Department Updates

Children, Families, Health, and Human Services Interim Committee
May 5, 2026

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agenda

- 2027 Legislative Planning
- H.R. 1 Implementation
- Rural Health Transformation Program (RHTP)
- Child and Family Service Review (CFSR) Program Improvement Plan (PIP) Pilot
- Behavioral Health System for Future Generations (BHSFG)
- Montana State Hospital (MSH)
- Forensic Mental Health Facility (FMHF)

2027 Biennium Interim: Unprecedented Scope of Simultaneous Transformation

RHTP:
$233.5M federal investment in rural health transformation

H.R. 1:
Community Engagement implementation and other Medicaid/SNAP reforms

MSH Recertification and Facilities Turnaround:
Tens of millions invested to improve infrastructure and patient care

BHSFG:
20+ behavioral health and developmental disability reform workstreams

Technology Modernization:
16 projects currently underway

New 32-bed Forensic Mental Health Facility:
On track to break ground in 2026

Implementing Major Legislation from 2025 Session:
178 bills involving DPHHS

Enterprise Centralization:
HR, IT, and Procurement

And more...

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

2027 Legislative Planning

Charlie Brereton, Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HHS Legislative Priorities by Theme

- Federal compliance and funding alignment (HELP/H.R. 1)
- Child welfare, family stability, and permanency
- Public health and overdose prevention
- Program integrity and fraud prevention
- Statutory modernization and administrative efficiency/Red Tape Relief

H.R. 1 Implementation

Jessie Counts, Human Services Executive Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

H.R. 1 Implementation

- Background
- Overview of Community Engagement Requirements
  - Who is Affected
  - Who is Excluded
  - 6 Month Redeterminations
  - Applications vs. Redeterminations
- Change Reporting, Appeals, and Noticing
- How Organizations Can Help

H.R. 1 and Impacts to Medicaid

On July 4, 2025, the House Reconciliation bill (H.R. 1), also known as “H.R. 1” or the “One Big Beautiful Bill Act,” was signed into law. This law:

- Affects how people qualify for Medicaid coverage
- Introduces new requirements for staying enrolled
- Primarily impacts Medicaid Expansion adults

Montana's Commitment to Community Engagement (CE)

Montana state leadership, including the Governor and Legislature, have long signaled their commitment to implementing community engagement requirements.

- In 2019, the state passed a Medicaid reform bill that required community engagement for Medicaid expansion population. It was not implemented due to changing policies at the federal level.
- In 2025, the Montana Legislature passed HB 245, a Medicaid reform bill that extended Montana's Medicaid Expansion program.
- In 2025, Montana submitted the HELP Waiver to align with Montana state law to the greatest extent possible while also meeting new federal statutory requirements (H.R. 1).
- Montana intends to use lessons learned to effectively implement CE requirements as a national early adopter.

Who is Affected?

Medicaid Expansion Adults Ages 19-64.

- Low-income adults (with income between 0-138% FPL)
- Both new applicants and existing members
- Those without qualifying exclusions

Community Engagement Requirements

80 Hours Per Month

Non-excluded adults must complete 80 hours of approved activities monthly to maintain coverage.

Qualifying Activities

- Working at a job
- Community service or volunteering
- Workforce training or job readiness programs through the State of Montana
- Going to school (college or vocational school)
- Mixing activities (i.e. 60 hours work + 20 hours volunteering)

Verification Requirements

Members must provide proof of hours:

- Pay stubs from employment
- Official letters from schools
- Signed volunteer logs with hours
- Data matching with state programs

Who is Excluded? (Part 1)

- American Indian/Alaska Natives
- Children ages 18 or younger
- Adults ages 65 or older
- Pregnant and postpartum individuals (up to 12 months)
- Former Foster Youth
- Parents/caregivers of children under age 14
- Parents/caregivers of persons with disabilities
- Veterans with total disability ratings
- People who are medically frail
- People enrolled in substance use disorder treatment
- Currently incarcerated or recently released individuals
- Individuals eligible for Medicare
- SSI or SSDI recipients

Who is Excluded? (Part 2)

People experiencing one of the following short-term hardship events:

- Receive inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or similar services
- Reside in a county where there is a federal emergency or disaster declaration
- Reside in a county that has an unemployment rate greater than the lesser of 8 % or 1.5 times the national unemployment rate
- Have necessary travel for medical services not available in the community for a serious medical condition

Understanding "Medically Frail"

People with serious health problems may qualify:

- Serious or complex physical health conditions
- Serious mental health conditions
- Difficulty with daily tasks due to health

Note: *Final definition is still being developed by DPHHS.*

Special Population Considerations

- Seasonal workers: complete CE requirements through mixing activities
- Medicaid for Workers with Disabilities: unchanged
- Alignment with SNAP/TANF requirements when possible

Six-Month Redeterminations

Starting January 1, 2027, coverage must be redetermined every six months instead of annually.

- Must show **continued compliance or exclusion**
- American Indian/Alaska Native members **remain on annual schedule**

New Applications

- New applications received upon go-live will be evaluated for CE requirements.
- Applicants who do not meet CE requirements will be **sent a notice of non-compliance.**
- Applicants will have **30 days to prove they met CE requirements** in the month prior to their application **or currently qualify for an exclusion.**

Redeterminations

- Redeterminations will undergo Ex-Parte. For redeterminations where Ex-Parte is unsuccessful and the member is found to not meet CE requirements, DPHHS will **send a notice of non-compliance alongside the redetermination packet.**
- Members will have **30 days to prove they met CE requirements or qualify for an exclusion** for at least 3 months since their most recent redetermination (months can be non-consecutive).

Required Change Reporting

Members must report changes affecting eligibility:

- Household composition changes
- Income changes
- Employment or education status
- Citizenship or immigration status

How to Apply or Report Changes

- **Online:** apply.mt.gov
- **Phone:** 1-888-706-1535 (PAHL)
- **Mail:** PO Box 202925, Helena MT 59602-2925
- **In person:** Local OPA office

Notices and Communication

Members will receive notices about:

- Eligibility decisions
- Noncompliance with requirements
- Required actions to maintain coverage

Members can keep their contact information current through the self-service portal.

