

**CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES
INTERIM COMMITTEE
*REVISED DRAFT Work Plan for the 2017-2018 Interim***

by
Sue O'Connell, Research Analyst

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Legislative Services Division
PO Box 201706
Helena, MT 59620-1706
PHONE: (406) 444-3064
FAX: (406) 444-3036
<http://leg.mt.gov/>

INTRODUCTION AND OVERVIEW

The Children, Families, Health, and Human Services Interim Committee (Committee) is one of the interim committees established in law and required to meet between the end of one regular legislative session and the beginning of the next session. State law sets out the duties and responsibilities of interim committees, as follows:

- conducting interim studies as assigned;
- proposing bills and resolutions the committee believes should be presented to the next Legislature; and
- reviewing administrative rules, programs, and legislation for agencies within the committee's jurisdiction. The Committee is responsible under state law for monitoring the Department of Public Health and Human Services (DPHHS), the largest agency in state government.

This interim, the Legislative Council assigned three studies to the Committee, as follows:

- House Joint Resolution 20, health care price transparency;
- House Joint Resolution 17, prescription drug pricing; and
- House Joint Resolution 24, services for developmentally disabled adults.

This work plan details the Committee's study and agency oversight duties for this interim, which effectively runs from June 2017 through *September* 2018. It also discusses other activities the Committee may undertake. The work plan includes:

- a matrix *showing* the level of involvement *the Committee decided to have* in its interim study responsibilities and its DPHHS oversight duties, beginning on Page 11;
- a list of topics for which the Committee *will receive* additional information during the interim, beginning on Page 13;
- *a schedule of activities for each of the Committee's assigned studies and for its review of the Medicaid expansion carried out under the Health and Economic Livelihood Partnership (HELP) act, beginning on Page 15; and*
- *a proposed schedule of activities for each Committee meeting, beginning on Page 19.**

** Throughout this revised document, text in italics indicates changes made to the draft work plan following decisions made at the Committee's June 2017 meeting.*

ASSIGNED STUDIES

The Legislative Council decided on June 6 to assign all 20 study resolutions that were approved by the 2017 Legislature to the various interim committees and to let each committee determine how much time it wants to spend on each study.

Following is a brief description of the studies assigned to the Committee.

- HJR 20, the top-ranked study in the post-session poll of legislators, requests a study of health care price transparency. The resolution asks that the Committee look at factors influencing the cost of health care services, efforts undertaken in other states and in Montana to make prices more transparent, ways to ensure that price transparency efforts include information about quality of services, and ways to encourage consumers to make informed health care decisions.
- HJR 17, a study of prescription drug pricing, ranked third out of the 20 study resolutions. HJR 17 asks the Committee to review changes in prescription drug pricing in the last 10 years, the factors related to price changes, the cost of prescription drugs to publicly funded health benefit programs, and efforts in other states and in Congress to control the price of prescription drugs or obtain more information about how they are priced.
- HJR 24, a study of services for adults with developmental disabilities, ranked 10th out of the 20 study resolutions. It asks the Committee to look at the waiting lists for community services, how limitations on funding may affect the ability of community providers to offer services, barriers to reducing the waiting list, service delivery models in other states, and youth transition into the adult system.

In addition to assigning the three studies to the Committee, the Council also made the following suggestions specific to the Committee's assignments:

- The Committee should consider creating a formal subcommittee that could include public members to work on the HJR 20 study of health care price transparency. The Council agreed to set aside some money from the emerging issues budget to cover subcommittee costs, if necessary.
- The Economic Affairs Interim Committee should consider appointing members to the HJR 20 subcommittee.
- Given the sizable scope of the HJR 17 study of prescription drugs, the Committee should consider whether it has time to undertake the study.

Anatomy of a Study

In general, an interim study follows a basic pattern in which the Committee:

- gathers information about the topic at hand;
- identifies issues of concern or interest in order to narrow the focus of the study; and
- considers options for action, including potential legislation.

The first phase of the study covers the first few meetings of the Committee. Steps taken during this time include:

- review of staff research papers on study topics;
- presentations by stakeholders who can offer specific information or perspectives related to the study; and
- public comment from interested parties, who may offer specific study-related suggestions.

In the second phase of the study, the Committee spends a meeting or two narrowing the focus of the study. During this time, the Committee identifies topics or questions that members would like to address through further analysis or legislation. This phase helps members concentrate on the study issues they consider to be of the most importance and obtain any additional information needed to make recommendations to the 2019 Legislature.

