

# BIG SKY WAIVER REVIEW – CONSTITUENT MEETINGS

FEBRUARY 25, 2021 MEETING MINUTES

## MEETING OVERVIEW

The Big Sky Waiver review process continued on February 25, 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
711 Environmental Accessibility Adaptations	<ul style="list-style-type: none"> <li>• Changed language around most cost effective to being “a cost-effective approach” in bullet 4.</li> <li>• Changed language around medical/remedial benefit to be broader benefit – not limited to medical model in bullet 9.</li> <li>• Changed “improve” functional ability to “support” functional ability.</li> </ul>
737 Vehicle Modifications	<ul style="list-style-type: none"> <li>• Changed language around medical/remedial benefit to be broader benefit – not limited to medical model in service limitation, first phrase.</li> </ul>
733 Specialized Medical Equipment	<ul style="list-style-type: none"> <li>• Changed language around caregiver utility in bullet 3 to, “May support the ability of a caregiver or service provider to support the member living successfully in the home and community.”</li> <li>• Changed language around most cost effective to being “a cost-effective approach” in bullet 5.</li> <li>• Have remaining action item regarding supplements and whether to move those to a combined food/nutrition service.</li> </ul>
718 Non-Medical Transportation	<ul style="list-style-type: none"> <li>• Removed member mileage reimbursement from definition.</li> </ul>

Policy	Discussion Points
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	<ul style="list-style-type: none"> <li>Added bus passes, paratransit tickets, and taxi fares to definition. The group discussed how pass through payments are used when a transit provider, like a bus company, is not a Medicaid provider.</li> <li>Have an open action item about adding ride share services, like Uber or Lyft.</li> <li>Changed second service requirement around cost-effective from “the most” to “a”.</li> </ul>
403 Prior Authorizations	<ul style="list-style-type: none"> <li>Further streamlined criteria – removing initial criteria, which felt duplicative of service specific PA requirements and overall service plan/PCP requirements.</li> <li>Removed high-cost care plan PA requirement, which ends annual CC3 PA process, unless the plan is amended.</li> <li>Modified timeframes to have them work sequentially – with 10 business days’ notice for CMTs and 5 business days for CSB to turn around, leaving an additional week for back and forth so everything can be approved before the beginning of the next month. Discussed changing this to have 2 timeframes – 1 for new members as they complete their first service plan, and a longer timeframe for existing members, which allows for timely notice if there are PA denials or other adverse actions associated with the PA request.</li> <li>Group discussed pass through payments, and how PA for pass throughs should be annual blanket, multi-member authorizations for each CMT-provider relationship requiring pass through payments, versus individual PA requests for each member using that service (e.g., a gym membership for members in a community with no Medicaid enrolled gym).</li> </ul>
406 Wait List	<ul style="list-style-type: none"> <li>Added language around open referral process.</li> <li>Retained Medicaid eligibility as a pre-requisite for being placed on waiting list. Those who do not have MA eligibility complete are part of open referral process.</li> <li>Added the people have to be able and willing to accept a waiver slot to be assessed for the wait list.</li> <li>Added language about people who are on an ALF/AR wait list as well, and how they do not have a time limit for waiting for their placement slot. S/he remains at the top of the waiver wait list while waiting for their placement slot to open.</li> </ul>
416 Short Term Admissions	<ul style="list-style-type: none"> <li>Group talked about importance of maintaining short term admissions, to ensure people do not move to a higher level of care because of an immediate need for a short-term service, including home modifications or durable medical equipment.</li> <li>Group discussed having a transparent process for short term admissions, with two waiting lists for short term and long-term slots. People can be on both waiting lists. Want to ensure consistent, clear processes across the state for all members and case management teams.</li> <li>Group discussed potentially narrowing or clarifying the services associated with short term admissions and ensuring clear communication with members about what it means to be a short-term admission versus having a long-term slot.</li> <li><b>Action Item for everyone: Please see the draft process flow at the following link: <a href="https://miro.com/app/board/o9J_ISKvb0k=/">https://miro.com/app/board/o9J_ISKvb0k=/</a>.</b> You can edit or comment on the process flow online. Contact Kirsten (<a href="mailto:ksmith@bloomconsult.org">ksmith@bloomconsult.org</a> or 570-0058) if you have any questions or need help.</li> </ul>
401 Eligibility	Draft complete. Feel free to send additional written comments to Kirsten for consideration.

