BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

OCTOBER 29, 2020 MEETING MINUTES

MEETING OVERVIEW

The October 29, 2020 Big Sky Waiver review meeting began the discussion of the Big Sky Waiver policy manual content, focusing on two main points – 1) placement and 2) policy content and language. The discussion covered sections 401, Eligibility for Services, through 403, Prior Authorizations. Input was solicited in advance of the meeting through a survey as well as throughout meeting discussion. Work in this meeting was driven by our shared goals defined in the October 22, 2020 meeting:

- **Increase communication.** Increase communication to ensure an increased flow of accurate, consistent information between all stakeholders.
- **Improve waiver functionality.** The waiver should function better, efficiently and effectively supporting members, providers, and managers.

OVERARCHING POLICY MANUAL CHANGES/CHANGE PROCESSES

All changes made to the Big Sky Waiver policy will be created in a marked-up document for review and comment in this constituent review process. Future BSW policy changes, subsequent to this process, will also provide red-lined versions of policy language and use public input processes as much as possible.

General changes to be made throughout the manual include:

- Shifting to person-first language (e.g. person with a disability).
- Shifting to strengths-based language.
- Eliminating duplication.
- Shift to functional versus medical-only model, clarifying functional model is the waiver standard.

401 ELIGIBILITY FOR SERVICES

ELIGIBILITY PLACEMENT

Eligibility criteria are already included in Montana's rules.

DOCUMENTATION REQUIREMENTS

Participants shared concerns about the waiver eligibility process being burdensome and duplicative, requiring members to share the same documents/verifications with the waiver team that they had already provided to the

Office of Public Assistance (OPA) for Medicaid eligibility. DPHHS will look at the documentation required by waiver teams, analyze the overlap in waiver/OPA requests, and determine how the process can be improved to better support members.

APPROPRIATE AND EFFECTIVE DEFINITIONS

Attendees discussed how the terms appropriate and effective are not consistently understood or implemented, and expressed a desire to have the terms formally defined to mitigate these issues, increase consistency, and reduce miscommunication and misunderstanding.

DISABILITY DETERMINATION

Meeting participants discussed inconsistencies in how the Big Sky Waiver manual discusses/defines disability determination. The approved waiver application defines Montana as a 1634 State, which means it uses Social Security Administration criteria to determine disability. The Medical Assistance eligibility policy manual (ABD 105-1 Disability Determination) includes detailed processes for using Social Security Administration and/or Medicaid Eligibility Disability Services (MEDS) determinations. DPHHS will analyze how the MA manual aligns with the approved waiver application and determine how to update the BSW policy manual.

APPROPRIATE FOR BSW SERVICES

This section of the eligibility policy will move to the section on developing person-centered plans, since it is not an eligibility consideration. The language may change to reflect review and acceptance of services to include in the plan.

402 SLOT CATEGORIES

SLOT CATEGORY PLACEMENT

The group decided to not place slot categories into rule, but rather retain them in the policy manual. This decision was made because slot categories feel very operational and detailed. Illustrating this point was discussion around changes needing to be made in slot category definitions to reflect current practice, including eliminating Bridges/Headway slots that no longer exist and adding new residential services for higher intensity and higher reimbursement care.

COST MANAGEMENT AND COST LIMITS

The policy manual and ARM use cost limit language, which contradicts the approved waiver manual, which states that Montana does not have an individual cost limit. The discussion focused on budget or cost management, and how slot categories are tools used to manage overall budgets. Language will be changed to reflect this and be consistent with the approved waiver.

403 PRIOR AUTHORIZATIONS

PRIOR AUTHORIZATION PHILOSOPHY

DPHHS discussed how there is a need for standards for some services to base prior authorizations or soft caps on, which is the process used to exceed the standard to support effective budgeting. The group discussed the expansion of soft caps/prior authorizations in recent years and did not come to final conclusion about which to retain. We will revisit this issue as we discuss specific services.

PRIOR AUTHORIZATION RULE CONTENT

Montana's approved BSW waiver application includes detailed criteria for determining whether additional goods and services will be included in an individuals' plan. Participants decided to include these criteria in rule as an agreed upon guideline.

1. Decrease the need for other Medicaid services,
2. Promote inclusion in the community,
3. Promote the independence of the member,
4. Fulfill a medical, social, or functional need based on unique cultural approaches, or
5. Increase the person's safety in the home environment.

And, must meet all of these:

1. Meet member's identified needs and outcomes in their service plan,
2. Goods and services collectively must provide an alternative to institutional placement,
3. Be a cost-effective means of addressing an identified need in the svc plan, and
4. Be of sole benefit to the member.

DPHHS will also spell out their prior authorization philosophy in rule, clarifying that if prior authorizations are changed, DPHHS will go through a process of evaluating and documenting why the choice of that authorization level was made. Finding the line of administrative efficiency and budget management needs will be a public, transparent process. The process will be in rule, not the level itself.

OTHER PRIOR AUTHORIZATION POLICY CONTENT CHANGES

- DPHHS will add "legally responsible" in front of third-party resources to clarify intent, and also define the term of legally responsible third-party resources.
- Prior authorization for children to be placed on the waiting list was discussed and no decision was made. We will come back to this issue. DPHHS discussed this as a way to ensure children were not wrongly placed on the waiting list when they were not eligible, and/or could get needed services through EPSDT or other Medicaid options.

NEXT STEPS

We will be meeting every Thursday, 2-4 PM through mid-December (with the exception of Thanksgiving) to continue to discuss the Big Sky Waiver policy manual, chapter by chapter. You will continue to receive materials in advance so we can target the meeting to the policy sections needing the most attention. All meetings use the same zoom meeting information: Zoom: https://mt-gov.zoom.us/j/98713369476; Meeting ID: 987 1336 9476; Phone: (646) 558-8656.

Please feel free to reach out to Kirsten or Barb anytime with questions or comments. You can reach Kirsten at ksmith@bloomconsult.org or 406/570-0058 and Barb at BarbaraSmith@mt.gov.