The final stage of the study covers the last few meetings, when members review and decide on options for action. Potential solutions usually are reviewed and refined at multiple meetings before the Committee takes final action.

Committee Plans for Study Assignments

The amount of time that the Committee is able to devote to a study is influenced primarily by the amount of Committee time available, the Committee's level of interest in the study, and the amount of time spent on other Committee duties.

The Committee considered the options provided in the table on Page 12 for four levels of involvement in the assigned studies and decided to devote the following amounts of Committee meeting time to the studies.

Study	Time
HJR 20: Transparency	<i>5 hours</i>
HJR 17: Drug Costs	<i>5 hours</i>
HJR 24: DD Services	<i>16.5 hours</i>

The Committee limited its involvement in the HJR 20 study because members agreed to create a 16-member subcommittee that will carry out the bulk of the study. The subcommittee will be made up of two Committee members, two Economic Affairs Interim Committee members, and 12 stakeholders as follows: a privately insured consumer; an unaffiliated employer; a small group employer; a health insurer; a large hospital; a critical access hospital; and representatives of the Montana Chamber of Commerce, Montana Department of Administration, Montana Hospital Association, Montana Medical Association, Montana Taxpayers Association, and the State Auditor's Office.

The subcommittee is expected to meet throughout the interim in conjunction with regularly scheduled Committee meetings and will present recommendations to the full Committee by spring 2018.

A schedule of activities for each study is included in Appendix C, beginning on Page 15.

AGENCY OVERSIGHT

The Department of Public Health and Human Services has more than 3,000 employees throughout the state and is responsible for providing public health services to all Montanans. It also offers a wide array of assistance to vulnerable Montanans, including children and the elderly, needy, disabled, abused, neglected, and mentally ill.

The department is organized into three branches and 12 divisions. It also operates six different institutions, as follows:

- the Montana Developmental Center in Boulder, which is transitioning out of its role of serving developmentally disabled individuals with high-level needs to become a 12-bed facility solely for individuals in need of intensive treatment because of continuous or repeated behaviors that pose an imminent risk of harm to self or others;
- the Montana State Hospital at Warm Springs, for adults with mental illness who are ordered to receive evaluations or treatment there;
- the Montana Chemical Dependency Center in Butte, an inpatient treatment center for adults who have been diagnosed as having an addiction to drugs or alcohol or who suffer co-occurring addiction and mental illness;
- the Mental Health Nursing Care Center in Lewistown, a long-term care facility for people who have a mental disorder, require a level of care that is not available in a community setting, and who cannot benefit from the treatment services available at the State Hospital; and

- the Eastern Montana Veterans' Home in Glendive and the Montana Veterans' Home in Columbia Falls, for veterans and their spouses who need skilled, intermediate-level nursing care or who suffer from Alzheimer's disease.

State law sets out several duties that interim committees must undertake to fulfill their agency oversight responsibilities. Each of these duties is discussed below.

Administrative Rule Review

The Committee's legal staff routinely reviews and summarizes DPHHS rulemaking notices and will provide the Committee with information on proposed and adopted rules, with particular attention to any rules that may be out of compliance with legislative intent or the Montana Administrative Procedure Act. That law allows interim committees to:

- obtain an agency's rulemaking records to review them for compliance;
- submit written recommendations on adopting, amending, or rejecting a rule;
- require that a rulemaking hearing be held;
- participate in proceedings; and
- review the conduct of administrative proceedings.

Program Monitoring

The Committee also is required to monitor DPHHS operations with specific attention to:

- identifying issues likely to require future legislative action;
- identifying opportunities for improving the existing laws governing the agency's operation and programs;
- determining whether experiences that Montanans have had with the agency may be improved through legislative action; and
- reviewing proposed agency legislation and other materials relevant to the Committee's oversight of DPHHS.

In addition, the Committee is specifically required under the Montana Medical Marijuana Act to monitor activities related to carrying out that law. In recent years, the Committee has limited its involvement to reviewing statistics related to the program and to following developments in the legal challenge that was filed to the 2011 law that created stricter requirements for the program.