Appeals and Fair Hearings

- All members can appeal adverse decisions
- Fair Hearing process available
- Instructions included in Notice of Adverse Action
- Visit Office of Administrative Hearings webpage

Noncitizen Medicaid and Retroactive Coverage

Noncitizen Medicaid

- H.R. 1 included changes that limit federal funding for Medicaid coverage for certain categories of qualified noncitizens.
- This change will be implemented on October 1, 2026

Retroactive Coverage

- H.R. 1 also changes retroactive coverage for the Medicaid Expansion population from three months to one month, effective January 1, 2027.

How Organizations Can Help

- Help members update contact information
- Educate about new requirements
- Assist with documentation gathering
- Identify potential exclusions
- Facilitate volunteer opportunities
- Provide verification documentation

Supporting Documentation Needs

Your organization can provide members:

- Signed volunteer hour logs
- Program participation letters
- Service activity documentation

Key Messages for Members

- Read all mail from DPHHS carefully
- Respond to requests promptly
- Keep contact information current
- Track qualifying activities and hours

Common Questions to Anticipate

- "Do these requirements apply to me?"
- "Do I qualify for an exclusion?"
- "What counts as qualifying activities?"
- "How do I prove my hours?"

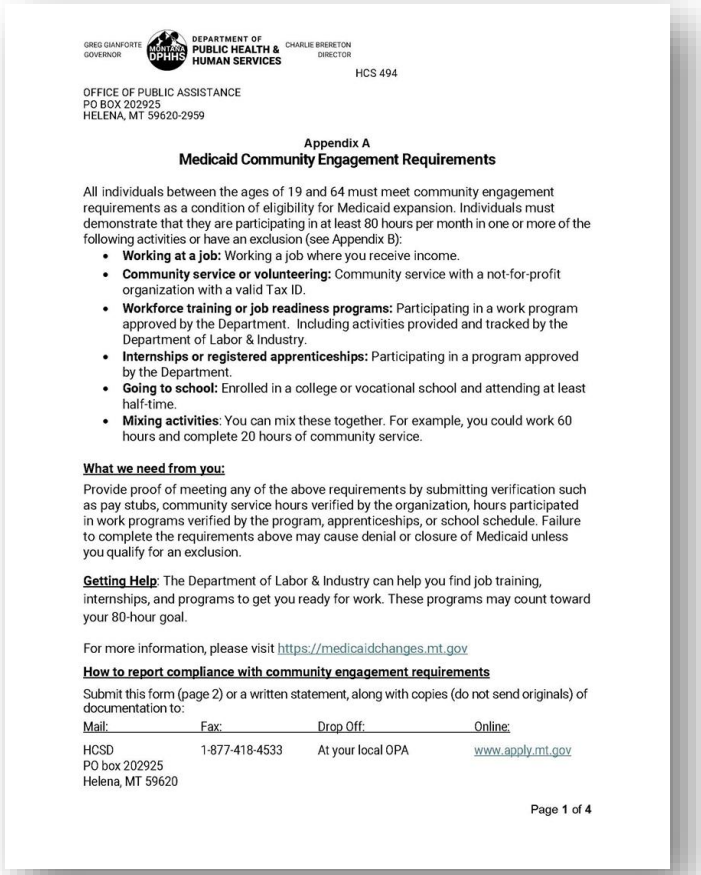
Self-Service Portal Benefits

Encourage Members to create accounts at apply.mt.gov:

- Check redetermination dates
- Opt-in to email notifications
- Report changes online
- Track case status

Forms Walkthrough

CE Reporting Form



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Appendix A
Medicaid Community Engagement Requirements

All individuals between the ages of 19 and 64 must meet community engagement requirements as a condition of eligibility for Medicaid expansion. Individuals must demonstrate that they are participating in at least 80 hours per month in one or more of the following activities or have an exclusion (see Appendix B):

- **Working at a job:** Working a job where you receive income.
- **Community service or volunteering:** Community service with a not-for-profit organization with a valid Tax ID.
- **Workforce training or job readiness programs:** Participating in a work program approved by the Department. Including activities provided and tracked by the Department of Labor & Industry.
- **Internships or registered apprenticeships:** Participating in a program approved by the Department.
- **Going to school:** Enrolled in a college or vocational school and attending at least half-time.
- **Mixing activities**: You can mix these together. For example, you could work 60 hours and complete 20 hours of community service.

What we need from you:

Provide proof of meeting any of the above requirements by submitting verification such as pay stubs, community service hours verified by the organization, hours participated in work programs verified by the program, apprenticeships, or school schedule. Failure to complete the requirements above may cause denial or closure of Medicaid unless you qualify for an exclusion.

Getting Help: The Department of Labor & Industry can help you find job training, internships, and programs to get you ready for work. These programs may count toward your 80-hour goal.

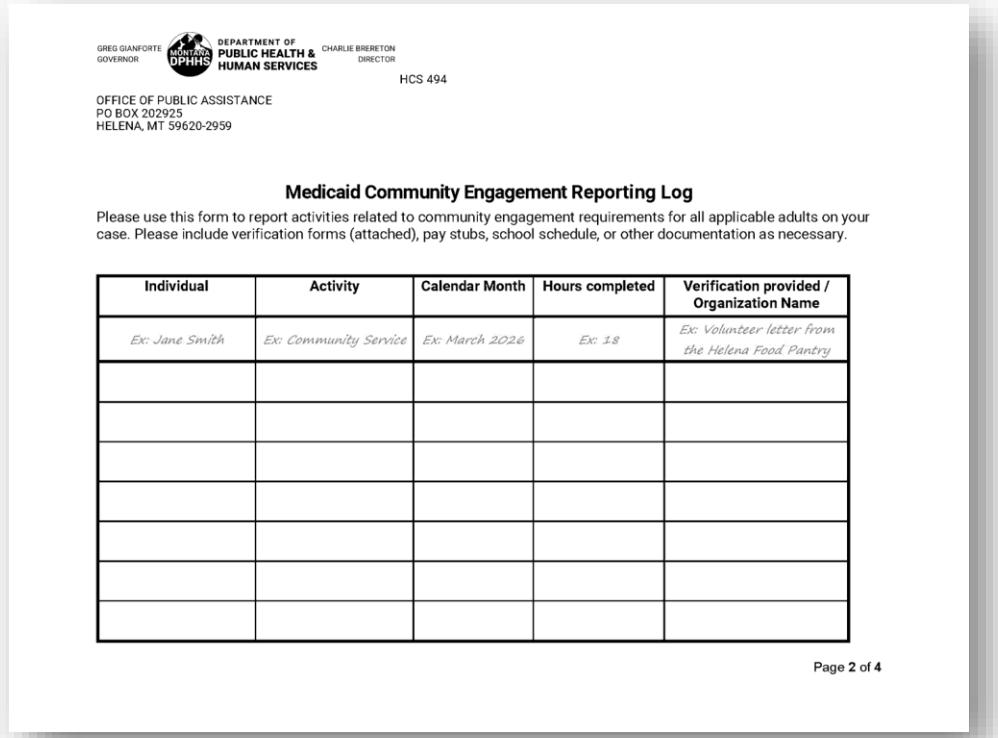
For more information, please visit https://medicaidchanges.mt.gov

