

MARCH 2018

Children, Families, Health, and Human Services Interim Committee
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HJR 24 STUDY: SUMMARY OF PROVIDER PROPOSALS FOR SYSTEM CHANGE

Background

At the January 2018 meeting of the Children, Families, Health, and Human Services Interim Committee, providers of community services for people with developmental disabilities made suggestions for changing some of the ways in which they are reimbursed for services and some of the regulations governing their services. The Department of Public Health and Human Services will be responding to the suggestions at the committee's March meeting.

This briefing paper summarizes the provider suggestions, groups the ideas into general categories, and provides space to note the specifics of the DPHHS response.

#	Category: Rate Structure Changes	Notes
1	Use a daily or monthly rate, rather than an hourly rate, for residential and work services.	
2	Use tiers for services other than supported living.	
3	Expand the number of tiers used for supported living services.	
4	Provide more flexibility in billing for the services with the highest rates of underutilization.	
5	Distribute unspent general fund appropriation among providers at end of fiscal year.	
6	Change the rate system to allow waiver participants to access 100% of their cost plans.	
7	Make it simpler to take clients out of services when they're in the hospital or nursing home and to enter them back into services immediately upon discharge so that providers don't have to pay staffing hours for a client they're not serving.	
8	Allow waiver participants who have unallocated funds in their cost plans to "share" with other clients in the agency for a set amount of time, through a simple, short-term contract that would allow the cost plans to be fully utilized but available to the current recipient when needed.	
9	Reduce funding for the Montana Developmental Center.	

#	Category: Staffing Changes	Notes
10	Decrease staffing requirements so providers can give raises to direct care staff. Use less staff at a higher wage to attract and retain applicants.	
11	Allow providers to hire staff who are 17 years old.	
12	Allow required training hours such as CPR/First Aid to be counted as staffing hours because the training benefits the clients.	
13	Use more electronic oversight for supported living.	
14	Decrease the number of yearly training hours required for relief staff if they are part-time employees or tier the requirements so more experienced staff are allowed to have fewer hours of training.	
15	Allow regular adult group home night aides to be able to sleep during their shifts.	
#	Category: Transportation Changes	Notes
16	Revise transportation reimbursement rates and methodology.	
17	Simplify billing requirements for transportation.	
18	Change the billing unit to a monthly unit for transportation.	
19	Combine transportation categories, if possible, to decrease administrative time spent on billing, reduce the opportunity for error, and streamline the process.	
20	Change the Residential Integration Transportation unit from one ride per week to 4 rides per month to increase utilization of an underfunded service.	
#	Category: Procedural/Other Changes	Notes
21	Use an assessment tool other than the MONA or use a combination of assessment tools.	
22	Reduce documentation needs.	
23	Revise the 90-day exit policy.	
24	Have a person's physician sign off on the need for Individual Goods and Services every 2 years instead of yearly to reduce staff and physician time. The needs based on a primary disability don't generally change quickly.	
25	Eliminate the contract with the Montana Independent Living Project to tell clients about vocational-rehabilitation services each year, since Voc-Rehab is not currently accepting new clients. A simple letter to inform people of the services that may be available in the future would be more constructive.	
26	When clients with DD funding for Supported Employment lose their jobs, allow Voc-Rehab to sign off at the initial intake meeting that the person will be put on a waiting list. This could be sent to the DD Program for approval to use DD funding, speeding up the process. Currently, the client must wait for the letter from Voc-Rehab and then forward it to DDP.	
27	Include provider representatives in discussions about projects that affect providers or ask for their input on proposed changes so that the changes work for everyone involved.	