

# BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

NOVEMBER 12, 2020 MEETING MINUTES

## MEETING OVERVIEW

The Big Sky Waiver review process continued on November 12, 2020. The meeting included three general topics:

1. Review of a DPHHS memo clarifying disability determination verification processes.
2. Discussion around populations served in the waiver.
3. Review of sections of the services chapter of the Big Sky Waiver policy manual, specifically:
  - 702 Service Limitations
  - 720 Occupational Therapy
  - 724 Physical Therapy
  - 734 Speech Therapy and Audiology
  - 722 Personal Assistance Services
  - 727 Private Duty Nursing

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.

## DISABILITY DETERMINATION VERIFICATION PROCESS

DPHHS clarified that waiver case management teams will rely on the Office of Public Assistance (OPA) to verify disability determination using Social Security criteria. The OPA verifies when a member is determined to have a disability by the Social Security Administration (SSA), obtaining documentation. Waiver case management teams will not request documentation already in place with OPA, rather relying on the OPA's process. In the minority of cases where a member seeking Big Sky Waiver services does not have a disability determination from the SSA (generally because they are seeking a waiver of deeming of parental or spousal income) the case management team will request the OPA to determine disability using the MEDS (Medicaid Eligibility Disability Services) process, which uses SSA criteria.

The purpose of this clarification is to make the waiver eligibility process more efficient for members and case managers. The memo with this clarification is dated November 12, 2020 and goes into effect immediately.

## WAIVER POPULATIONS

The Big Sky Waiver serves a broad population, including seniors, children with physical disabilities, and adults with physical disabilities. Questions have arisen through this review process, particularly for children with physical disabilities, as to whether the Big Sky Waiver policies are able to best support the specific needs of this population. Attendees discussed whether the nuances for children are sufficient to consider a separate home and community-based services (HCBS) waiver for them. Twenty-six states have child-only HCBS waivers. Montana could consider designing a broad-based waiver to include physical disabilities, intellectual and developmental disabilities (IDD), and serious emotional disturbance/severe and disabling mental illness. Considerations for this decision include:

- **Child and family experience.** The intent would be to clarify how to navigate eligibility and connection to needed services for children and their families. Participants discussed how families can be confused in the current process, how navigating the system can be overwhelming, particularly while parenting a child with significant disabilities.
- **Coordination.** A child only waiver would promote increased coordination between State Plan, EPSDT (Early and Periodic Screening, Diagnostic, and Testing), and waiver services. Attendees discussed how it can be hard for parents to compare/understand Big Sky Waiver, IDD waiver, and State Plan/EPSDT services. Increased coordination would reduce the burden on families and streamline requests for services and supports.
- **Specialization.** Separating children from the Big Sky Waiver would allow program managers to focus more on specific populations, which could support ongoing workforce development and improved program outcomes. Participants talked about how case managers could better understand the nuances of the programs supporting children to better serve this population.
- **Transitions.** Moving to a child-only waiver would create a new transition for this population, with many individuals needing to transition from the child to the adult waiver for continued services as they transition to adulthood. Participants discussed approaches to mitigating potential risks, including a three-year eligibility overlap with children's services going up to age 21 and adult services beginning at age 18.

There was overwhelming support by meeting attendees to further analyze the option of a children's HCBS waiver (70% loved the idea; 27% can live with it; 3% [1 person] cannot live with it). The three goals of a potential children's waiver would be:

1. Increase the number of children served.
2. Maintain the amount/breadth of services and supports provided to children.
3. Keep transitions to adulthood central in decision-making.

## 702 SERVICE LIMITATIONS

### AUTHORIZATION PERIODS AND CARRYOVER

The group talked through policy changes to service authorization periods, which relate to carryover. Specifically, attendees discussed social supervision hours, which previously were authorized for a one-year period. This changed to a one-week period, and then to a two-week period, which is the current policy (see section 722,

Personal Assistance Services, Service Limitations). Authorization periods were shortened to allow for additional tracking and oversight. The two-week period aligns with the provider payroll schedule.

This shorter authorization period and the carryover exclusion became a challenge for members. Participants discussed how the expectation to use Community First Choice community integration hours before waiver social supervision hours within this shorter authorization period causes social supervision hours to be underutilized and creates negative unintended consequences in service utilization reporting.