Policy	Discussion Points
402 Slot Categories	Draft complete with small wording revision, nothing substantive. Feel free to send additional written comments to Kirsten.
405 Referrals for Services	Previously reviewed/discussed. Draft complete. Send Kirsten any additional written feedback.
407 Medically Needy	This policy will be deleted from the Big Sky Waiver manual, and we will work with the OPA to modify the spend down/medical needy policy in the medical assistance manual, to try and implement the concept of using one month's expenses for the following month's eligibility.
408 Residency	This policy will be deleted from the Big Sky Waiver policy manual.
409 Out of State	<ul style="list-style-type: none"> <li>• Small changes around covering caregiver costs, including transportation. Draft complete. Send Kirsten additional written comments.</li> <li>• Note there is a broader action item about caregiver travel reimbursement related to return trip when not with member. This is broader than out of state travel.</li> </ul>
410 Retainer Payments	<ul style="list-style-type: none"> <li>• Added specially trained attendant services to list of affected services since we separated STA from personal assistance services.</li> <li>• Removed some procedures and slightly modified/reorganized other policy language.</li> <li>• Draft complete. Send Kirsten additional written comments.</li> </ul>
411 Individuals with Developmental Disabilities and SDMI	<ul style="list-style-type: none"> <li>• Added Part C as an exclusion, not allowing members to receive Part C and Big Sky Waiver.</li> <li>• Draft complete. Send Kirsten additional written comments.</li> </ul>
412 Adverse Action	This draft policy is almost ready for review. We will likely discuss on March 11 <sup>th</sup> .
413 Fair Hearings	This policy will be deleted from the Big Sky Waiver policy manual, and the adverse action policy will refer to the Medicaid fair hearing policy at: <a href="https://dphhs.mt.gov/Portals/85/hcsd/documents/mamannual/CMA1505-1July012016.pdf">https://dphhs.mt.gov/Portals/85/hcsd/documents/mamannual/CMA1505-1July012016.pdf</a>
414 Assisted Living at Risk	Draft complete. Nothing substantive changed since last review. Send Kirsten additional comments.
415 Temporary Absence	This draft policy is almost ready for review. Look forward to it soon!

701 Covered Services	Almost ready for review. Working through action item about individuals legally responsible for members being able to provide services if they meet the provider qualifications.
702 Service Limits	Open action item to reword IHS within the payor of last resort section. Not yet complete.
703 Adult Day Health	<ul style="list-style-type: none"> <li>• Updated food/board limitations language.</li> <li>• Draft complete. Send Kirsten additional comments.</li> </ul>
<b>Policy</b>	<b>Discussion Points</b>
704 Case Management	Draft still in progress; aligning with modifications to 800 and 1100 chapters.
706 Community Transition	Draft still in progress; aligning with MFP changes.
707 Consultative Clinical and Therapeutic Services	<ul style="list-style-type: none"> <li>• Updated language with focus on functional need and using brain injury as an example.</li> <li>• Draft complete. Send comments to Kirsten.</li> </ul>
709 Day Habilitation	<ul style="list-style-type: none"> <li>• Very minimal wording changes; nothing substantial changed.</li> <li>• Draft complete. Send comments to Kirsten.</li> </ul>
710 Dietetic Nutritionist Services	<ul style="list-style-type: none"> <li>• Updated services to align with nutritionists' scope of practice, removing swallowing.</li> <li>• Draft complete; send additional comments to Kirsten.</li> </ul>
712 Family Training and Support	<ul style="list-style-type: none"> <li>• Draft will be ready for re-review soon. Need to complete the provider section.</li> </ul>
714 Health and Wellness	<ul style="list-style-type: none"> <li>• Made small language change to non-exhaustive service inclusion list.</li> <li>• Draft complete; send Kirsten any additional written comments.</li> </ul>
715 Homemaker	<ul style="list-style-type: none"> <li>• Wording changes. Felt like bathroom cleaning is clearly included. May be a training issue and needed for inclusion in procedure manual.</li> <li>• Discussed as a group how this service interacts with CFC/PAS's light housekeeping service, which has very limited hours. Need to clarify that 715 can serve as an extension of that service (can go above and beyond what is provided in CFC) to ensure people have basic housekeeping completed.</li> </ul>

716 Homemaker Chore	<ul style="list-style-type: none"><li>• Removed moving assistance because not in ARM.</li><li>• CSB staff is analyzing how we can include moving support in the waiver, based on CMS guidance and other states' approaches.</li></ul>
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Stakeholders are welcome to provide additional input on draft policies to Kirsten Smith over email ([ksmith@bloomconsult.org](mailto: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, March 11<sup>th</sup>. 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).