

BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

NOVEMBER 19, 2020 MEETING MINUTES

MEETING OVERVIEW

The Big Sky Waiver review process continued on November 19, 2020. The meeting included discussion of:

1. Review of an issue resolution log
2. Review of sections of the services chapter of the Big Sky Waiver policy manual, specifically:
 - 727 Private Duty Nursing (continued)
 - 737 Vehicle Modifications
 - 711 Environmental Accessibility Adaptations
 - 733 Specialized Medical Equipment, Supplies, Technology
 - 733-2 Specialized Medical Equipment, Supplies, Technology: Commonly Covered Items

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.

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 now begin 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. Disability determination (401)	<ul style="list-style-type: none"> Will rely on Office of Public Assistance to determine disability eligibility using Social Security Administration decision or Medicaid Eligibility Disability Services (MEDS) process, which uses SSA criteria. Case management teams will not request documentation to verify disability determination, rather relying on OPA process.
2. Medically needy (407)	<ul style="list-style-type: none"> Will not duplicate Medicaid eligibility policy in waiver manual or OPA processes with waiver case management teams; will rely on OPA to determine medically needy financial eligibility Open action item to develop draft changes for review, using one month's expenditures for the following month's eligibility.
3. Social services authorization period within personal assistance services (722)	<ul style="list-style-type: none"> Will move to an annual authorization period with case management team reporting expectations. Department will Request clarification on Community First Choice community integration in the home from CMS.
4. Money management services within personal assistance services (722)	<ul style="list-style-type: none"> There is no prior authorization for this service – written clarification is being sent to case management teams. Open action item to update definition of service and provider qualifications – working with SDMI (severe and disabling mental illness) HCBS waiver.
5. Private duty nursing authorization (727)	<ul style="list-style-type: none"> Will change policy to allow providers to use either an RN or LPN and pay for the person providing the service. Will add medical escort as a private duty nursing service based off the Community First Choice medical escort service (CFC-PAS 707).

727 PRIVATE DUTY NURSING

BALANCING STATE PLAN AND WAIVER COVERAGE

Meeting attendees discussed challenges associated with providing needed nursing care in the home and community for members receiving State Plan Home Health or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. The discussion included service definition limitations causing gaps, lack of Home Health or EPSDT staffing, and counties without Home Health. Participants shared specific gaps they experienced on the ground, including:

- Certain tasks do not align with EPSDT definitions of skilled tasks and so are not covered by EPSDT. Because the member is eligible for EPSDT private duty nursing, the Big Sky Waiver also will not cover the task. The meeting participant discussed how EPSDT will pay for a nurse to feed a child, but not to set up for the feeding or monitor afterward for aspiration or other health concerns.

- Another attendee discussed how monitoring is a growing issue with the increase in day surgery.
- Another participant shared how wound care is a problem area.
- Another person talked about members experiencing delays in being discharged to the community when there is not Home Health available.

As an **action item** for everyone, Marie Matthews asked meeting attendees to send specific examples to her or to Kirsten to support further analysis.

DPHHS discussed how the intent is to make sure members receive the nursing services they need to stay safely in their communities and homes, and how we don't want state policy to block good care. DPHHS has an **action item** to determine how to modify policy to remove the current gaps/barriers to ensuring members get the care they need.

OTHER PDN ISSUES

A series of additional private duty nursing questions were shared by meeting attendees. DPHHS has **action items** to analyze and reply to these questions:

1. Define how providers are currently able to meet the policy that includes: having LPN supervised by RN, and more etc.
2. When, if ever, does a provider/member get approval for the RN Oversight T1001UA? What documentation and frequency are needed for oversight?
3. Who (Provider or case management team) is responsible to get MD orders for member care needs?
4. Request to clarify specially trained attendant private duty nursing versus regular private duty nursing qualifications.
5. The Developmental Disabilities Program private duty nursing service allows for "monitor health needs" and also includes member health education. Why does the Big Sky Waiver not allow, even if the doctor orders this service?
6. Request to have a provider list for approved current PDN agency choices by county.

718 NONMEDICAL TRANSPORTATION

AUTHORIZATION PERIOD & MILEAGE CAPS

Similar to the social supervision service within personal assistance services, participants wanted to review and reconsider service limitations and prior authorization requirements. Attendees discussed how changing to an annual authorization period and allowing mileage to be determined through a person-centered planning process based on members' needs and circumstances would better support member choice and independence. DPHHS has **action items** to analyze options to changing authorization periods and mileage caps.

BROADER TRANSPORTATION ISSUES

The group discussed the issue of how nonmedical transportation is limited to being provided in a caregiver's vehicle because the waiver does not reimburse for mileage. The conversation broadened out to discuss the overlap of State Plan and waiver transportation-related services including social supervision, medical escort, medical transportation, and nonmedical transportation. DPHHS has an **action item** to analyze these interrelated policies and determine what to modify to best meet program goals.

711 ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

GENERAL CHANGES

Based on decisions made in previous Big Sky Waiver review meetings, DPHHS will update this policy section to focus on functional versus medical necessity, remove the requirement that the item must relate to a specific diagnosis, and how the service by itself needs to prevent institutionalization.

PRIOR AUTHORIZATION AMOUNT

The group discussed the lowering of the prior authorization requirement from \$8,000 to \$5,000 and the impact of this change. DPHHS has an **action item** to analyze the utilization of this service at varying cost levels over the past three years to help get to a workable amount for prior authorizations.

CONTRACTOR PARTICIPATION

Meeting participants discussed the challenges associated with getting contractors to want to bid and/or complete environmental accessibility adaptations. Barriers include the prior authorization amount, the two-bid requirement, payment timing, and case management and state staff comfort approving contracting work based on potentially limited knowledge of building. The group discussed a few ideas for increasing contractor participation including using purchase orders, paying a certain percentage or the cost of supplies up front, and/or using a specialist to review and approve projects. DPHHS has an **action item** to analyze possible solutions for further discussion.

733 SPECIALIZED MEDICAL EQUIPMENT, SUPPLIES, TECHNOLOGY AND 733 2 SPECIALIZED

PRIOR AUTHORIZATION

Participants discussed both the prior authorization amount and scope, including the table of commonly covered items. In terms of amount, the prior authorization amount was reduced from \$5,000 to \$2,500. As with environmental modifications, DPHHS has an **action item** to look at utilization data over the last three years by amount to have a more informed conversation about what the right amount should be.

Many constituents commented about how the table of commonly covered items, which requires any item not on the table to be prior authorized, including inexpensive items such as reachers and blood pressure cuffs. People talked about how this table causes confusion and inefficiencies for members and case management teams. The state shared that it is working on a grid removal project. DPHHS has an **action item** to share potential resolutions for further discussion and decision making.

PROVIDER PARTICIPATION

Again, similar to environmental accessibility adaptations, meeting attendees discussed the challenges of getting providers to want to participate in this service. Ideas such as considering how to extend sole source procurements to durable medical equipment, talking to providers about their barriers, and removing the two bid requirement were discussed. DPHHS has an **action item** to analyze possible solutions for further discussion.

NEXT STEPS

We will continue to meet on Thursdays, 2-4 PM through mid-December to discuss the Big Sky Waiver policy manual. 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 or 406/570.0058 and Barb at BarbaraSmith@mt.gov.