The Montana Supreme Court upheld all but one element of the law last year, and the strictest of the requirements went into effect in September 2016 — a limit of three patients per marijuana provider. Voters then approved Initiative 182 in November, lifting

that limit and making other changes to the law. The 2017 Legislature made further changes, including taxing gross sales, creating a production tracking system, revising the amounts of marijuana that providers and cardholders may possess, and expanding the Committee's monitoring duties to specifically include monitoring the development of the tracking system and the results of unannounced inspections by DPHHS.

Required Reports

DPHHS and other entities are required by law to present a number of reports to the Committee, as listed in the table below.

Report	Frequency
Child and Family Ombudsman Activities/Recommendations	Annually
Child Abuse and Neglect Review Commission Recommendations	Biennially
Strategic Plan for Reducing Child Abuse and Neglect	Biennially
Out-of-State Placement of Children with Mental Health Needs	Twice a year
Preschool Pilot Program Results/Recommendations	One Time
Children's Mental Health Outcomes	Annually
TANF Parents as Scholars Program	Annually
Medicaid Expansion (HELP) Oversight Committee	Biennially
Suicide Reduction Plan	Biennially
Use of Suicide Prevention Appropriations in HB 118	Regularly
Interagency Coordinating Council on Prevention Programs	Unspecified
Effectiveness of Increased HCBS Waiver Slots and Rates	Biennially
Status of Individuals Released from MDC to Community Programs	Annually
Medical Marijuana-Related Complaints Against Physicians	Annually
Results of Unannounced Inspections of Medical Marijuana Providers	Biennially

Review of Draft Legislation

The interim committee process allows for an early review of agency-requested legislation. Interim committees typically authorize the drafting of many state agency bills in advance of the November election. This process frees up time for the Legislative Services Division to concentrate on legislator bill draft requests after the election. Agency bills drafted as a result of this process must be introduced before the 2019 legislative session begins and are usually among the first bills scheduled for hearings.

Other Interim Monitoring

Interim committees also may take up other matters related to the agencies and topic areas they oversee. In addition to its other activities, the Committee *decided to*:

- *receive regular updates on the status of child abuse and neglect cases being handled by the DPHHS Child and Family Services Division;*
- *ask DPHHS representatives to be available at each meeting to respond to questions submitted by members in advance of the meeting;*
- *hear updates on DPHHS programs or newly passed legislation based on the list of topics is included in Appendix B, beginning on Page 13; and*
- *review other DPHHS or general health and human services topics as the need arises, including federal actions that could affect the agency's services.*

The Committee also decided to spend a significant amount of time monitoring the expansion of Medicaid under Senate Bill 405, which passed in 2015. That law, the Health and Economic Livelihood Partnership (HELP) Act, will terminate on June 30, 2019, unless the 2019 Legislature decides to extend it.

Committee Decisions on Agency Monitoring

The Committee agreed to have significant involvement in most of its statutory oversight duties, as noted in the table below. The table in Appendix A on Page 9 provides more detail about the activities envisioned for each level of involvement.

The table below shows the amount of Committee meeting time that members decided to spend on agency monitoring activities.

Activity	Minimal	Moderate	Significant
Rule Review			<i>2.75 hours</i>
General Monitoring*			<i>17.5 hours</i>
Agency Legislation	<i>0.5 hours</i>		
MMA Monitoring			<i>5 hours</i>
<i>HELP Act Review</i>			<i>16 hours</i>
HB 142 Review	<i>0 hours</i>		
Total	<i>.5 hours</i>		<i>41.25 hours</i>

* General monitoring includes reports required by law, updates by DPHHS officials, and other DPHHS topics of interest as identified by the Committee.

MEETING SCHEDULE

The Committee adopted the following meeting schedule and asked that one of the meetings be held outside of Helena and include visits to organizations or facilities related to the Committee's studies or oversight activities.

Meeting Schedule

Monday	Sept. 11, 2017
Friday	Nov. 17, 2017
Friday	Jan. 19, 2018
Thurs-Fri	March 22-23, 2018
Monday	May 14, 2018
Friday	June 22, 2018
Thurs-Fri	Sept. 13-14, 2018

Time Allocation

The CFHHS Work Plan Decision Matrix in Appendix A on Pages 11 and 12 lists the Committee's duties *and the decisions the Committee made on the level of involvement members would like to have with each topic. The table below summarizes the Committee's decisions.*