How to report compliance with community engagement requirements

Submit this form (page 2) or a written statement, along with copies (do not send originals) of documentation to:

Mail:	Fax:	Drop Off:	Online:
HCSD PO box 202925 Helena, MT 59620	1-877-418-4533	At your local OPA	www.apply.mt.gov

Page 1 of 4



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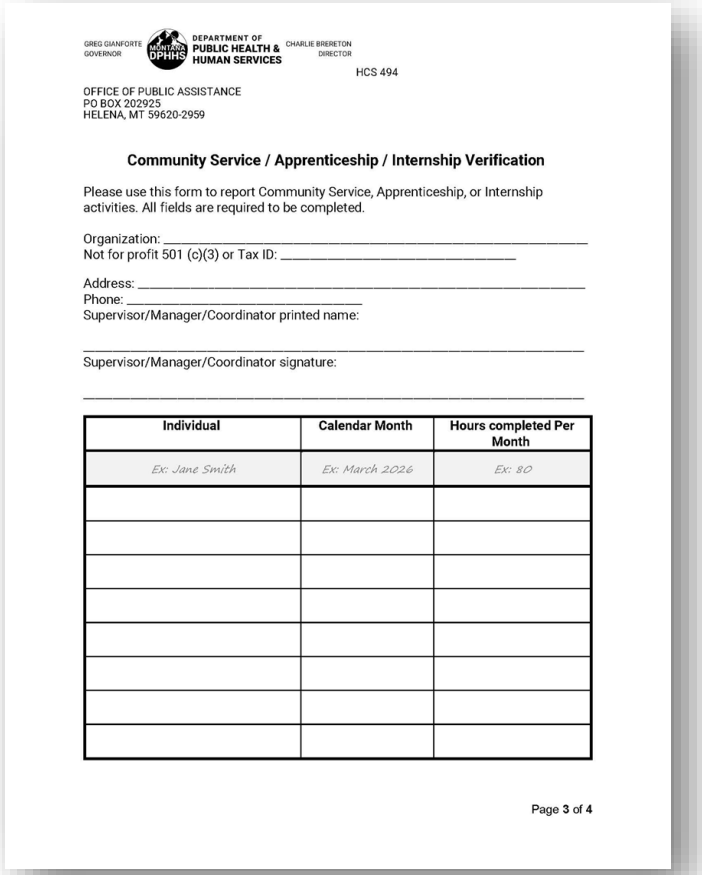
Medicaid Community Engagement Reporting Log

Please use this form to report activities related to community engagement requirements for all applicable adults on your case. Please include verification forms (attached), pay stubs, school schedule, or other documentation as necessary.

Individual	Activity	Calendar Month	Hours completed	Verification provided / Organization Name
Ex: Jane Smith	*Ex: Community Service*	*Ex: March 2026*	*Ex: 18*	*Ex: Volunteer letter from the Helena Food Pantry*

Page 2 of 4



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Community Service / Apprenticeship / Internship Verification

Please use this form to report Community Service, Apprenticeship, or Internship activities. All fields are required to be completed.

Organization: _____
Not for profit 501 (c)(3) or Tax ID: _____

Address: _____
Phone: _____
Supervisor/Manager/Coordinator printed name:

_____
Supervisor/Manager/Coordinator signature:

_____

Individual	Calendar Month	Hours completed Per Month
Ex: Jane Smith	*Ex: March 2026*	*Ex: 80*

Page 3 of 4

CE Exclusion Form (1 of 2)

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Appendix B
Community Engagement Exclusions

Individuals who meet one of the approved exclusions listed below are not required to meet the community engagement requirements to maintain Medicaid coverage. This form is required for each individual in the Medicaid household between the ages of 19 and 64 who is reporting a possible Exclusion. Verification of exclusion may be required.

Verification:

Based on the information provided on this form, the Department may attempt to verify your exclusion through data matching or require you to provide additional documentation.

Examples of Exclusion Verification:

- **Medicare:** Medicare card or award letter
- **Veteran (100% disability):** VA award letter (must show disability rating)
- **Caregiver (child under 14 or disabled person):** Birth/guardianship certificate and/or medical proof of disability; attestation of parent/guardian or disabled individual
- **Released from public institution within 90 days:** Release papers or facility documentation
- **Alcohol/Drug Treatment Program:** Enrollment or attendance letter
- **Medically Frail:** Substance use disorder; disabling mental disorder; physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; a serious or complex medical condition: statement from a provider, facility or signed statement

You only meet the Community Engagement rules during the months when your exclusion applies. If your exclusion ends, you will need to either meet the Community Engagement rules or qualify for a different exclusion to keep your Medicaid coverage.

For more information, please visit http://medicaidchanges.mt.gov

How to report compliance with community engagement requirements?
Submit this form along with copies (do not send originals) of any documents to:

Mail:	Fax:	Drop Off:	Online:
HCSD PO box 202925 Helena, MT 59620	1-877-418-4533	At your local OPA	www.apply.mt.gov

Page 1 of 5

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Community Engagement Exclusions

Please use this form to report exclusion(s) related to community engagement requirements and submit with your application.