Attendees reflected on how the social supervision process worked previously under the annual authorization period. Case managers shared how they would estimate a weekly number of hours with members, build vacations into the schedule through person-centered planning, while members knew they had the flexibility to make changes if/as their plans changed. Participants felt the previous process worked well. It required case managers to track utilization and communicate regularly with members.

The group discussed what a combination of an annual authorization for social supervision hours and prior authorization could look like, where there are tiers of hours authorized in annual timeframes based off assessed functional and medical needs. Many felt this level of complexity was not needed for utilization control, particularly with MedCompass having utilization monitoring capacity and the overall expectation that case managers meet regularly with members.

One meeting participant framed social supervision services as analogous to vacation time with a use it or lose it policy, discussing how people generally manage vacation time annually, versus in two-week increments. An annual approach maximizes member choice and community inclusion, while remaining manageable from a staffing perspective based on previous experience and new data system functionality.

DPHHS will create a draft updated policy for participant review and discussion.

## **THERAPIES: 720 OCCUPATIONAL THERAPY, 724 PHYSICAL THERAPY, AND 734 SPEECH**

### **MAINTENANCE VERSUS RESTORATIVE THERAPY**

Medicaid expansion removed the number of restorative therapeutic visits a member could make to physical, occupation, and speech therapists to align the benefit plan with the Affordable Care Act's minimum requirements. Because of this expansion, the waiver no longer needs to cover restorative therapy. However, the waiver maintains coverage for maintenance therapies, which are rehabilitative but not fully restorative. If members have habilitation needs beyond which the State Plan approves, they can receive these services through the waiver.

## **722 PERSONAL ASSISTANCE SERVICES**

### **OVERVIEW**

This service is above and beyond Community First Choice and includes the separate services of social supervision in the home or community and specially trained attendants.

### **SOCIAL SUPERVISION**

Current policy includes service limitations specifying that social supervision in excess of 20 hours biweekly requires prior authorization. This was the example discussed in the group dialog regarding service limitations in section 702. DPHHS has an action item to analyze this issue more and bring back potential solutions for further discussion.

## SPECIALLY TRAINED ATTENDANTS

Attendees discussed how specially trained attendants in the waiver differ from those provided through State Plan Person Assistance Services (PAS) is that in the waiver, specially trained attendants must have certain qualifications including training specific to a disability and a certain number of training hours specific to the member.

## MONEY MANAGEMENT

Meeting attendees agreed that money management, which is a service that can be provided by specially trained attendants, needs clarification. There were concerns that prior authorization requirements have been implemented inconsistently and outside of written policy, with some individuals without engaged families being denied the service through the prior authorization process. The group discussed how the actual need is to approve qualified money managers who will provide the service with integrity, without risk to the member. DPHHS will clarify the policy and provider standards, providing draft language for the group to review.

## 727 PRIVATE DUTY NURSING

### NURSING STAFF FLEXIBILITY

Some participants expressed a desire additional flexibility around nursing authorizations to ensure member services are provided by available staff, either RNs (registered nurse) or LPNs (licensed practitioner nurse). Attendees shared examples of having an LPN out sick and only a RN available to fill in, asking whether the RN could bill under the LPN authorization, and at which rate. A provider shared how they used to have a small bucket of supplemental RN hours in their LPN authorizations to support this type of flexibility. The current process is that case management teams have to amend plans or do a CC3 (care category 3) prior authorization to adjust nursing hours for members throughout the service plan year. These processes take time, although there is an effort to expedite these requests. Nursing staff issues impact rural areas more, since there are fewer RNs and LPNs providing private duty nursing services. DPHHS has an action item to analyze this issue more and bring back potential solutions for further discussion.

### MEDICAL TRANSPORTATION

Attendees expressed a desire for nurses to be able to bill the nursing rate for transport, when a nursing skill set required in transport, or when nurses are learning something new (e.g., continuous infusion, wound care, or returning home from a procedure). DPHHS will look at this issue.

### LIMITATIONS

The policy language around limitations will be changed to better express how the waiver is providing a safety net for services not covered by EPSDT or other State Plan services.

## NEXT STEPS

We will be meeting every Thursday, 2-4 PM through mid-December (with the exception of Thanksgiving [November 26, 2020]) 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. Feel free to share the details of the meeting with other interested parties – everyone is welcome!

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).