

# HJR 50: SENIOR AND LONG-TERM CARE SUMMARY OF SUGGESTIONS

## BACKGROUND

To date, the House Joint Resolution 50 study has encompassed presentations by the Department of Public Health and Human Services, by representatives of both facility-based and home and community-based services, and by individuals who receive long-term care services. Members of the public also have weighed in on the services offered by the Senior and Long-Term Care Division.

This briefing paper summarizes suggestions that stakeholders have made to date, both during formal presentations and during public comment periods. The summary is designed to help members of the Children, Families, Health, and Human Services Interim Committee as they consider areas of focus for the remainder of the interim.

## STAKEHOLDER SUGGESTIONS

The table below groups suggestions into general categories and includes space for additional ideas that may be raised at the March 19 meeting.

Topic Area	Suggestions
Access to Services	<ul style="list-style-type: none"> <li>• Increase the number of waiver slots</li> <li>• Increase reimbursement rates to recognize the costs of providing services</li> <li>• Increase the room and board allowance for assisted living facilities</li> <li>• Create a higher reimbursement rate for memory care (revisit HB 17 from 2015 session)</li> <li>• Incorporate direct care worker wage increases directly into provider rates so all providers benefit from the funding for worker wages</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Increase direct care worker wages</li> <li>• Create a pay differential based on geographic location</li> <li>• Build more training/continuing education into the rate structure</li> <li>• Create a scholarship or tuition reimbursement program</li> <li>• Require background checks and/or drug tests</li> <li>• Require training in Alzheimer's/dementia response</li> <li>• Encourage changes in federal immigration policy to increase the pool of direct care workers</li> </ul>

Topic Area	Suggestions
Services	<ul style="list-style-type: none"> <li>• Make assisted living a Community First Choice (CFC) service to obtain a higher federal matching rate and free up waiver slots</li> <li>• Expand Big Sky Waiver and CFC services</li> <li>• Allow reimbursement of time for nurse intakes, periodic reviews, nurse supervision of certain services, and oversight of coordinated visits for all HCBS programs</li> <li>• Clarify that waiver services on the whole, not individually, must assist a person in remaining in the community rather than a nursing home</li> <li>• Remove caps on social supervision hours/nonmedical mileage for the Big Sky Waiver</li> <li>• Encourage DPHHS to work with providers on ideas for “bridge” services for children who don't qualify for the Big Sky Waiver or Early and Period Screening, Diagnostic, and Treatment (EPSDT) benefits in the regular Medicaid program</li> </ul>
Rules/ Policies	<ul style="list-style-type: none"> <li>• Clarify with the Centers for Medicare and Medicaid Services (CMS) whether recent DPHHS policy changes are required under federal law</li> <li>• Clarify with CMS whether recent policy changes required a waiver amendment</li> <li>• Define the term “natural supports,” create a clear policy on what constitutes natural supports, and apply the policy consistently</li> <li>• Replace the requirement that providers document each task completed during a visit with a requirement to document that an authorized task was refused</li> <li>• Create a system for approving urgent requests for respite care in the waiver program</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>• Increase the income exclusion limit for the Medically Needy program to recognize inflation and cost-of-living adjustments in disability benefits</li> <li>• Clarify whether waiver services can count toward qualifying a person for Medicaid under the Medically Needy program</li> <li>• Clarify whether a cash payment is the only spend-down option for waiver participants</li> <li>• Allow case management teams to assist waiver applicants with the eligibility process</li> <li>• Review/revise waiver eligibility requirements for children</li> </ul>
General	<ul style="list-style-type: none"> <li>• Allow families of waiver clients to supplement the Medicaid rate with direct payments to assisted living facilities for costs not covered by Medicaid (family supplementation)</li> <li>• Require/request DPHHS to: <ul style="list-style-type: none"> <li>○ restore all waiver services that were cut due to FY 2018 revenue shortfalls</li> <li>○ use the entire amount appropriated for the Big Sky Waiver</li> <li>○ create and follow a clear, consistent process for notifying waiver participants of a denial of or limitations on services and on the appeals process</li> <li>○ update the State of Aging report after the 2020 census</li> <li>○ create a statewide transition plan for people leaving institutional care</li> <li>○ provide standardized training on prior authorization of services</li> <li>○ require consistent application of policies by case management and DPHHS staff</li> <li>○ create a stakeholder work group to address system issues and proposed changes to policies and rules</li> </ul> </li> </ul>
Ideas from the March 19 Meeting	