Name_____ Medicaid ID (if known) _____

Type of Exclusion		Verification Provided / Dates (if applicable)
Eligible for Medicare	☐	*Letter from SSA or Medicare card*
American Indian or Alaska Native	☐	*Enrollment Number, letter from IHS, or Attestation Form (attached)*
Former foster child under 26 years of age	☐	*Attestation Form (attached)*
Veteran with a disability *(Veteran Disability rating of 100%)*	☐	*Statement from the VA showing disability rating*
Care of dependent child under age 14, or for a disabled individual	☐	*Name of child on case or Attestation Form (attached)*
Pregnant or Postpartum	☐	*Statement from a provider or Attestation Form (attached)*
Inmate or incarcerated within the last 90 days	☐	*Statement from the facility (jail, prison, etc.)*
Participating in an alcohol or drug addiction treatment program	☐	*Statement from the facility*
Individuals with substance use disorder	☐	*Statement from a provider or facility or Attestation Form (attached)*
Individual with a disabling mental disorder	☐	*Statement from a provider or facility or Attestation Form (attached)*
Individuals with physical, intellectual, or developmental disability that significantly impairs ability to perform daily activities; or with a serious or complex medical condition	☐	*Statement from a provider or Attestation Form (attached). For more information on what conditions are included, go to http://medicaidchanges.mt.gov*
Necessary travel for medical services not available in the community for a serious medical condition.	☐	*Statement from a provider or Attestation Form (attached)*
Individual receiving inpatient or institutional services	☐	*Statement from a provider or Attestation Form (attached)*

Page 2 of 5

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General Exclusion Attestation Form

I, _____, confirm that (check one or more):

☐ I am American Indian, Alaska Native, California Indian and/or eligible for services through Indian Health Services
☐ I am a former foster child under 26 years of age and I was in foster care when I turned 18
  - ○ *I was last served in the state of Montana as a foster child*
  - ○ *I was last served in a state other than Montana as a foster child*

☐ I am pregnant*
☐ I have a substance use disorder*
☐ I have a disabling mental disorder*
☐ I have a physical, intellectual, or developmental disability that significantly impairs my ability to perform daily activities; or a serious or complex medical condition*
☐ I must travel for medical services not available in my community for a serious medical condition*
☐ I am receiving inpatient or institutional services*

*Verification will likely be required at the next redetermination.

Penalty of Perjury Statement
I declare under penalty of perjury, under the laws of the State of Montana and federal law, that the information on this form is true, correct, and complete.
I understand that if I provide false incorrect, or incomplete information, it may result in:

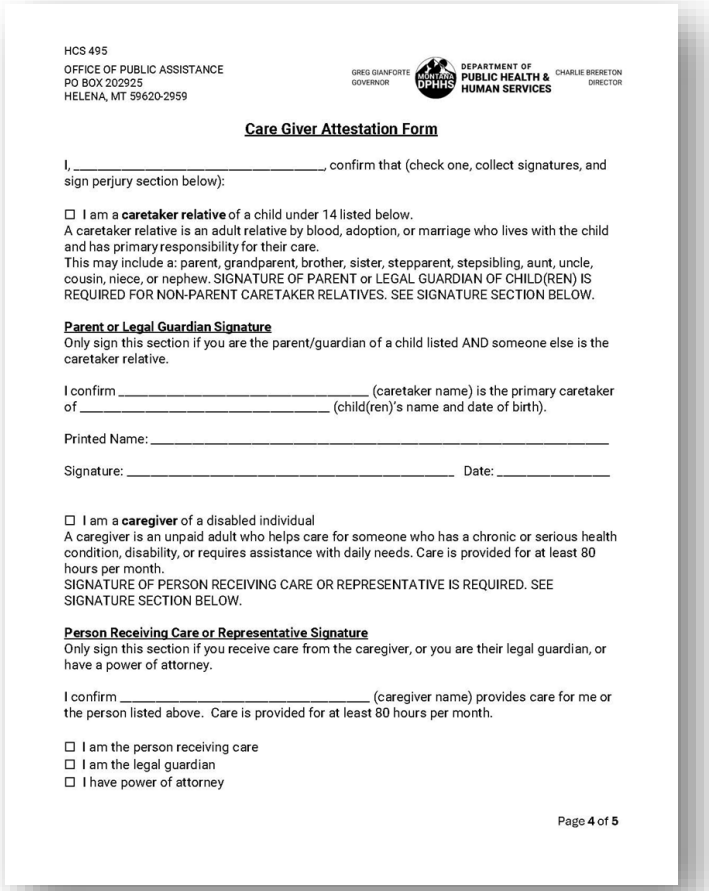
- Denial or loss of benefits
- Repayment of benefits I was not eligible to receive
- Civil or criminal penalties

Printed Name: _____

Applicant Signature: _____ Date: _____

Page 3 of 5

CE Exclusion Form (2 of 2)



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Care Giver Attestation Form

I, _____, confirm that (check one, collect signatures, and sign perjury section below):

☐ I am a **caretaker relative** of a child under 14 listed below.
A caretaker relative is an adult relative by blood, adoption, or marriage who lives with the child and has primary responsibility for their care.
This may include a: parent, grandparent, brother, sister, stepparent, stepsibling, aunt, uncle, cousin, niece, or nephew. SIGNATURE OF PARENT or LEGAL GUARDIAN OF CHILD(REN) IS REQUIRED FOR NON-PARENT CARETAKER RELATIVES. SEE SIGNATURE SECTION BELOW.

Parent or Legal Guardian Signature
Only sign this section if you are the parent/guardian of a child listed AND someone else is the caretaker relative.

I confirm _____ (caretaker name) is the primary caretaker of _____ (child(ren)'s name and date of birth).

