
**Montana Department of Public Health and Human Services
State-Run Health Care Facilities**

Frequently Asked Questions
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Montana State Hospital Questions

1. What is happening at Montana State Hospital?

On April 12, 2022, the Centers for Medicare and Medicaid Services (CMS) terminated the Montana State Hospital (MSH)'s participation in the Medicare program. This means that Medicare will not pay for services provided at MSH after April 12, 2022. MSH will continue to provide the same services to its patients and there will not be a disruption in care.

CMS stated that the termination was the result of MSH's failure to meet basic patient health and safety requirements. MSH has developed Corrective Action Plans to address CMS's findings and they are in process of being implemented and monitored.

There are large systemic issues impacting MSH operations. There is a nationwide shortage of health care workers made worse by the pandemic and a lack of affordable housing in communities near the facilities.

The State has taken immediate actions to improve patient health and safety at MSH, including:

- A change in leadership and appointment of an interim administrator to oversee the hospital
- A reorganization of state-run facilities so that they report to an Executive Facilities Director to provide greater oversight and control

- Improvements to adverse event reporting and response
- An assessment to understand staff training gaps based on requirements, licensing, and compliance
- Hiring of a consulting firm, Alvarez & Marsal, to assess all state-run facilities and develop strategic plans for improvement
- Hiring of a health quality improvement firm, Mountain Pacific Quality Health, to help the hospital address CMS's findings
- Initiated a wage and rate study through a contract with Guidehouse, determining opportunities to align resources with current expectations

2. What services are in jeopardy of ending at MSH? Are some services more reliant on federal funding than others?

MSH will continue to provide the same services as before. There is no impact or disruption to care because of the federal government's decision. The primary change is that the State won't be able to seek federal Centers for Medicare and Medicaid Services (CMS) reimbursement. MSH will continue to receive an annual budget appropriation thru the State's legislative process.

3. Does the department or MSH have the chance to appeal the termination notice, and if so when can it do so? What are the other requirements for appealing the termination?

If the Department makes a decision to reapply for certification, this will occur when MSH is ready programmatically. Once an application is submitted, MSH will have to successfully undergo two surveys before it will be a certified facility again. The timeframes are contingent on when MSH is ready.

4. Will MSH begin relocating dementia patients? How will the department or MSH determine placements for dementia patients or any other patients relocated due to the loss of federal funding?

This is a funding change and does not require any MSH patients to be transferred. The department continues to evaluate how transfers out of the hospital may benefit certain patients. This is not a new process, as we are always working to identify the least restrictive and most appropriate settings for patients, especially as part of discharge planning.

5. Generally, how much does the hospital receive from Medicare and Medicaid for services?

The Legislature appropriates about \$47 million a year to fund MSH. Most of the psychiatric services provided at MSH are not reimbursable. However, the state is reimbursed an average of \$7 million a year through Medicare and Medicaid. These revenues are paid into the State general fund.

6. To clarify on the annual \$7 million lost following CMS' decision, will the state pick up that \$7 million?

The \$7 million is a projection of annual revenue reimbursement to the state's general fund. MSH has already received an annual appropriation thru the legislative process. This reflects a reduction in revenue replacement to the state and does not impact the budget appropriated to the MSH.

7. What is actually happening to help us meet Licensing at MSH?

A licensing survey was conducted in July. We are waiting on the results, and we will develop corrective action plans as required.

8. As new MSH administration arrives, what is a reasonable timeline to expect changes or will there be a dialogue with staff or potential upcoming changes?

Changes are already being made. As we go through our quality improvement initiatives, we will continue to make changes.

9. What efforts will you bring to support staff and reduce burnout?

Three areas we are working to support our staff and reduce burnout include: (1) Update our training and deliver ongoing refresher training to staff; (2) Improving communication so staff are aware of what is happening, better preparing them for their shift. This includes making improvements to shift hand off processes; (3) Emphasis on safety through debriefing of critical incidents as well as sentinel events involving staff and through our partnership with Collaborative Safety, where we are looking at systemic opportunities to improve quality of care and reduce the risk of future events.

10. With the exodus of qualified employees and a low rate of hires, how do you maintain safety and care/treatment?

MSH has had lower staff turnover rates in the past few months. There is a lot of investment into the success of MSH, including the use of temporary staff to ensure we have adequate staff to meet the needs of our patients in a safe manner. We are also working with our safety committee and are partnering with Collaborative Safety to support our efforts in this space.

11. Why does MSH assign to staff new tasks that are out of scope and qualifications? Then they deny request for training. Then criticize them when they do it wrong.

We are in the process of reviewing job descriptions, roles and responsibilities, and the overall facility structure.

12. With Covid cases why do we allow people to come in with no masks and walk around and not check in? They have a protocol of any visitors coming in to sign and get to check station. Half of the time when it is upper personnel they take them right in?

All employees and visitors need to follow MSH's PPE policy. Please let your supervisor know if you observe someone not following the PPE policy.