Item	Description	Meeting Time	% of Time (72 hours)
HJR 20 Study	Health Care Price Transparency	<i>5 hours</i>	<i>7%</i>
HJR 17 Study	Prescription Drug Pricing	<i>5 hours</i>	<i>7%</i>
HJR 24 Study	Developmental Disability Services	<i>16.5 hours</i>	<i>23%</i>
Statutory Oversight	Administrative Rule Review	<i>2.75 hours</i>	<i>4%</i>
	Agency Monitoring	<i>17.5 hours</i>	<i>24%</i>
	Agency Legislation Review	<i>.5 hours</i>	<i>1%</i>
	Medical Marijuana Act Monitoring	<i>5 hours</i>	<i>7%</i>
	HB 142 Review	<i>0 hours</i>	<i>0%</i>
<i>HELP Act</i>	<i>Medicaid Expansion</i>	<i>16 hours</i>	<i>22%</i>
Other Monitoring	Emerging/Other Issues As Identified	<i>3.75 hours</i>	<i>5%</i>
Total		<i>72 hours</i>	<i>100%</i>

APPENDIX A: CFHHS WORK PLAN DECISION MATRIX

Asterisks show the Committee's decisions related to their oversight and study duties.

Oversight Duties: DPHHS/Health and Human Services

Administrative Rule Review		
<p>Minimal Involvement: 1 hour</p> <ul style="list-style-type: none"> Have access to the list of proposed rules through the Committee's Web site Legal staff will note issues of concern 	<p>Moderate Involvement: 1.75 hours</p> <ul style="list-style-type: none"> Receive brief written descriptions of each rule prior to meetings Legal staff will discuss rules summaries and note issues of concern 	<p>Significant Involvement: 2.75 hours*</p> <ul style="list-style-type: none"> Receive brief written descriptions of each rule prior to meetings Legal staff will note issues of concern Committee review of any rule identified for further review Public comment on rules of legislative concern
Agency Monitoring		
<p>Minimal Involvement: 1 hour</p> <ul style="list-style-type: none"> Required reports included in meeting packets; presentations scheduled upon Committee request Written update of DPHHS activities included in meeting packets; Committee members designate topics on which they would like further information at a future meeting 	<p>Moderate Involvement: 10.5 hours</p> <ul style="list-style-type: none"> Agency presentation on 3-4 of the statutorily required reports; other reports provided only in writing Update on DPHHS activities at each meeting Additional updates scheduled on 2 or 3 topics identified in Appendix B or by Committee members, DPHHS, or constituents during the interim 	<p>Significant Involvement: 17.5 hours*</p> <ul style="list-style-type: none"> DPHHS presentation on all statutorily required reports Update on DPHHS activities at each meeting Additional reports or presentations scheduled for each topic of interest identified in Appendix B or by Committee members, DPHHS, or constituents during the interim
Agency Legislation Review		
<p>Minimal Involvement: 0.5 hours*</p> <ul style="list-style-type: none"> Hear a DPHHS presentation on proposed agency bills; authorize pre-drafting of bills 		
Montana Medical Marijuana Act Monitoring		
<p>Minimal Involvement: 1 hour</p> <ul style="list-style-type: none"> Written staff updates on registry statistics and reports on DPHHS activities as needed 	<p>Moderate Involvement: 3.5 hours</p> <ul style="list-style-type: none"> Written staff updates on registry statistics and issues related to implementation of Medical Marijuana Act changes Periodic DPHHS presentations on new developments Identify issues in need of legislative attention in 2019 and draft legislation 	<p>Significant Involvement: 5 hours*</p> <ul style="list-style-type: none"> Written staff updates on registry statistics and issues related to implementation of Medical Marijuana Act changes Regular presentations by DPHHS and other stakeholders to hear about implementation and related issues Identify issues in need of legislative attention in 2019 and draft legislation
HB 142 Review: Statutorily Required Advisory Councils and Reports		
<p>No Involvement: 0 hours*</p>	<p>Moderate Involvement: 1 hour</p> <ul style="list-style-type: none"> Review staff-provided information on each advisory council and report Designate councils or reports for further review 	<p>Significant Involvement: 3 hours</p> <ul style="list-style-type: none"> Review staff-provided information on each advisory council and report Schedule presentations on each report and advisory council

