

BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

DECEMBER 10, 2020 MEETING MINUTES

MEETING OVERVIEW

The Big Sky Waiver review process continued on December 3, 2020. The meeting included discussion of:

1. Review of updated draft policy sections:
 - o 406 Wait List
 - o 414 Assisted Living at Risk
 - o 416 Short Term Admissions (was a part of wait list policy)
2. Review of issue resolution log
3. Review of sections of the services chapter of the Big Sky Waiver policy manual, specifically:
 - o 704 Case Management
 - o Case Management Chapter 800
 - o Person Centered Planning Chapter 1100

As always, 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.

UPDATED DRAFT BSW POLICIES

DPHHS is drafting updates to Big Sky Waiver policies based on decisions made in this review process. Updated policies can be found at the Big Sky Waiver Review webpage: <https://dphhs.mt.gov/sltc/bswreviewworkgroup>.

We reviewed three draft policies on December 10th.

Policy	Discussion Points
406 Wait List	<ul style="list-style-type: none">• Attendees discussed the policy requirement to update the date on the level of care assessment by Mountain Pacific Quality Health if a member is on the wait list for more than 90 days. This requirement was added in the 2019 policy update because of a CMS audit of the Office of Public Assistance (PERM finding). The group decided they were comfortable removing the >90-day re-dating requirement and only requiring a new level of care assessment when members experience significant changes in their condition. Minor changes will be handled when the service plan is developed.

Policy	Discussion Points
	<ul style="list-style-type: none"> The group returned to the conversation around the timeframe to complete the wait list criteria tool. The timeframe is currently 60 days. Participants decided to shorten the timeframe to 45 days with the option to extend the timeframe if the member needs more time to obtain documentation for Medicaid eligibility. Montana expects rapid service delivery for its citizens. DPHHS described how they can receive referrals for waiver services before someone is determined Medicaid eligible. In these cases, they will provide a notice of information to the applicant defining what verifications they need to provide for the OPA to determine Medicaid eligibility. Participants discussed how OPA delays in eligibility determination have caused members to have to restart the waiver eligibility process. DPHHS has an action item to see if there is a timeframe within which referrals and assessments can still be used to make waiver eligibility more efficient for everyone. The policy needs to be further updated to clarify these timeframes/decisions.
414 Assisted Living at Risk	<ul style="list-style-type: none"> DPHHS clarified that an individual needs to live in an assisted living facility for 90 days or more to be eligible to transition to the Big Sky Waiver using an Assisted Living at Risk slot. He recently sent out a clarifying memo.
416 Short Term Admissions	<ul style="list-style-type: none"> This policy was in the wait list policy before but felt distinct enough to have it be a standalone policy. The goal of short term admissions is to help people stay living safely in their communities by meeting temporary or short term needs, regardless of whether they are waiting for a long term spot on the Big Sky Waiver. The draft policy needs to be amended to describe how someone connects to these short term slots and how they are discharged from the waiver once their needs are met. The group discussed changing the policy title to clarify the purpose, perhaps temporary admissions or one-time services. We will update the draft policy and repost for feedback.

Stakeholders are welcome to provide additional input on draft policies to Kirsten Smith over email (ksmith@bloomconsult.org).

ISSUE RESOLUTION LOG

DPHHS is working through the issues brought up in this review process before making policy language changes. The policy issue log below includes issues discussed in the 2020 Big Sky Waiver review process and suggested resolutions by the Department of Public Health and Human Services. Meeting participants discussed these proposed resolutions. DPHHS will continue to draft policy, procedure, and regulatory changes based on these discussions. This is not a complete action item log, rather it focuses on specific and substantive policy discussions from previous meetings for which DPHHS has proposed resolutions. There are other specific areas for which DPHHS continues to research potential solutions; they will be added to the list once proposals are ready. Additionally, general policy changes (e.g., moving to person first language, use of functional model) will be incorporated broadly into draft policy changes for constituent review and discussion and are not reflected in the table.

