BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

JANUARY 28, 2021 MEETING MINUTES

MEETING OVERVIEW

The Big Sky Waiver review process continued on January 20, 2021. The meeting focused exclusively on the review of updated policies, including:

- 711 Environmental Accessibility Adaptations
- 737 Vehicle Modifications
- 733 Specialized Medical Equipment
- 718 Non-Medical Transportation
- 403 Prior Authorizations
- 406 Wait List

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.

Policy	Discussion Points
711 Environmental Accessibility Adaptations	• Adjusted 2-bid and prior authorization levels. 2-bid requirement is at the $5,000 and prior authorization is $25,000. • Removed requirement to pay only after work is complete to allow flexibility to pay up front at least a portion of cost to increase provider participation. ○ One participant brought up concerns about procedures to ensure accountability. Action item to consider this issue and develop resolutions. • Updated provider requirements. • Work still needed on process side to support increased provider participation in service. • Discussed need for consistent definitions, specifically to add cost effectiveness to a standardized glossary. The group discussed how this is not a set definition – it is not the lowest bid. There are multiple criteria to consider when determining cost

Policy	Discussion Points
	effectiveness, most importantly being the member's functional needs, in addition to costs over the lifetime of the adaptation and other factors.
737 Vehicle Modifications	• Changed list of covered modifications, removing mileage and age limits on used cars. • Added consideration of depreciation for both the vehicle and the modifications. • Adjusted 2-bid and prior authorization levels to $5,000 and $25,000 respectively. • Modified some of the policy language to be crystal clear. • Discussed language around direct medical or remedial benefit – change to direct benefit to move away from the medical model. Action item to change this language in ARM. • Discussed desire by some attendees to add warranty considerations into operating procedures – want to support good purchases; warranty considerations would not be about blocking purchases. Guide to help effectively purchase adaptations.
733 Specialized Medical Equipment	• Adjusted 2-bid and prior authorization levels, $5,000 for both. • Removed DME table. • Discussed need to develop a glossary and add reasonable to the glossary. Action item to cross check definitions with ARM and begin developing standardized definitions. • One participant brought up idea of centralizing all nutrition and food-related services and supports into one waiver service. In this policy, the action item is to consider moving supplements to nutrition. Any decision here would also impact goods and services and homemaker services. Several concerns were expressed about these changes. • Has the same discussion about the removal of "direct medical or remedial" language to support move to a functional model. • Discussed restoration of language in the policy about "ability of caregiver or service provider to maintain the member in the home or the community". Some had concerns about the member not driving this decision-making. • Action item to ensure member choice drives case management in policy and procedure.
718 Non-Medical Transportation	• Made more flexible to cover all transportation needs in excess of state plan/CFC. • Draft allowed for member reimbursement for their mileage driven in their personal vehicles. Participants did not like this policy and most asked for it to be removed. Some commented that this would support some members to more fully participate in their service plans. • We created an action item to potentially remove member mileage reimbursement, add bus passes, and clarify caregiver travel reimbursement in the applicable policy.
403 Prior Authorizations	• Made changes in accordance to changes in chapter 700 services policies (e.g., DME table removed, prior authorization levels increased with vehicles, environmental accessibility adaptations, and DME). • Removed prior authorization for children to be placed on wait list. • Removed duplication with eligibility and prior authorization requirements. • Removed medical necessity language. • Engaged in a discussion about high cost/over cost service plans requiring prior authorization. Participants shared how CC3 plans require prior authorization annually under this requirement. Staff shared how they see it as an opportunity to look at plans. The group discussed changing the requirement to instead look at plans that

Policy	Discussion Points
	change in cost over a certain percentage. The group discussed using an annual review process versus a prior authorization process to make it more strengths-based, technical assistance-focused. • Action item to look at separate business process of helping members have effective care plan.
406 Wait List	• Added Medicaid eligibility as a pre-requisite for being placed on waiting list to the draft policy. This garnered dialog about the potential issues this could create for individuals if these steps occur sequentially versus in parallel. The Department has an action item to define an eligibility and wait list process in partnership with the Office of Public Assistance. • Changed language to clarify a new level of care assessment is not needed if the member is on the wait list for more than 90 days unless the member has a significant change in condition. • The group discussed the requirement that a member be willing and able to accept a waiver slot, which is really about whether the individual has an assisted living or adult residential slot available when they come off the waiver waiting list. Participants discussed a 6-month timeframe. • Action item to analyze the adult residential capacity/availability issue overlap with the waiver waiting list and associated time limits.

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

NEXT STEPS

We will meet every other Thursday from 1:00 – 3:00 through legislative session. Our next meeting will be Thursday, February 11th. 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 or 406/570.0058 and Barb at BarbaraSmith@mt.gov.