Assigned Study Resolutions

Option A All Studies: 0 hours	Option B HJR 20: 5 hours* HJR 17: 5 hours* HJR 24: 5 hours	Option C HJR 20: 12 hours HJR 17: 8 hours HJR 24: 10 hours	Option D HJR 20: 19 hours HJR 17: 14 hours HJR 24: 16.5 hours*
No Action	<p><u>Committee Activities</u></p> <ul style="list-style-type: none"> Panel discussion on one or two study topics identified by Committee <p><u>Staff Deliverables</u></p> <ul style="list-style-type: none"> Summary of findings from panel discussion Legislation if requested Final report 	<p><u>Committee Activities</u></p> <ul style="list-style-type: none"> Review staff-provided background materials on three to four study topics identified by the Committee Multiple individual or panel presentations on selected topics <p><u>Staff deliverables</u></p> <ul style="list-style-type: none"> Staff research papers on topics selected by the Committee Legislation if requested Final report 	<p><u>Committee Activities</u></p> <ul style="list-style-type: none"> Review staff-provided background materials on all topics identified in study resolution Review additional staff materials developed at request of Committee Panel discussions or individual speakers on all topics identified in study resolution Additional items as identified by the Committee <p><u>Staff deliverables</u></p> <ul style="list-style-type: none"> Staff research papers on all topics identified in the study resolution and by Committee members or stakeholders Legislation if requested Final report

APPENDIX B: Topics for CFHHS Consideration

The Committee *will* obtain more information on the following topics, either through presentations, staff or agency reports, or other means identified by the Committee. Suggested dates are subject to other items in the Committee's work plan and on DPHHS availability.

Topic: Children	Reason	Activity	Date
Pilot Project: Alternative Child Abuse and Neglect Procedures	The 2017 Legislature continued a pilot project allowing for informal resolution of child abuse and neglect cases before the filing of an abuse or neglect petition against a parent.	Agency report	Summer 2018
Topic: Developmental Disabilities	Reason	Activity	Date
Status of MDC Closure	The 2015 Legislature passed SB 411, requiring MDC to close in 2 years. The 2017 Legislature extended the closure date by 2 years and authorized a 12-bed secure unit to remain on the campus as an intensive behavior center	Staff, agency reports	Ongoing
Topic: Health Care	Reason	Activity	Date
Changes to the Affordable Care Act	Congress is considering changes to the Affordable Care Act that may affect health care services and payment for the services		As needed
Topic: Medicaid	Reason	Activity	Date
Provider Rate Changes	Senate Bill 261 established a trigger that could lead to a 1% reduction in provider rates	Agency or stakeholder report	
Clinical Pharmacist Practitioners	The 2015-16 Interim Committee proposed legislation (SB 31) that subsequently led to a DPHHS rule change allowing Medicaid reimbursement of clinical pharmacist practitioners	Agency report	Summer 2018
Direct Care Worker Wages	The 2017 Legislature appropriated money to increase wages for direct care worker wages; SB 261 could affect those increases	Agency report	September 2017 and August 2018
Administration of Medicaid Expansion Program	Revenue triggers in SB 261 could lead to cancellation or nonrenewal of the current third-party administrator contract for the Medicaid expansion program. CMS also will be reviewing whether to renew the waiver for the TPA at the end of 2017.	Agency report	September 2017 and January 2018
Medicaid Expansion in Montana	The law allowing for expansion of Medicaid under the Affordable Care Act sunsets in 2019		March 2018
Federal Changes	Congress is considering changes to the structure of the Medicaid program		Scheduled based on Congressional action

Topic: Mental Health	Reason	Activity	Date
Peer Support Specialists	Senate Bill 62 provided for certification of behavioral peer support specialists, potentially increasing the use of these individuals in mental health and substance abuse treatment efforts	Provider comment	Spring/ Summer 2018
Targeted Case Management	Revenue triggers in SB 261 could lead to reductions in this service	Agency, stakeholder reports	September 2017 and Summer 2018
Board of Visitors	Revenue triggers in SB 261 could lead to loss of 1 FTE in this agency, which inspects public mental health programs and the Montana Developmental Center	Staff, agency reports; provider comment	September 2017 and Summer 2018
Topic: Senior Citizens	Reason	Activity	Date
WINGS Program	HB 70 by the 2015-2016 Interim Committee created a working interdisciplinary network of guardianship stakeholders and created a grant program for public guardianship programs	Agency report	Summer 2018
HCBS Waiver Program	HB 17 by the 2015-2016 Interim Committee appropriated money for increasing HCBS waiver slots and assisted living reimbursement rates; SB 261 may void the appropriation if revenue triggers are met	Staff, agency reports	September 2017 and Summer 2018
<i>Financial Exploitation</i>	<i>HB 24 by the 2015-2016 Interim Committee created new provisions designed to protect vulnerable adults from financial exploitation</i>	<i>Agency reports</i>	<i>Summer 2018</i>