Issue	Resolution
1. Respite care self-direction	<ul style="list-style-type: none"> • DPHHS will change waiver application to allow this service to be self-directed. This entails an update to the application in terms of the check boxes. • Will clarify that self-direct and non-self-direct members are allowed to pay family members to provide respite as long as they are not legally responsible for the member and/or do not live in the household/share the primary residence.
2. Lifespan respite payment	<ul style="list-style-type: none"> • Lifespan respite should not require a member to pay cash for the service. DPHHS is paying for these services within 2 weeks. • This may require provider training to ensure it is being implemented correctly. Aging Bureau will send guidance out to case management teams and place it on the Big Sky Waiver Review project page. • DPHHS will look to see if ACL has made changes to lifespan respite as a required prior resource to be used before using waiver respite. • Lifespan respite has supportive resources to help people get respite set up if they do not yet have a provider identified.
3. Homemaker self-direction	<ul style="list-style-type: none"> • Homemaker will also be updated to allow self-direction. • The group discussed why it was important to maintain Homemaker in the Big Sky Waiver because of limits in Community First Choice Homemaker services. Participants explained that Homemaker Chore is more for one-time tasks, like mitigating a bed bug infestation. Things like cleaning bathrooms do not fall in Homemaker Chore services and are beyond what CFC covers in light housekeeping. • DPHHS wants to cover the spectrum of homemaker needs regardless of whether a member is self-directing. DPHHS will look at enhancing the definition of light housekeeping in CFC and BSW. DPHHS will also look at whether Homemaker should be an extended State Plan service versus a statutory service, as it is categorized how. DPHHS said this classification change would still allow people not receiving CFC or other State Plan services to receive Homemaker services on the waiver.
4. Health and Wellness and Pain and Symptom Management health care professional authorization	<ul style="list-style-type: none"> • DPHHS does not want to require that health care providers individually approve these services annually. There should be one signature for the entire service plan, not a line-by-line signature/approval requirement. <ul style="list-style-type: none"> ○ There is a health care professional requirement for pain and symptom management. Believe this is for health and safety of the member. ○ Difficult to update annually. OTC meds, massage, or other items requiring annual medical sign off has been challenging. Used to just be when we first scoped out service.

CASE MANAGEMENT AND PERSON CENTERED PLANNING

The group discussed the overlap of the 800 manual chapter focused on case management and the 1100 chapter focused on person centered planning. Attendees confirmed that all members participate in person centered planning to develop their service plans, regardless of whether they receive Community First Choice or State Plan Personal Assistance Services. The 1100 chapter is identical in numbering and content to the Community First Choice manual and has not been integrated with the 800 case management chapter. DPHHS discussed the benefit of keeping the person centered planning policy of Community First Choice and Big Sky Waiver aligned. There is currently a committee focused on redefining person centered planning. The action items are to let the committee's work scope out the content of person centered planning policy, and to figure out how to integrate the case management policy with person centered planning policy, removing duplication.

808 TRANSFER OF MEMBERS OR CHANGE IN MEMBER CLASSIFICATION

Participants discussed how the policy requires that a discharge form be sent to Mountain Pacific Quality Health when a member changes case management teams. DPHHS described how a member's move requires new person centered planning/service plan development so the member is making an informed decision about how they want to receive services in their new location. The formal discharge and re-enrollment is how the change management process is handled. DPHHS said the information from the discharge/reenrollment process is needed to identify a plan facilitator for the Community First Choice provider. Attendees wanted to know why Mountain Pacific Quality Health was involved, since a new level of care assessment is not needed. We didn't resolve whether the process needs to be changed. We will come back to this in subsequent case management/person-centered planning discussions.

ADMINISTRATIVE REQUIREMENTS

The group confirmed the importance of retaining existing provider contractual requirements in the 600 chapter of the Big Sky Waiver policy, so providers and members have a central location to understand their rights and expectations. DPHHS commented that it is important that members know what their rights are, what to expect under the waiver program, and when to fight for what should be in those boundaries. This policy chapter needs to be compared with the Medicaid policy manual to ensure the waiver manual is not duplicating items covered in the broader medical assistance manual.

NEXT STEPS

We will continue to meet this coming Thursday, December 17th, 2-4 PM to discuss the Big Sky Waiver policy manual. Updated policies for discussion in the meeting can be found online at: <https://dphhs.mt.gov/sltc/bswreviewworkgroup>. New policies will be posted by the morning of Wednesday, December 16th for discussion at Thursday's meeting. Zoom meeting information for this meeting is: <https://us02web.zoom.us/j/84053126840>; Meeting ID: 840 5312 6840; Phone: (346) 248-7799. Feel free to share the details of the meeting with other interested parties – everyone is welcome!

We do not yet know what the review process will look like as we move into legislative session. DPHHS will communicate at the end of the year a new set of meeting dates that will work throughout session.

If you have additional feedback you were unable to share in the meeting, please use this survey to let us know what you're thinking: <https://survey.alchemer.com/s3/6009448/MT-Big-Sky-Waiver-Post-Meeting-Feedback>.

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.