present law adjustment is being requested to maintain existing services for the Montana Mental Health Nursing Care Center program in the Addictive and Mental Disorders Division. This change package requests \$549,688 in general fund for the biennium. The increase is necessary to fully fund overtime to maintain required staffing levels at this 24/7 facility in addition to what is funded in SWPL 1. This service is funded with 100% general fund.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2020	\$274,844	\$0	\$0	\$274,844
FY 2021	\$274,844	\$0	\$0	\$274,844
Biennium Total	\$549,688	\$0	\$0	\$549,688

## New Proposals

### NP 33007 - PRI – Medicaid Core - AMDD

This new proposal requests a 0.91% provider rate increase in FY 2020 and a 1.83% increase in FY 2021 Medicaid Core programs in the Addictive and Mental Disorders Division. This percentage increase in rates is the same percentage applied in the Executive Budget to K-12 Schools, Office of Public Defender providers, and Corrections services providers. This change package requests \$1,659,751 in total funds over the biennium and \$536,290 in general fund.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2020	<b>\$130,581</b>	<b>\$10,128</b>	<b>\$260,196</b>	<b>\$400,905</b>
FY 2021	<b>\$405,709</b>	<b>\$32,999</b>	<b>\$820,138</b>	<b>\$1,258,846</b>
Biennium Total	<b>\$536,290</b>	<b>\$43,127</b>	<b>\$1,080,334</b>	<b>\$1,659,751</b>

### NP 33008 - PRI – Medicaid Waiver - AMDD

This new proposal requests a 0.91% provider rate increase in FY 2020 and a 1.83% increase in FY 2021 Medicaid Waiver programs in the Addictive and Mental Disorders Division. This percentage increase in rates is the same percentage applied in the Executive Budget to K-12 Schools, Office of Public Defender providers, and Corrections services providers. This change package requests \$462,244 in total funds over the biennium.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2020	<b>\$0</b>	<b>\$40,233</b>	<b>\$74,489</b>	<b>\$114,722</b>
FY 2021	<b>\$0</b>	<b>\$121,112</b>	<b>\$226,410</b>	<b>\$347,522</b>
Biennium Total	<b>\$0</b>	<b>\$161,345</b>	<b>\$300,899</b>	<b>\$462,244</b>

### NP 33009 - PRI – Non-Medicaid - AMDD

This new proposal requests a 0.91% provider rate increase in FY 2020 and a 1.83% increase in FY 2021 Non-Medicaid program providers in the Addictive and Mental Disorders Division. This percentage increase in rates is the same percentage applied in the Executive Budget to K-12 Schools, Office of Public Defender providers, and Corrections services providers. This change package requests \$252,341 in total funds over the biennium and \$64,634 in general fund.

<b>Fiscal Year</b>	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2020	<b>\$15,927</b>	<b>\$0</b>	<b>\$46,375</b>	<b>\$62,302</b>
FY 2021	<b>\$48,707</b>	<b>\$0</b>	<b>\$141,332</b>	<b>\$190,039</b>
Biennium Total	<b>\$64,634</b>	<b>\$0</b>	<b>\$187,707</b>	<b>\$252,341</b>