APPENDIX C: STUDY PLANS

HJR 17: Prescription Drug Pricing

HJR 17 asked for a study of prescription drug pricing and its effects on Montanans. The Committee decided to limit its involvement in the study unless preliminary information showed that the state could take a larger role in this area. The table below shows the study activities listed in the resolution and the Committee's decisions related to the tasks it will undertake and the amount of time it will devote to each activity. It also shows the sources of the information that will be presented to the Committee.

Study Task	Sources of Information	Meeting Date	Committee Time
(1) Review price changes for prescription drugs over the past 10 years, including specific groups or types of drugs as identified by the committee	<ul style="list-style-type: none"> • Staff research • Presentation(s): Stakeholders 	September 2017	.75 hours
(2) Review factors related to the price changes	<ul style="list-style-type: none"> • Staff research • Presentation: State Auditor's Office, other stakeholders 	November 2017	1.5 hours
(3) Review the cost of prescription drugs to the Medicaid program, Healthy Montana Kids Plan, and public employee group benefit plans	<ul style="list-style-type: none"> • Panel: DPHHS, Department of Administration, University System 	September 2017	.75 hours
(4) Review efforts in other states and in Congress to control the cost of prescription drugs or obtain more information about drug pricing	<ul style="list-style-type: none"> • Staff research • Panel: Legislation in Other States (if requested) 	September and November 2017	1.5 hours
(5) Review information, make recommendations, develop legislation as necessary	<ul style="list-style-type: none"> • Committee members 		
(6) Review draft final report and approve final report	<ul style="list-style-type: none"> • Committee members 	May and June 2018	.5 hours
		Total	5 hours

HJR 20 Study: Health Care Price Transparency

HJR 20 asked for a study of health care price transparency. The Committee decided to have a 16-member subcommittee work on this topic throughout most of the interim and to limit the full Committee's involvement with the study to 5 hours of Committee time. The table below shows the study activities listed in the resolution and the Committee's decision on how much of the full Committee's time will be devoted to each activity. It also shows the sources of information that will be presented to the Committee.

Study Task	Sources of Information	Meeting Date	Committee Time
(1) Review factors affecting pricing of health care services, including costs associated with service delivery models	• Subcommittee update	November 2017 through January 2018	
(2) Review efforts undertaken in other states and in Montana to make health care cost information more widely available	• Subcommittee update	November 2017 through January 2018	
(3) Review ways to improve consumer understanding of the different factors affecting prices and out-of-pocket costs	• Subcommittee update	November 2017 through January 2018	
(4) Review methods for encouraging consumers to make informed decisions about health care costs	• Subcommittee update	November 2017 through January 2018	
(6) Review ways to ensure that transparency efforts provide consumers with information about both health care costs and quality	• Subcommittee update	November 2017 through January 2018	
(7) Examine the state's role in improving health care price transparency	• Subcommittee update and recommendations	November 2017 through January 2018	1.5 hours (Nov. to March)
(8) Review information, make recommendations, develop legislation as necessary	• Subcommittee recommendations • Committee members	March through September 2018	3 hours
(9) Review draft final report and approve final report	• Committee members	June and September 2018	. 5 hours
Total			5 hours

HJR 24: Services for Developmentally Disabled Adults

HJR 24 asked that the committee study community services available to developmentally disabled adults and whether improvements could be made in service delivery or payment. The table below shows the study activities listed in the resolution and the amount of time the Committee decided to devote to each activity. It also shows the sources of the information that will be presented to the Committee.

Study Task	Sources of Information	Meeting Date	Committee Time
(1) Review the number of adults receiving DD services in the community and the number waiting for services, by service category	<ul style="list-style-type: none"> • Staff research • Presentation: DPHHS 	September 2017	.5 hours
(2) Review the length of time individuals spend on the waiting list for services, by category of service	<ul style="list-style-type: none"> • Staff research • Presentation: DPHHS 	September 2017	.5 hours
(3) Review the factors used in developing the individual cost plans	<ul style="list-style-type: none"> • Panel: DPHHS, providers 	September 2017	1 hour
(4) Review the limitations placed on the use of funds in the cost plan and the effects such limitations have on service providers	<ul style="list-style-type: none"> • Staff research • Panel: DD Providers 	November 2017	1.5 hours
(5) Review the transition of individuals from school-based to community services as they move into the adult system, including sharing of information among providers	<ul style="list-style-type: none"> • Staff research • Presentations: OPI, DPHHS • Panel: parents and providers 	November 2017	1 hour
(6) Review service delivery models used in other states	<ul style="list-style-type: none"> • Staff research • Panel: Other state systems 	January through May 2018	2 hours
(7) Review barriers to reducing the waiting list or providing community services in a more timely manner, including provider rates, direct care worker wages, and availability of crisis services	<ul style="list-style-type: none"> • Panel Presentations: providers, DPHHS, other states 	January through May 2018	2 hours
(8) Review information, make recommendations, develop legislation as necessary	<ul style="list-style-type: none"> • Committee members 	March through September 2018	7.5 hours
(9) Review draft final report and approve final report	<ul style="list-style-type: none"> • Committee members 	June and September 2018	.5 hours
Total			16.5 hours

Monitoring of Medicaid Expansion

Because the legislation authorizing the state's expansion of the Medicaid program will expire on June 30, 2019, unless the 2019 Legislature extends it, the Committee decided to devote a significant amount of its meeting time to examining the effects of the expansion and its enabling legislation -- Senate Bill 405, the Health and Economic Livelihood Partnership (HELP) Act. The Committee also will monitor federal developments that may affect both Medicaid expansion and the general Medicaid program. The table below lists the activities that will be undertaken during the interim, the amount of time that will be devoted to each topic, and the sources of the information that will be presented to the Committee.

Study Task	Sources of Information	Meeting Date	Committee Time
(1) Review implications of federal changes on Medicaid expansion and the general Medicaid program	<ul style="list-style-type: none"> • Staff research • Presentations to be determined 	Ongoing	2.5 hours
(2) Review key provisions and demographics of: (a) the general Medicaid program and its enrollees; and (b) the HELP Act and expansion population	<ul style="list-style-type: none"> • Staff research • Presentation: DPHHS 	November 2017	1.5 hours
(3) Review enrollee responsibility provisions of HELP Act (premiums, copayments, disenrollment, taxpayer integrity fee, wellness activities)	<ul style="list-style-type: none"> • Staff research • Presentation: DPHHS • Panel: Expansion enrollees 	November 2017	1.75 hours
(4) Review workforce development provisions of HELP Act and use of workforce programs	<ul style="list-style-type: none"> • Staff research • Presentation: Department of Labor • Panel: HELP-Link participants 	January 2018	1.75 hours
(5) Provider discussion of the impact of the HELP Act on providers	<ul style="list-style-type: none"> • Panel: Providers (hospitals,, individual providers, mental health centers) 	March 2018	1.5 hours
(6) Review information, make recommendations, develop legislation as necessary	<ul style="list-style-type: none"> • Committee members 	March through September 2018	7 hours
		Total	16 hours

APPENDIX D: CFHHS Meeting Plan Summary

Following is a proposed schedule of Committee activities for each of the meetings planned for the 2017-2018 interim.

Date	Activity	Tasks/Policy Decisions
June 2017	<ul style="list-style-type: none"> ▶ Organizational ▶ Agency Monitoring ▶ Assigned Studies 	<ul style="list-style-type: none"> ◆ Elect officers ◆ Review work plan ◆ Review meeting dates ◆ Administrative rule review ◆ Report from DPHHS ◆ Medical marijuana and MDC closure reports ◆ Review and discuss study tasks for the HJR 17, HJR 20, and HJR 24 studies
September 2017	<ul style="list-style-type: none"> ▶ Organizational ▶ Agency Monitoring ▶ Assigned Studies ▶ Other Issues 	<ul style="list-style-type: none"> ◆ Review and adopt revised work plan ◆ Overview and demographics of the Medicaid program and Medicaid expansion program ◆ Administrative rule review ◆ DPHHS presentations and Q&A ◆ Medical marijuana and MDC closure updates ◆ Required reports ◆ HJR 17: Prescription Drug Pricing <ul style="list-style-type: none"> ◇ Costs of prescription drugs to state-funded programs ◇ Laws in other states ◆ HJR 24: DD Community Services <ul style="list-style-type: none"> ◇ DD waiver services and enrollment numbers ◇ Development of individual cost plans and use of funds ◇ Committee direction on further analysis or presentations ◆ HJR 20: Health Care Price Transparency <ul style="list-style-type: none"> ◇ Update on subcommittee appointments, agenda ◆ Update on topics of interest or emerging issues, as requested