Printed Name: _____

Signature: _____ Date: _____

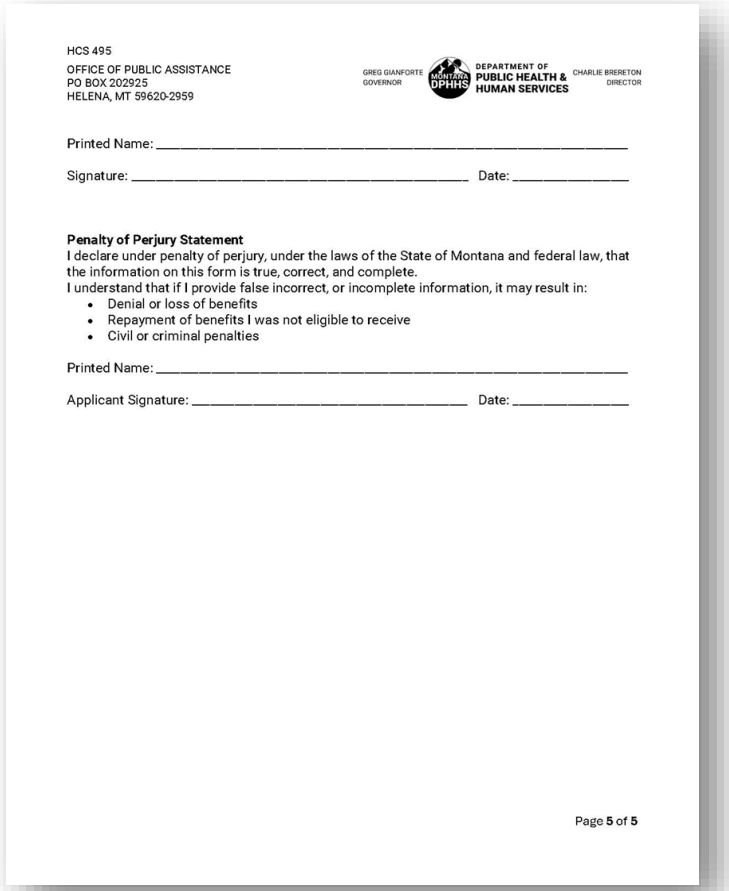
☐ I am a **caregiver** of a disabled individual
A caregiver is an unpaid adult who helps care for someone who has a chronic or serious health condition, disability, or requires assistance with daily needs. Care is provided for at least 80 hours per month.
SIGNATURE OF PERSON RECEIVING CARE OR REPRESENTATIVE IS REQUIRED. SEE SIGNATURE SECTION BELOW.

Person Receiving Care or Representative Signature
Only sign this section if you receive care from the caregiver, or you are their legal guardian, or have a power of attorney.

I confirm _____ (caregiver name) provides care for me or the person listed above. Care is provided for at least 80 hours per month.

☐ I am the person receiving care
☐ I am the legal guardian
☐ I have power of attorney

Page **4** of **5**



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Printed Name: _____

Signature: _____ Date: _____

Penalty of Perjury Statement
I declare under penalty of perjury, under the laws of the State of Montana and federal law, that the information on this form is true, correct, and complete.
I understand that if I provide false incorrect, or incomplete information, it may result in:

- Denial or loss of benefits
- Repayment of benefits I was not eligible to receive
- Civil or criminal penalties

Printed Name: _____

Applicant Signature: _____ Date: _____

Page **5** of **5**

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Rural Health Transformation Program

Gene Hermanson, Deputy Medicaid Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

RHTP Implementation

Recent accomplishments

- Conducted first Virtual **Vendor Fair** on March 11th **– vendors excited to participate in RHTP work**
- Released **Center of Excellence (CoE) Data & Strategy & CoE implementation RFs**
- Finalized **MOU with DLI**
- Onboarded **four RHTP Program Managers, Comms Officer and Grants Manager**
- Submitted **refined implementation plans to CMS**
- **Published** first RHTP Newsletter
- **Released RFI** for Medicare/Medicaid dual eligible interventions

Current priorities

- Complete hiring and onboarding for **RHTP Unit**
- **Building internal capacity** and tools to support program implementation
- Preparing **Wave 2 procurements**
- Drafting **Tribal CHAP admin hub scope of work**
- Designing **CoE governance and operating model**
- Designing **grant programs**

Upcoming milestones

- Mid May- First **RHTP CMS site visit**
- Mid May– begin **reviewing CoE Strategy and Analytics and CoE implementation RFP responses**
- Early June – **release school-based services RFP**
- Early July – begin **accepting grant applications** (EMS initatives, EHRs)

Source: MT RHTP Project and Budget Narrative; CMS RHTP Notice of Funding Opportunity

Center of Excellence Advisory Council Membership

The Center of Excellence Advisory Council allows for representation of provider, consumer, facility, government, legislative, and tribal perspectives. The 25-member council is made up as follows:

Facility Representatives (12)	• PPS facility representatives (4)
	• FQHC representatives (2)
	• Critical Access Hospital/Rural Emergency Hospital facility representatives (6)
	  ○ 2 affiliated with PPS hospital
	  ○ 4 independent

Consumers and Community (3)	• Consumer of healthcare representative (1) • Tribal health representative (1) • Primary Care Clinical Physician (1)
Government and Administration (2)	• DPHHS representatives (2)
Legislative (3)	• Republican representatives (2) • Democrat representative (1)
Provider Organizations (5)	• Statewide hospital organization representative (1) • Statewide primary care organization representative (1) • Healthcare facility-owned organization/professional network representative (1) • Health insurance carrier representative (2)

Overview of RHTP Contracting Mechanisms (1/2)

End recipients primarily receive goods / services (e.g., refurbished ambulance, technical assistance to providers) End recipients primarily receive funds (e.g., CoE provider payments, training funds) **ILLUSTRATIVE**

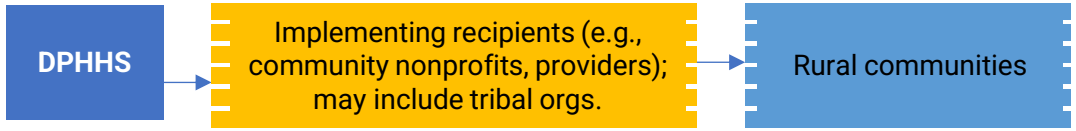
1 Direct grant programs

Programs

Program name	Posted by	FFY26 budget
3.2 Community paramedicine grants	Jun 30, 2026	$1.5M
3.2 Pre-hospital blood administration grants	Jul 31, 2026	$0.5M
3.3 Pharmacist point of care testing grants*	Jul 31, 2026	$1.0M
4.3 Community wellness grants	Oct 31, 2027	*n/a*
5.2 EHR modernization grants	Jun 30, 2026	$30.6M

