

# BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

APRIL 8, 2021 MEETING MINUTES

## MEETING OVERVIEW

The Big Sky Waiver review process continued on April 8, 2021. The meeting focused exclusively on the review of updated policies. Some were reviewed in detail, others were discussed at a high level, noting that they are considered draft complete. Everyone is welcome to submit additional written comments. All draft revised policies can be found at: <https://dphhs.mt.gov/sltc/bswreviewworkgroup>.

Work in all Big Sky Waiver view meetings is 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

Policy	Discussion Points
412 Adverse Action	<ul style="list-style-type: none"><li>• Changed timeframe of initial notification to 45 days to ensure 30 days for member administrative review/provision of additional information and the processing of that information. Group discussed how this is longer than required in the legislation, but makes logistical sense since information is shared between the member and the Department through the mail.</li><li>• Changed policy to have 2 notifications of adverse action.</li><li>• Added content to the notice to align with new legislation, including right to provide information demonstrating continued need, right to request an appeal and continued services during appeal period, and that DPHHS will not seek reimbursement of services provided during appeal period.</li><li>• Discussed how the appeal period is 90 days from the notice of termination. This longer timeframe could result in a gap of services unless the member requests continued services during the appeal period.</li><li>• Discussed aligning the adverse action policy and processes with CFC. This process does not align with Medicaid, which has a shorter (10-day) timeframe.</li></ul>
416 Short Term Admissions	<ul style="list-style-type: none"><li>• Group discussed the draft policy with two wait lists – short term and long term. Concerns were shared about the wait list tool being used for people who only have short term needs. Marie asked whether the wait list assessment could be made more efficient for short term needs only.</li></ul>

Policy	Discussion Points
	<ul style="list-style-type: none"> <li>• The discussion clarified that the short term and long term wait lists would be managed separately, not using the same score or even the same scoring process. The point is to meet short term needs as quickly as possible to divert people from moving to higher levels of care. The group then discussed whether short term should be included in high risk/crisis slots.</li> <li>• Maintaining short term needs in a standalone list could facilitate funding allocation to members when there is money left over; it would be a nimble way to get money out to people to meet immediate needs.</li> <li>• Attendees discussed whether short term admissions and the associated budget should be managed regionally or statewide. The group agreed that regional could make sense, at least as a first step.</li> <li>• Discussed how members will be reassessed for emerging long term needs before being discharged from a short term slot, and how short term admissions could be extended to support continuity of care in these cases.</li> </ul>
403 Prior Authorizations	<ul style="list-style-type: none"> <li>• Modified timeframes section to reference timely notice for adverse actions.</li> <li>• Changed PA language for pass through payments to be blanket, annual authorizations, versus a PA for each member with a pass through payment on their service plan.</li> <li>• There was no further discussion. This draft policy is complete.</li> </ul>
701 Covered Services	<ul style="list-style-type: none"> <li>• Changed to allow individuals legally responsible for members being able to provide services if they meet the provider qualifications and work for enrolled provider to apply to all BSW services.</li> <li>• Discussed how legally responsible people has been an issue with specialized child care. However, this was allowable under existing policy. Group discussed how providing care for your own child when other alternatives don't exist is a common way for new child care providers to enter the field.</li> <li>• This discussion opened up a discussion about denials for the specialized child care service.</li> <li>• The group asked for a potential tool to assess parenting responsibilities for what is above and beyond that required for a typically developing child of the same age. This is an action item.</li> </ul>
712 Family Training and Support	<ul style="list-style-type: none"> <li>• Broadened out to include caregiver support for members of all ages.</li> <li>• Included CILs and AAAs as eligible providers, in addition to child-focused providers.</li> <li>• Group discussed making this more member specific and not too broad. Will rewrite and share again for feedback.</li> </ul>
715 Homemaker	<ul style="list-style-type: none"> <li>• Added that Homemaker can serve as an extension of CFC services.</li> </ul>
716 Homemaker Chore	<ul style="list-style-type: none"> <li>• Added moving assistance back in, based on CSB staff research.</li> <li>• Derik reviewed and found 2 examples – CT in homemaker chore and Arkansas has supplemental support services: Supplemental Support services meet the needs of the member to improve or enable the continuance of community living. Supplemental Support Services will be based upon demonstrated needs as identified in a member's PCSP as unforeseen problems arise that, unless remedied, could cause a disruption in the member's services or placement, or place the member at risk of institutionalization.</li> <li>• Also added extermination services.</li> </ul>

Policy	Discussion Points
	<ul style="list-style-type: none"> <li>Discussed pros and cons of combining homemaker with homemaker chore. Group talked about differing provider liability insurance for the 2 services, and how combining could possibly limit access to homemaker versus opening access to homemaker chore. Decision to keep the services separate.</li> </ul>
725 Post-Acute Rehabilitation	<ul style="list-style-type: none"> <li>Made minor wording changes and one reorganizational change.</li> <li>Group wants to retain the service in the waiver even if not currently used. There are groups preparing to provide this service.</li> </ul>
728 Residential Habilitation	<ul style="list-style-type: none"> <li>Added generic ALF definition.</li> <li>Added behavior management ALF category.</li> <li>Made child foster care a category under the definition, versus being included as an exception.</li> <li>The group refined the policy further, reorganizing specialized assisted living as a subcategory of ALF.</li> </ul>

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

## NEXT STEPS

Our next meeting will occur on **Tuesday, May 4<sup>th</sup> from 2:30 – 4:00 PM**. The Zoom meeting information will remain the same: <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!

Updated policies and minutes can be found online at: <https://dphhs.mt.gov/sltc/bswreviewworkgroup>.

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](mailto:ksmith@bloomconsult.org) or 406/570.0058 and Barb at [BarbaraSmith@mt.gov](mailto:BarbaraSmith@mt.gov).