DPHHS Response to Legislative Committee Information Requests

Requesting Committee: Children, Families, Health and Human Services Interim Committee

Requested Information: Child and Adolescent Day Treatment

1. **What informed the development of the current staffing requirements of ARM 37.106.1936? Are these requirements in place due to safety, cost containment, or another reason?**

The regulatory framework for Mental Health Centers originated in 1998 under the former Title 16, Chapter 32 of the Administrative Rules of Montana (ARM). At that time, statutory necessity criteria permitted a single, comprehensive statement for an entire rule set rather than requiring individual necessity justifications for each new rule.

The original filing justified the adoption of Rules I through XXI as necessary to:

- Establish current and complete licensure standards for mental health centers.
- Provide minimum operational standards reflective of contemporary diagnosis and treatment practices.
- Ensure the safety and well-being of individuals with mental illnesses.

In 2002, the regulations were transferred to the current Title 37, Chapter 106 of the Administrative Rules of Montana (ARM). The transition introduced three specific amendments:

- **Educational Coordination—(2)(e):** Required the provision of appropriate educational and special education services, including formal coordination and collaboration with school districts recognized by the Office of Public Instruction (OPI).
- **Therapist On-Site Requirements—(5):** Required the primary caseload therapist to conduct therapy and remain on-site during all day-treatment operating hours, except when attending off-site meetings directly related to a client's care.
- **Staff-to-Client Ratios—(6):** Clarified that the site-based therapist or program supervisor may be included in the staffing ratio if that person spends at least 50% of their time in the classroom with clients and remains readily available as needed.

The rules remained unchanged until 2024, when part (5) was amended to update the terminology from "in-training practitioner" to "in-training mental health professional."

The Department established these rules to support safe, effective treatment and to ensure adequate services are provided by appropriately qualified personnel.

For more information, contact Tara Wooten at Tara.Wooten@mt.gov.

Requested Information: Rural Health Transformation Program (RHTP)

1. **How do rare blood types relate to the pre-hospital blood program in RHTP?**

In rural prehospital settings, ambulance crews typically carry type O blood because a patient's blood type is unknown during emergency care. Type O red blood cells do not have A or B antigens, which means they are not targeted by naturally occurring antibodies in the ABO blood group system. Because of this, type O blood is used as the standard universal option for immediate transfusion in emergency settings. In practice, O-positive red blood cells may be administered in urgent situations when a patient's ABO type is not yet known, consistent with current emergency transfusion practices.

For more information, contact Michelle McNamee at MMcNamee@mt.gov or Gene Hermanson at GHermanson2@mt.gov.

Requested Information: HR 1

1. **How many people will the Medicaid changes to citizenship impact?**

HR 1 changed Medicaid citizenship eligibility requirements. Effective October 1, 2026, some groups previously covered will no longer be eligible. Coverage will remain available for Lawfully Admitted for Permanent Residence (LAPR), Compact of Free Association (COFA) migrants, and Cuban/Haitian entrants.

As of May 9, 2026, approximately 471 individuals enrolled in Medicaid are no longer eligible. This figure is a point-in-time estimate and may change as new applications are approved and redeterminations occur before October 1.

For more information, contact Jessie Counts at Jessie.Counts@mt.gov.

Requested Information: Medicaid Churning

1. **What are the estimated churn rates for Montana after the implementation of HR1 changes, including community engagement requirements?**

The Department does not anticipate any significant change in Medicaid churn rates following implementation. This expectation is based on historically stable churn rates, including those observed during the redetermination process following the end of the COVID-19 public health emergency.

2. **What populations are most susceptible to churn?**

The Department does not have any specific data on this.

3. **What are the costs associated with churn, including administrative costs to DPHHS, costs due to delayed health care, and other costs?**

The Department does not have any specific data on this.

4. **What is the impact of churn on OPA hotline wait times?**

The Department does not have specific data on this. Churn is not considered a significant contributing factor to the Public Assistance Helpline wait times.

For more information, contact Gene Hermanson at GHermanson2@mt.gov.