Montana Mental Health Nursing Care Center Questions

13. What do you think are the three biggest issues at MMHNCC? How do you propose to fix these issues?

1. HR & Staffing – There have been a number of HR issues raised recently and we are working through the complaints. With regard to staffing, we know that CMS is about to release new staffing guidelines and we will be working to meet those new guidelines.
2. Quality indicators – We are looking at our care delivery model to improve quality of care. Improvements are needed to help staff understand quality indicators and how this will help us along our journey.
3. Improve access – When we look at the next 6-12 months, a big question is what our facility needs to look like. How will we reopen D-Wing? What are our current services, and what should those services look like in the future?

14. Will there be leadership changes at MMHNCC?

MMHNCC's Facility Administrator, Dianne Scotten, will be retiring in January 2023. DPHHS is in the process of recruiting for Dianne's replacement.

15. At MMHNCC, why can't the Med Aids help with resident care duties? They still have their CNA license but choose not to help us. No one has addressed their abundance of downtime.

We need time to review job descriptions and assignments to make sure that we are maximizing care for patients. This will be part of the review that we do to address new CMS staffing guidelines that should be coming out soon.

16. At MMHNCC, why do we have a clear cell phone policy and no smoking policy that are not enforced? Why have policies if only a certain select do not have to follow?

We do have a cell phone policy and no smoking policy, and we are looking at making updates because it is out of date.

17. At MMHNCC, how do we get back our caring reputation? We have personnel holding positions or titles that are only in it for the money. They stay in their offices with their doors shut. This gives the message they do not want to be bothered. We never used to send off this kind of vibe. Most of the titled do not acknowledge a staff member or resident when they pass them in the hall. Until the titled come down off of their pedestals we will continue down this horrible road we are on. No matter how much education or money a person has they should never look down on someone else. This is the wrong place to work if they have that mind set. We should be providing a nurturing caring atmosphere. Not "I'm better than you". The titled have special privileges. Painting their offices and getting new rugs, making sure they have what they want is always more of a priority than helping the floor staff.

This starts with creating a team-member culture. We need to create and implement a "5-foot" rule. If a team-member, no matter of title, is within 5-feet of a co-worker then they are to greet them and acknowledge them with a smile and a friendly hello and state their name in the greeting.

18. What can be done about the current negative culture at MMHNCC?

We will reinforce our "Open Door Policy" in the workplace. Managers at every level need to keep their door open; and this means so much more than their office door. They need to be ready to listen to their employees in person or over digital means we use at work. They should establish a culture of trust and communication in their team. This also applies to senior management who should remain approachable for everyone in the organization. Team members are free to communicate their thoughts with upper management. Of course, this policy extends to HR. If you have serious matters on your mind, ranging from concerns over your compensation to workplace harassment, feel free to come to us.

Intensive Behavior Center Questions

19. Being a long-term employee, there are concerns about the status of IBC moving forward. We have heard it is closing, it is expanding and that it is being turned into an Autism center. What are the long-term plans moving forward?

The IBC is legislatively mandated therefore it cannot "close" the twelve beds we are licensed to operate. Our goal is to enhance the services that are provided at our facility, delivering specialized and intensive services to those individuals who are unable to be supported within their community. Our mission is designed around assessing and stabilizing individuals in need of this level of care and to develop a comprehensive plan that can be transitioned with the individual back into the community.

20. What steps are being taken to hire more permanent long term state employees?

IBC is focusing on ensuring prospective external candidates are fully aware of the new competitive compensation packages as well as the existing benefits of becoming a State employee. Additionally our local marketing has discussed the “rebranding” of IBC to ensure the surrounding communities have a more clear understanding of IBC’s mission and the fact the facility (despite the physical plant similarities) is not the Montana Developmental Center. Our marketing efforts include all available advertisement sources, to include social media outlets. There has been prior discussions which included suggestions such as an incentive program however a final decision on this topic has not been reached.

Montana Veterans’ Home Questions

21. Please explain the COVID mask, shield, etc. protocol, and why. Where do these guidelines come from? How long will they be in place? Who decides?

At MVH, PPE protocols are developed through discussions with the Medical Director, County Health Department, as well as CDC guidance & CMS regulations. The goal is to protect the lives of our residents and the health of the staff and visitors of the facility. We are re-reviewing our PPE posture so that after this current outbreak is over, we can reduce our levels of PPE use while still meeting regulation. We have had over 127 staff cases and 43 resident cases (including 5 deaths) of COVID since the beginning of the pandemic, which is why we have been so aggressive on source control measures.

Facility Assessment Questions

22. Why doesn’t people in Helena come and actually talk to the staff instead of always listening to the administration. The staff are not really disgruntled workers like Helena is being told?

We are making changes under Deputy Facilities Division Director Will Evo’s leadership and Helena will be more active and visible with staff. He is talking to staff to understand the issues they face. Right now, we have results from the climate and culture survey, which indicate that there are opportunities to improve the culture and morale.

23. Are you planning on going into all of the specific ancillary job roles and what people are doing hour by hour through the day? Would this be a good way to ensure accountability amount management and ancillary staff? How else are people held accountable? How is management being held accountable?

A&M’s engagement does not include a “desk” audit of all positions. They are looking across all facilities to identify long-range strategic improvements. Deputy Facilities Division Director Will Evo’s goal in his job is to help everyone be successful in their role and be the best that they can be.

24. What does care and patient concerns fit into your agenda as they have a voice too so please if nothing else, give them the upperhand in quality of care – we have lost too many patients that was preventable.

Patient and staff safety are a top priority. We are in the process of identifying key quality indicators that will be tracked and reported over time. We will make it a point to obtain input from both staff and patients in future quality initiatives.

25. When will the facilities have electronic medical records?

DPHHS has requested funding for Fiscal Year 2023 to purchase and roll out an electronic medical records system at the state-run facilities. We will keep you updated when we know more.

Employee Salary Questions

26. Why did only some staff receive raises? This was never addressed with the staff who did not get raises.

Wage increases are negotiated with union leadership for each collective bargaining unit. If you have questions about the negotiation process, please contact your union representative. If you are non-union and have questions about pay, please contact HR.

27. Although wonderful raises were just given to most of the staff, what was done for those who have longevity? There wasn't even acknowledgement.

The State of Montana offers a Longevity Allowance. The Longevity Allowance is negotiated with union leadership and members of management representing all State Agencies. It is a percentage rate on top of your base salary. You can find the different percentage rates on the State's website.

Staffing Questions

28. What is the plan to retain and recruit more RN's? What steps are being taken to hire more permanent long term state employees?

There are multiple ways we are working to recruit and retain staff. DPHHS has hired a recruiting company, recently raised wages, and is working to improve the climate and culture at our facility through employee input. A&M is in the process of evaluating recruitment strategies of each facility with a plan to improve staffing levels moving forward.

29. Have you looked at exit surveys of staff who have quit in the last 2 years? Was there a common theme issues? If yes, what were they and how would you propose to fix the issues to help employee retention?

Yes, we are looking at exit surveys. Main themes: unhappy with supervision, burn out from COVID. Still in process of working with A&M to analyze the exit surveys. This is an ongoing process and we're still figuring out how to address this.

30. How do you get upper management to appreciate the value of the employees that they have working with the residents on the floor? This could help a lot with employee retention.

We are taking steps in the retention of our employees such as increase wages. With A&M and Deputy Facilities Division Director Will Evo, we have been looking at any cultural changes we can make including training needs.

31. Will there be training for management as the negative reinforcement has manifested a poor condition to work in / many feel attacked instead of supported...

We are working with our leadership team and managers to better equip them with the skills and resources needed to support staff they supervise. We want all staff to have the tools needed to be the most successful in their roles.

32. Who do we talk to about concerns when we feel unsupported by our supervisors / how do we contact this person or people?

Each facility's front office has an open-door policy. If you feel you are unsupported by your supervisor, please arrange a time to talk with your facility administrator.

Policy Questions

33. Why can a low-level management position override policy to the effect of making their job easier and it more difficult for those that serve under them?

Everyone needs to follow our policies and procedures. If they are not being followed, please notify your supervisor. If there continue to be issues, please let the facility administrator or compliance officer know.

34. Are there any plans for restructuring the employee grievance investigation process so that employees submitting a grievance or concern can be confident that they are protected from retaliation, and that the investigation was fully followed through by an unbiased investigator? What I mean is, managers currently back each other up, and employees are labeled as "troublemakers" and are not considered for management positions regardless of qualifications. So managers are selected with no management or clinical experience. Can you guys assure that this can be remedied?

Retaliation is never acceptable, and it needs to be addressed with HR. We are not looking at changing the existing employee grievance process; it is dictated by State policy and each Collective Bargaining Agreement. Please reach out to HR for more information about the grievance process.

Our goal is to recruit and hire the best candidates. While some people may not agree with a hiring decision, we must all support each other and create a positive work environment.

35. Why does it take so long for the background checks? Some applicants have accepted other jobs during the lengthy time it takes for the background check to come back. Is there another service available that would be more timely?

The standard turnaround time for background checks is 3-7 business days. If something comes up on a candidate's background check, the candidate must provide a written response and then HR must evaluate the response. This slows down the process.

36. Why do only certain positions at the facility have to clock in and out through the time clock? Many positions here at the facility submit their time on their computer and have the ability to fill out their entire time card at one time. The only person who should be exempt from using the time clock is the Facility Administrator.

We are looking into the state's policy and regulatory requirements. We hope to release updated guidance about who should be clocking in and out by time clock or using their computer.

37. Why are our policies and procedures not followed? Some staff are allowed to do things differently than others.

Everyone needs to follow our policies and procedures. If they are not being followed, a supervisor needs to be notified. If issues continue, the facility administrator or compliance officer should be notified.

We are in the process of updating the policies. Our policies should reflect how we are running.

Climate & Culture Questions

38. How do we take the positive data outcomes from the survey that were completed and continue to promote that in new ways and ideas that have not been present yet?

The survey results were informative and it's important that we use this data to make improvements at our facility. Some ideas were discussed in employee town halls. We are working with DPHHS and A&M to create improvement goals and strategies to reach our goals.