Description

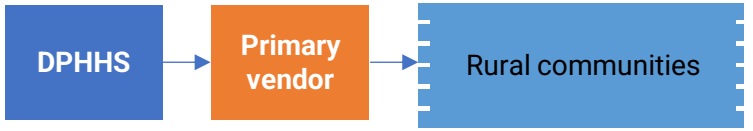
- Provider / community orgs. apply for funds (e.g., individual groups submit grant applications for community wellness projects based on community needs)
- Funds disbursed in grantee agreements with DPHHS (e.g., agreement on community garden implementation plan, outcomes, and milestones)
- Grant recipients directly manage programs and deploy funding



2 Direct implementation by primary vendor[1]

Program name	Posted by	FFY26 budget
2.1 CoE analytics	March 31, 2026	$11.6M
2.2 IDD telehealth services	*n/a – selected*	$1.2M
3.1 Medicaid VBC TA	*n/a – selected*	$0.5M
3.1 Integrated care for duals (RFI)	June 30, 2026	$1.2M

- Primary vendor contracts with DPHHS and receives funds (e.g., wins RFP bid for integrated care for duals)
- Primary vendor directly carries out scope of work in service of rural communities, without subcontractors (e.g., shapes care management services to deliver integrated care)



* Pharmacy grants may end up becoming an RFP

1 Preliminary based on current program design; selected vendors may propose different structures SOURCE: MT RHTP Budget Narrative, Project Narrative

Overview of RHTP Contracting Mechanisms (2/2)

End recipients primarily receive goods / services (e.g., refurbished ambulance, technical assistance to providers) End recipients primarily receive funds (e.g., CoE provider payments, training funds) **ILLUSTRATIVE**

3 Implementation through primary vendor and sub-recipients[1]

Programs	Program name	Posted by	FFY26 budget
	1 Workforce attraction, training, retention (DLI)	*June 30, 2026*	$20.6M
	2.2, 2.3, 3.4, 4.1, 4.2, 5.1 CoE implementation (includes programs across initiatives: telemedicine expansion, shared vendor services, outpatient expansion, mobile care vans, facility repairs, crisis safe spaces, pop health mgmt. interventions)	March 31, 2026	$105.5M
	4.1 School-based care	June 30, 2026	$5.0M
	5.1 HIE data usability	*n/a – selected*	$2.0M

Description

- Primary vendor contracts with DPHHS and receives funds (e.g., wins RFP bid for school-based services)
- Primary vendor determines site-level implementation plan (e.g., which schools house what care site types) and costs per site
- Primary vendor identifies and oversees sub-contractors to deliver scope of work (e.g., medical equipment suppliers, renovation contractors, billing software providers) *and/or*
- Primary vendor identifies and oversees vendor-managed grants to deliver scope of work

1. Preliminary based on current program design; selected vendors may propose different structures SOURCE: MT RHTP Budget Narrative, Project Narrative

Planned RHTP Funding Opportunities By End Recipient: Additional Descriptions[1]

PRELIMINARY; SUBJECT TO CHANGE BASED ON CMS APPROVAL AND PROGRAM NEEDS Funding starts in 2026 Funding starts in future years

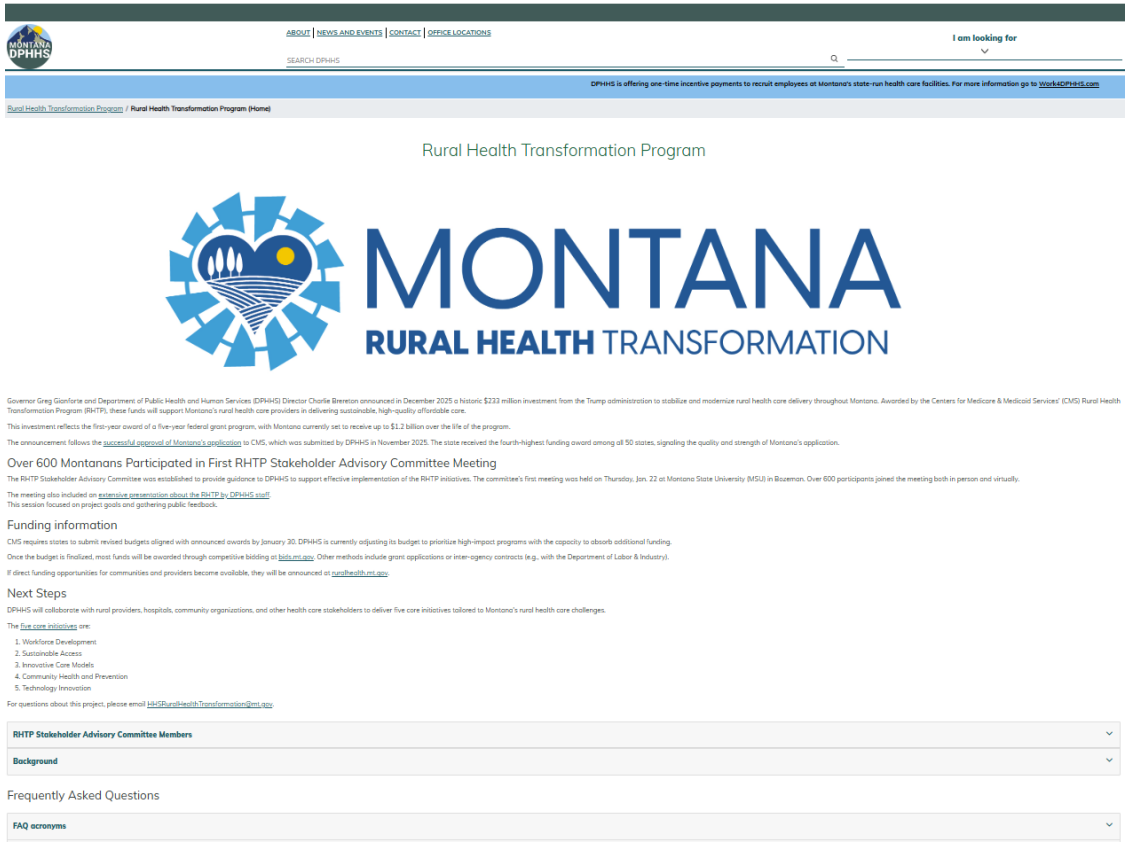
Recipient	Opportunity	Purpose of funding
Provider organizations	1.2 Preceptor incentives and support	Offer financial incentives and training to attract and increase the capacity of qualified preceptors and mentors
	2.1 CoE payments	Fund costs of CoE program entry (e.g., data preparation) and targeted svcs. to improve outcomes / access
	2.2 Telehealth capability development	Fund teleservice equipment, provider onboarding, training, and upfront technology costs (where needed)
	3.3 Point-of-care-testing startup	Cover startup costs for pharmacist point-of-care testing, incl. for medical equipment and rapid diagnostic tests
	3.4 Outpatient expansion renovations	Renovate existing infrastructure and invest in outpatient equipment to restructure outpatient capacity[3]
	4.1 Mobile care vans	Purchase and equip mobile care vans to deliver preventive services, screenings, and immunizations
	4.2 Critical repairs, crisis safe space buildouts	Invest in critical repairs and tech to improve rural facility efficiency; set up crisis safe spaces at targeted facilities
	5.1 PHM intervention pilots[5]	Pilot population health management interventions as identified through HIE-facilitated population health analysis
	5.2 EHR modernization	Extend EHR access through community connect hubs or standalone subsidies; fund activation of consumer-facing nutrition and chronic disease management EHR modules
Healthcare trainees / professionals	1.1 Professional training support	Fund technical instruction for HCPs, including MDs, NPs, PAs, RNs, dental hygienists, midwives, EMTs
	1.2 Supportive services for workforce	Provide time-bound relocation assistance and wellness & resilience programs for HCPs in rural communities
	1.3 RHCN participation support[2]	Offer stipends for Rural Health Care leadership to attend national conferences
	4.1 Tribal CHAP training support[4]	Offset training costs for CHAP participants
	4.1 Tribal “Caring For Our Own” Program	Offset training costs for American Indian nursing students
Community groups / other orgs.	1.3 RHCN participation support[2]	Expand RHCN programming, including educational webinars, hosting conferences, and provide cohort trainings
	3.2 EMS infra., community paramedicine, blood storage	Fund EMS infrastructure upgrades, ambulance blood storage equipment, and community paramedic training for in-home care services
	4.1 Tribal CHAP startup[4]	Cover initial training and development costs for CHAP
	4.3 Community nutrition grants	Create high-impact community spaces promoting nutrition and healthy lifestyles

