

BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

NOVEMBER 5, 2020 MEETING MINUTES

MEETING OVERVIEW

The Big Sky Waiver review process continued on November 5, 2020. The group continued to discuss the eligibility chapter of the Big Sky Waiver policy manual, talking through placement and content in sections:

- 405 Referrals for Services
- 406 Wait List Criteria
- 407 Medically Needy Billing Procedures
- 408 Residency Requirement
- 409 Out of State Services

As before, 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

In addition to overarching manual changes previously defined (person-first language, strengths-based language, functional model use, avoid duplication), the group clarified that because the administrative rules are easier for most Montanans to access than the approved waiver, the information people will want to know about the waiver should be in rules. Administrative rules are within the state authority, and the approved waiver is in the federal authority. More clearly said, the approved waiver gives the state the right to operate the waivers, and rules give Montanans rights to access the services. The two need to be consistent, and only duplicate as needed to ensure Montanans are able to access needed information to understand the waiver and how to access services, including deadlines consumers would want to know about.

405 REFERRALS FOR SERVICES

RESPONSE TIME

DPHHS will add the 60-day timeline for referrals for services to ARM.

406 WAIT LIST CRITERIA

PLACEMENT

HB529 and MCA 53-6-402 (14) require the state to put into rule waiting list policy and procedure. This is a DPHHS action item.

WAITING LIST PROCEDURE

DPHHS shared the reason for wait list procedure changes, including wait list cleanup to ensure it was current and accurate as well as the desire to streamline communication to make the process more efficient. Participants shared concerns about inefficiencies and communication problems in the current wait list process that need to be addressed. Specifically, the lack of communication between case management teams and the Office of Public Assistance was identified as a gap. DPHHS has an action item to analyze and suggest process improvements, which will be brought back to this group for further discussion.

CHILDREN ON THE WAITING LIST

The group discussed whether the process for children to be placed on the waiting list was different than the adult process, circling back to the discussion on October 29th about the use of prior authorization to place children on the wait list. DPHHS clarified that the wait list criteria tool was the same for children as for adults. The additional layer of review associated with the prior authorization was to ensure that Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), which is the child health component of Medicaid within the State Plan, has been pursued. DPHHS has action items to clarify in rule the distinction between waiver and EPSDT coverage for children and to update the denial notice to families denied because services would be covered by EPSDT to ensure families understand the reason for denial.

DEEMING

Meeting attendees discussed deeming criteria and how waiver of deeming allows the state to not deem a family's or spouse's income as a child's or individual's income, making a child or individual financially eligible for the waiver who otherwise would not be.

407 MEDICALLY NEEDY BILLING PROCEDURES

PLACEMENT

The group discussed how medically needy is a path to financial eligibility, which is determined by the Office of Public Assistance. Duplicating the policy and rule in the Big Sky Waiver was discussed as potentially confusing. Additionally, participants shared how the approved expenditure list adds restrictions to consumers that can be challenging. The group decided to keep medically needy in the general Medicaid/Medical Assistance rule and policy.

MEDICALLY NEEDY PROCESS

DPHHS explained its intent for changing the medically needy process as an effort to streamline efforts, ensure that medically needy funds went back to support waiver services, and make the process more efficient for members and providers by not having middle of the month eligibility. DPHHS said the changes missed some things, which they want to address. Some potential ideas shared for further research included:

- **Expenses applied to next month's eligibility.** In this example, one month's expenses could apply to the following month's financial eligibility (e.g. January's health expenses would allow the member to be determined medically needy for February, with an eligibility determination in advance of the first of the month). Participants liked this concept, explaining how it could address current spend down issues for transportation services, medication, and other providers who commonly float services in the beginning of a month where medically needy members show ineligible, hoping people remain eligible once financial eligibility is determined mid-month.
- **Other family member medical expenses.** Some states allow other family members' medical expenses to be a part of the spend down if the member is legally responsible for those family members.

DPHHS has an action item to further research these options and come back to the group with a proposal. The proposed change would be incorporated in general Medicaid/Medical Assistance policy/rule, as discussed in the medically needy placement subsection above.

VETERAN'S AID AND ATTENDANCE

Participants requested for DPHHS to better define and improve training on how to use the Veteran's Aid and Attendance policy. This is an action item for DPHHS.

408 RESIDENCY REQUIREMENT

The group decided to remove this policy section. It is written in a confusing way, potentially indicating the waiver does not serve members who are not stably housed. This is untrue – the waiver serves members regardless of housing stability. It is also redundant of general eligibility requirements in section 401.

409 OUT OF STATE SERVICES

PLACEMENT

DPHHS will put a high level statement that members can use services out of state in rule, retaining details in policy.

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.