Date	Activity	Tasks/Policy Decisions
March 2018 (outside of Helena)	<p>► Agency Monitoring</p> <p>► Assigned Studies</p> <p>► Other Issues</p>	<ul style="list-style-type: none"> ◆ Provider discussion of impacts and implications of Medicaid expansion ◆ Implications of federal actions related to Medicaid ◆ Administrative rule review ◆ DPHHS presentations as necessary/requested ◆ Required reports ◆ Medical marijuana and MDC closure reports ◆ Update on new medical marijuana rules ◆ HJR 24: DD Community Services <ul style="list-style-type: none"> ◇ Delivery models in other states ◇ Barriers to reducing the waiting list ◇ Committee direction on further analysis or presentations ◆ HJR 20: Health Care Price Transparency <ul style="list-style-type: none"> ◇ Subcommittee update and recommendations to date ◆ Updates on topics of interest or emerging issues, as requested
May 2018	<p>► Agency Monitoring</p> <p>► Assigned Studies</p> <p>► Other Issues</p>	<ul style="list-style-type: none"> ◆ Review and further committee direction on Medicaid expansion activities ◆ Administrative rule review ◆ DPHHS presentations as necessary/requested ◆ Required reports ◆ Medical marijuana and MDC closure reports <ul style="list-style-type: none"> ◇ Committee identification of potential legislation related to medical marijuana or MDC closure ◆ HJR 17: Prescription Drug Pricing <ul style="list-style-type: none"> ◇ Review of draft final report ◆ HJR 24: DD Community Services <ul style="list-style-type: none"> ◇ Research and presentations as requested by committee ◇ Committee identification of legislative action or other recommendations ◇ Committee direction on further analysis or presentations ◆ HJR 20: Health Care Price Transparency <ul style="list-style-type: none"> ◇ Subcommittee recommendations for action ◆ Direction on CFHHS legislation not related to studies ◆ Updates on topics of interest or emerging issues, as requested

Date	Activity	Tasks/Policy Decisions
June 2018	<p>► Agency Monitoring</p> <p>► Assigned Studies</p> <p>► Other Issues</p>	<ul style="list-style-type: none"> ◆ Review of committee-requested legislation related to Medicaid expansion or the Medicaid program ◆ Administrative rule review ◆ DPHHS presentations as necessary/requested ◆ Required reports ◆ Medical marijuana and MDC closure reports <ul style="list-style-type: none"> ◇ Committee identification/review of potential legislation related to medical marijuana or MDC closure ◆ HJR 17: Prescription Drug Pricing <ul style="list-style-type: none"> ◇ Approval of final report ◆ HJR 24: DD Community Services <ul style="list-style-type: none"> ◇ Research or presentations as requested by committee ◇ Review of committee-requested legislation ◇ Review of draft final report ◇ Committee direction on further analysis or presentations ◆ HJR 20: Health Care Price Transparency <ul style="list-style-type: none"> ◇ Review of committee-requested legislation ◇ Review of draft final report ◇ Committee direction on further analysis or presentations ◆ Review of other draft legislation requested to date ◆ Updates on topics of interest or emerging issues, as requested
September 2018	<p>► Agency Monitoring</p> <p>► Assigned Studies</p> <p>► Other Issues</p>	<ul style="list-style-type: none"> ◆ Final action on legislation or other recommendations related to Medicaid expansion or the Medicaid program ◆ Administrative rule review ◆ DPHHS presentations as necessary/requested ◆ Final action on DPHHS legislative requests ◆ Required reports ◆ Medical marijuana and MDC closure reports as necessary <ul style="list-style-type: none"> ◇ Committee review/approval of any draft legislation related to medical marijuana or MDC closure ◆ HJR 24: DD Community Services <ul style="list-style-type: none"> ◇ Final committee action on legislation/recommendations ◇ Approval of final report ◆ HJR 20: Health Care Price Transparency <ul style="list-style-type: none"> ◇ Final committee action on legislation/recommendations ◇ Approval of final report ◆ Final action on any non-study bill drafts ◆ Assignment of sponsors for Committee legislation