1. Immediate cash recipients from the State, not to be conflated with end beneficiaries; excludes intermediaries/service providers (including vendors procured through RFPs listed on prior page) | 2. Rural Health Care Network | 3. In line with CoE recommendations to improve rural facility financial sustainability and community health access | 4. Community Health Aide Program | 5. Population Health Management

RHTP Website: ruralhealth.mt.gov

Check the **website** and sign up for our email list (form is on the website) for program updates, including on procurements and job postings

Share your input and ask questions through our **RHTP email:** HHSRuralHealthTransformation@mt.gov.



Initiative 3.2: Modernize EMS Care Model

Delivery definition ✓ Approach confirmed ✓ Approach being developed ○ Not yet started | **Milestone status** ● Complete ● Started, on track ● At risk ○ Not yet started

Goals

- **Launch community integrated health/ community paramedicine TA program** to provide in home clinical and wellness evaluations, chronic disease management, and BH interventions
- Invest in foundational **emergency services infrastructure**
- Pilot **pre-hospital blood administration** program
- Update **Emergency Medical Dispatch System**

Stake-holders

Owner: PHSD-CIH Specialist and I3 PO
DPHHS SMEs / stakeholders: Shari Graham, Maureen Ward, HRD

Delivery

High-level approach:

- ✓ CIH/Community paramedicine: PHSD to contract with CIH sites, identify trainings gaps by end of June (contingent on FTE)
- ✓ EMS Dispatch system: PHSD to support RFP drafting for new system
- ✓ EMS infrastructure: DPHHS grants program in close partnership with MDT
- ✓ Pre-hospital blood program: PHSD to propose grant structure

✓ **Detailed approach:** PHSD refining implementation plan for CIH/ community paramedicine and pre-hospital blood program

Related efforts

1.1 Increase recruitment of rural health care workers and training of rural healthcare workers may overlap in scope with community integrated health/ paramedicine program

Priority implementation milestones[1]

Mar 2026
- Finalize operating and governance model for EMS modernization efforts
- Finalize procurement / RFP method to be used for EMS modernization efforts

Jun 2026
- Initiate procurement process to identify contractors to support with EMS infrastructure program and EDM system
- Begin process to allow for reimbursement of Treat no Transport
- Begin designing CIH/community paramedicine program and pre-hospital blood pilot (e.g., define criteria for participation)

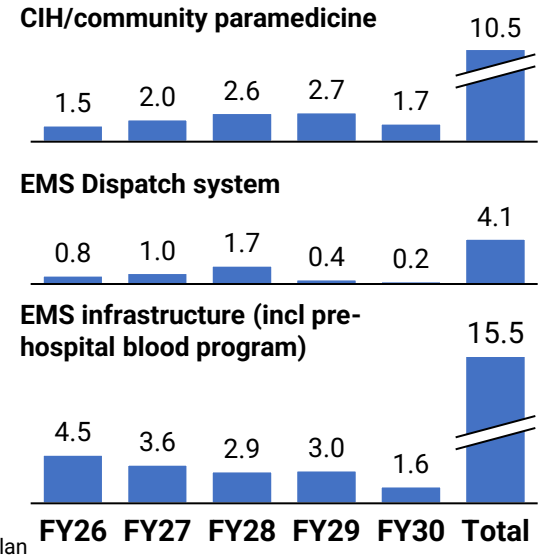
Sep 2026
- Finalize contractor(s) documentation to begin implementation
- Complete design of CIH/community paramedicine program and pre-hospital blood pilot
- Draft and submit request for coverage of Treat no Transport
- Grant awards for wave 1 participants of pre-hospital blood pilot and CIH/community paramedicine program
- Begin collaboration process with private payors to discuss opportunity for plan to include commercial coverage of Treat no Transport

Annual budget ($M)[2]

CIH/Community paramedicine program funding **primarily disbursed through contracts with limited administrative funds staying in PHSD**

EMS Dispatch system funding disbursed through a **contract**

Pre-hospital blood pilot funding disbursed through **grants** administered by PHSD



Source: Montana RHTP Project Narrative, Budget Narrative, Implementation Plan as of 13 February 2026

1. Not exhaustive; emphasizes nearer-term milestones and long-term milestones tied to impact targets or substantive outputs; milestones due at end of listed month, per implementation plan
2. Assumes $233M total RHTP funding in FFY26 and $200M each in FFY27-30, pending further CMS decisions

Current Status of EMS Programs

Programs	Status
Community integrated health/ community paramedicine TA program	• PHSD is designing a non-competitive grant programs for eligible agencies; Year 1 funds will focus on existing partners • DPHHS is in the process of defining implementation plan for rolling “Treat and No Transport” codes
Pre-hospital blood pilot	• PHSD is designing a non-competitive grant program for eligible agencies with input from community stakeholders
EMS Dispatch system	• 63% of agencies doing emergency medical dispatch use the CBD EMD program • Current CBD EMD program is no longer supported by King County Public Health outside of their county • PHSD is drafting an RFP based on subject matter expertise and stakeholder engagements
EMS infrastructure funds	• DPHHS is currently designing a non-competitive grant program in close partnership with the Department of Transportation

Required Stevens Amendment Language

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Child and Family Service Review (CFSR) Program Improvement Plan (PIP) Pilot

Jessie Counts, Human Services Executive Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Child and Family Services Review (CFSR)

The Children's Bureau conducts CFSRs, which are periodic reviews of state child welfare systems, to achieve three goals:

- Ensure conformity with federal child welfare requirements
- Determine what is happening to children and families as they are engaged in child welfare services
- Assist states in helping children and families achieve positive outcomes

After a CFSR is completed, all states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement.

CFSR Program Improvement Plan (PIP) Pilot

In January 2026, the Administration for Children and Families (ACF) created a new opportunity for states to enter the PIP Pilot program rather than take the traditional PIP approach.

Key Elements of the Pilot:

- Ratio of foster homes to children (A Home for Every Child framework)
- Focus on outcomes for children, youth, and families
- Focus on implementation and reporting

CFSR PIP Pilot (cont.)

On March 30, 2026, DPHHS formally notified ACF of its intent to participate in the PIP Pilot.

Next Steps:

CFSD participated in the CFSR Round 4 from August 4-8, 2025, and received the final results on March 13, 2026. CFSD has 90 days to submit the initial PIP for approval (by June 12, 2026). There will likely be 1-2 months of negotiation before the PIP is approved by ACF.

BHSFG Update

Meghan Peel, Behavioral Health and Developmental Disabilities Division Administrator

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Implementation Updates

- Residential Grants NTI #2
  - 80 projects have been completed, and 40 projects have been extended by 6 months due to construction delays.
- Wellness Kiosks NTI #9
  - The Department is in the process of executing a contract with Simplichek to place wellness kiosks at strategic sites across the state.
- HB 2 PRTF Bed Expansion
  - Two PRTF Bed Expansion Grant applications were approved, and the Department is in the process of executing agreements.

Implementation Updates (cont.)

- Crisis Receiving and Stabilization NTI #3
  - Journey Home in Helena opened their doors on 4/27/2026.

Implementation Updates (cont.)

- Service Delivery for Complex Needs Rec #3
  - The Department has partnered with IntellectAbility to develop an on-demand I/DD Awareness and Crisis Support for Direct Support Professionals and First Responders training. The training will be completed in Fall 2026.
  - The Department is in the final stages of preparing for the launch of a START Clinical Team RFP.
- Targeted Case Management (TCM) Rec #6
  - The TCM Access Grants for the Youth SED target populations went live on Submittable on 5/1/2026. The Department anticipates funding grants to the first seven applicants that meet all non-competitive eligibility criteria. These grants will support the recruitment and onboarding of new Targeted Case Managers.
- Care Transitions Rec #8
  - A CTI Supervisor was hired and started on 5/4/2026. The CTI team will be hired in a phased manner throughout the rest of the biennium, starting in Summer 2026. The target communities for this pilot program are Missoula, Yellowstone, and Silver Bow counties.

Implementation Updates (cont.)

- 988 Marketing Campaign #9
  - A multi-agency review team has completed its review of the Marketing and Media MSA RFP applicants as of 5/1/2026. Once the MSA contracting process is complete, the Department anticipates posting a Contractor Engagement Proposal (CEP) for the 988 Marketing Campaign. Launch planned for late Summer 2026.
- Workforce Incentivization Rec #19
  - The Department is coordinating with WICHE to conduct a statewide BH/DD workforce needs assessment to inform the tuition reimbursement program. Needs assessment planned to be completed in late 2026.
- CCBHC Rec #22
  - The Department successfully submitted its CCBHC Demonstration Grant application to SAMHSA on 3/31/2026.
  - A CCBHC Program Specialist was hired and the CCBHC Program Analyst position is posted.

Montana State Hospital: Continuous Improvement and Recertification Update

Matt Waller, Health Care Facilities Executive Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

MSH Recertification Survey Pathway

- Although CMS surveys are unannounced, DPHHS is anticipating and preparing for the survey in the near future.
- Key workstreams include:

Deployed Surveyor Engagement Training

Developed training to educate leaders and staff on best practices for CMS surveys

Strengthening Clinical Documentation

Performing daily chart audits, to include daily nursing assessments, treatment plans, progress notes, and core patient-rights elements

Continued Focus on Clinical Competency Development

Key areas of audits include medication administration, nursing care plans, FIT testing, seclusion and restraint, CPR training

Forensic Mental Health Facility Update

Matt Waller, Health Care Facilities Executive Director

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Key Updates

- DPHHS leadership participated in a 35% Design Meeting in early April 2026.
- Preliminary (draft) Montana Environmental Policy Act (MEPA) Environmental Assessment was completed as a collaborative effort between BOI and DPHHS. This document is posted at hb5.mt.gov.
- Public Hearings were held on April 22, 2026, at 10 a.m. and 4 p.m. to hear public comment; representatives from BOI and DPHHS attended.
- Public comment is open and can be made in writing or by emailing FMHF_Comment@mt.gov. Comments will be accepted through May 6 at 5 p.m.
- Comments will be reviewed and addressed in final MEPA assessment.

Conclusion

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES