

Montana DDP Self-Direction Fall Regional Conference

We will begin shortly.
Please mute your
computer and phone





Montana Developmental Disabilities Program Self-Direction Fall Regional Conference

September 2023



### Agenda

- 1. Welcome & Introductions
- 2. Self-Direction Training Modules
- 3. DD Waiver Renewal
- 4. Electronic Visit Verification
- 5. Overview of Ongoing Work
- 6. DDP Updates
- 7. Q&A





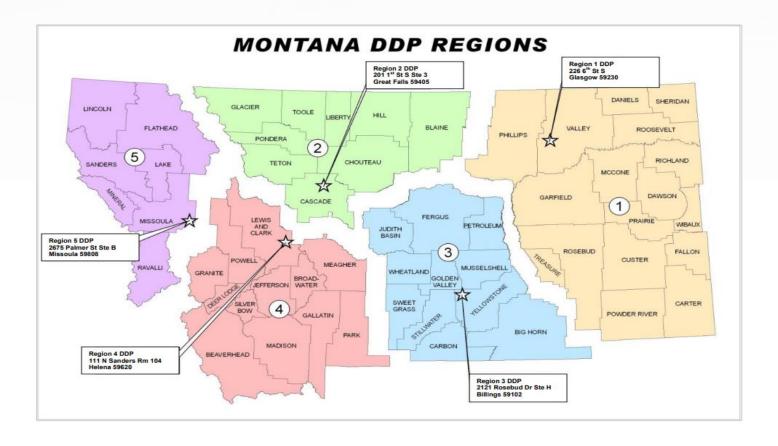


Introduction Program Team



### How do I learn more about DDP?

 Information can be found on the DPHHS website: <a href="https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/">https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/</a>





### **DDP Regional Offices Contact Information**

#### Region 1 - Glasgow

226 6th St., P.O. Box 472 Glasgow, MT 59230 PH: 406.228.8264

#### **Region 1 - Miles City**

2200 Box Elder St., Ste #7 Miles City, MT 59301 PH: 406.232.2595

#### **Region 2 - Greater Falls**

201 1st St., Ste #3 Great Falls, MT 59405 PH: 406.454.6085

#### **Region 3 - Billings**

2121 Rosebud Dr., Ste H Billings, MT 59102 PH: 406.655.7603

#### Region 4 - Helena

111 Sanders St., Rm 104 Helena, MT 59604 PH: 406.444.1714

#### Region 4 - Bozeman

300 N Wilson Ave., Ste #3001 Bozeman, MT 59715 PH: 406.587.6066

#### Region 4 - Butte

700 Casey St., Ste A Butte, MT 59701 PH: 406.496.4922

#### Region 5 - Missoula

2675 Palmer St., Ste B Missoula, MT 59801 PH: 406.329.5415

#### Region 5 - Kalispell

121 Financial Dr., Ste B Kalispell, MT 59903 PH: 406.300.7389



# Montana Developmental Disability Program (DDP) **Self-Direction Training and Support**

- DDP has developed 5 training modules to support you in self-directing your services
- The modules will be available in the College of Direct Supports Portal and include audio recording function to listen along
- You can access the training here: https://login.elsevierperformancemanager.com/systemlogin.aspx?virtualna me=mtdd or contact your DDP Regional Office to ask about accessing the trainings
- The training modules are voluntary, but DDP strongly encouraging you accessing this free resource



# DDP Self-Direction Curriculum Training Module **Training Topics**

#### Module 1: **HCBS** and Medicaid

- American with Disabilities Act (ADA)
- Home and Community Based Services (HCBS)
- Centers for Medicare and Medicaid Services (CMS)
- Administration for Community Living (ACL)
- •DPHHS
- •DDP
- Medicaid State Plan
- Medicaid Waiver
- •HCBS New Settings Rule

#### Module 2: **Employer Authority Self-Direction of Waiver** Services 101

- What is self-directing services?
- •Who can self-direct their services?
- ·What are vour responsibilities in selfdirecting services?
- How do I hire and train staff?
- Documentation requirements in SDS
- Fiscal Intermediary Role
- Legally responsible individual/Employer of Record role and responsibilities

#### Module 3: **Montana DD Waiver** Services with SDS

- Personal Support Services
- Respite
- Supported Employment -Follow along supports
- Supported Employment -Individual Employment Support
- Co-worker Support
- Support Brokerage
- Transportation
- Individual Goods and Services
- Specialized Medical Equipment
- Case management role

#### Module 4: **Person-Centered Plans** and Prior Authorizations

- What is Person-centered Planning (PC)?
- •What is Selfdetermination?
- How are Personal Support Plans created?
- What are person-centered goals?
- What is required in personal support plans?
- What is a prior authorization (PA)?
- •How do I manage the funds in my budget?

#### Module 5: **Documentation and** Administration

- Documentation requirements in SDS
- Critical Incident management and reporting requirements
- •Reporting requirements for abuse, neglect, and financial exploitation
- •Fraud, waste, and abuse (FWA) of Medicaid funds and its implications in selfdirection
- Personal Support Plan and mid-year review requirements
- Signature requirements
- Electronic Visit Verification (EVV)



# **Self-Direction Module One**

**Highlights** 

### **Module 1 Learning Objectives:**

What is the Americans with Disabilities Act (ADA)?

What are Home and Community Based Services (HCBS)?

What is the Centers for Medicare and Medicaid Services (CMS) and what is their role in HCBS?

What is the Administration for Community Living (ACL)?

What is the Montana Department of Public Health and Human Services (DPHHS) and what is their role?

What is the Montana Developmental Disability Program (DDP) and its role in services for people with intellectual and developmental disabilities (IDD)?

What is a Medicaid State Plan?

What is a Medicaid 1915(c) waiver?

### Who Operates HCBS Services in Montana



Montana Department of Public Health and Human Services (DPHHS) is the operating authority in your state.



Developmental Disability Program (DDP) Division oversees services for Montanans with intellectual and developmental disabilities.



# What does the Developmental Disabilities Program (DDP) do?



#### Vision

People in services have a voice and the support to live productive, healthy and fulfilled lives in the community of their choice.



#### **Mission**

Create a system that coordinates resources, supports and services for people to have meaningful lives in their communities.



#### **Values**

- People choose their providers, services and supports.
- Plans of care are developed by the person and the people who support them.
- People have opportunities for personal growth.
- People are treated with respect and dignity.
- People live and recreate in safe and healthy environments.
- People have opportunities to work in safe, integrated community employment of their choosing.



# **Self-Direction Module Two**

**Highlights** 

## **Module Two Learning Objectives**

- What is self-direction?
- Who is eligible to self-direct their services?
- What are your responsibilities in self-directing services?
- How do I hire and train staff?
- What are the paperwork and documentation requirements for hiring?
- What is the fiscal intermediary role?





#### **Orientation Checklist**





### Job Requirements of Your Staff

- It is important for staff to have a clear understanding of their role in supporting you
- Steps needed to help with identifying tasks staff can assist you with include:
  - 1. Checking your person-centered plan
  - 2. Talk with your targeted case manager
  - 3. Create a list of tasks you would like the staff to support you with and how you would like that support given

Resource: the following link will take you to a document called "Living on Your Own Skills" Questionnaire. This may help you determine things you need support from your staff with https://ici-s.umn.edu/files/ikGC3FR6a9/skills\_questionnaire\_acc



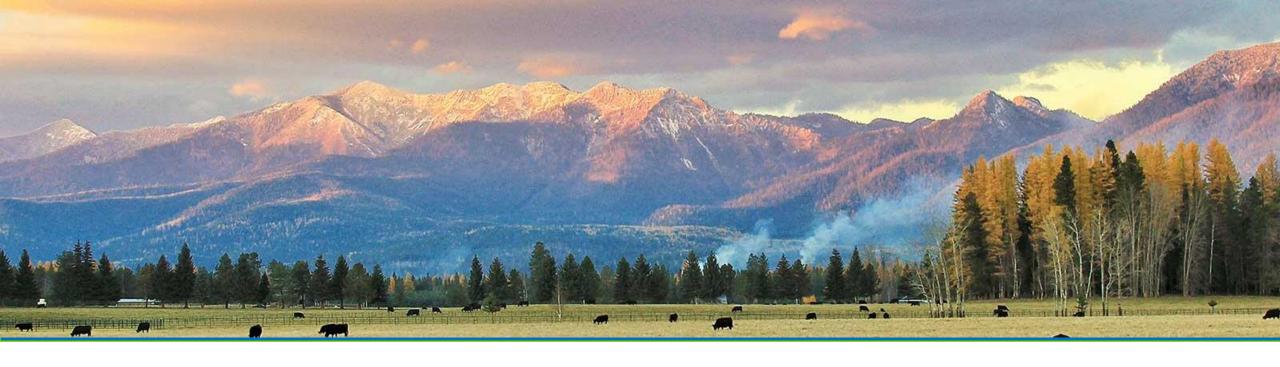
### Self-Direction Required Training Through DDP for **Paid Staff**

- DDP offers required online training modules through the College of Direct Supports (CDS)
- There are twenty-six training lessons in the CDS
- To access these required trainings, contact DDP regional office or your targeted case manager
- Three core subjects:
  - Maltreatment: Prevention and Response
  - Professional Documentation Practices
  - Safety



# Self-Direction Module Three

**Highlights** 



### **Module Three Learning Objectives**

- What is the DD Medicaid waiver in Montana?
- What services are allowed under the DD Medicaid Waiver?
- What services can I self-direct?
- What is targeted case management?
- What is the targeted case manager's role?

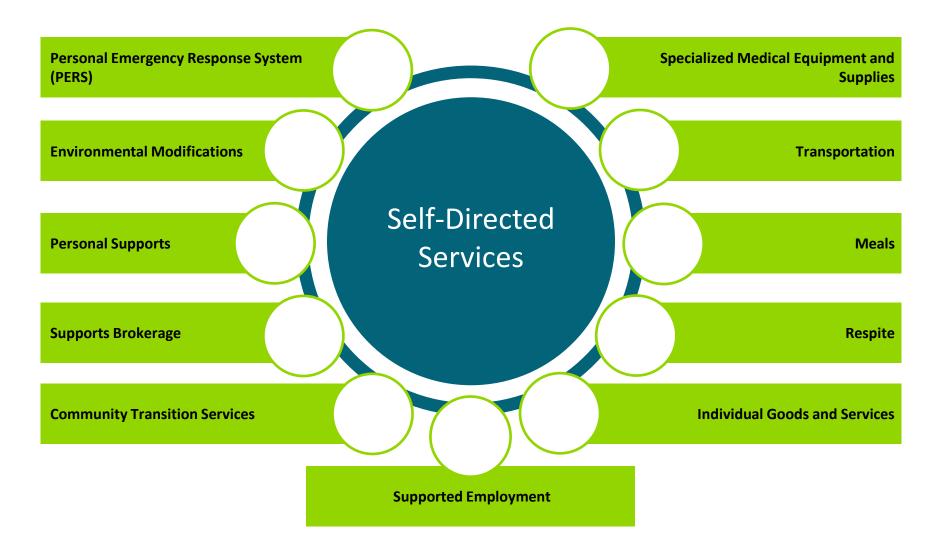


### What is the DD Medicaid Waiver?

- Montana's Home and Community-Based Waiver for Individuals with Developmental Disabilities (DD Waiver or 0208 Waiver) allows Montana to utilize home and community-based services to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting
- The DD waiver includes the use of the self-direction program



### What Services Can I Self-Direct?





# What is the Targeted Case Management Service?

- A targeted case manager assists in the gathering of eligibility and referral information, as well as determining the specific needs (such as medical, educational, and social)
- The development and monitoring of personal support plans and budgets
- The coordination of the delivery of supports as outlined in the personal support plan
- Targeted Case Management is available by a contracted entity in every area of the state, and by state employees in some areas





# **Self-Direction Module Four**

**Highlights** 



### **Module Four Learning Objectives**

- What is Person-centered Planning (PC)?
- What is Self-Determination?
- How are Personal Support Plans Created?
- What is Required in Personal Support Plans?
- What is a Self-Direction Back-Up Plan?

- What are Person-Centered Goals?
- What is Prior Authorization (PA)?
- How do I Manage the Funds in my Budget?



### **The PSP Planning Process**

- The process should be led by you, and you may want help from your legal representative
- The planning process must:
  - Offer you informed choices regarding the services and supports you will receive and from whom
  - Record the alternative home and community-based settings that you considered when making your decisions
  - Include a method for you to request updates to the PSP as needed
  - Reflect the services and supports that are important to meet the needs identified through any assessments of functional need
  - Include what is important to you regarding preferences for the delivery of the services and supports



### **How Do I Manage My Budget?**

- As a part of creating your personal support plan, you will also be required to develop a budget for your services
- You are required to keep your spending within the total allowed amounts in your annual budget
- Some best practices to manage your budget include:
  - Working closely with the fiscal intermediary to monitor spending
  - Tracking hours and scheduling of staff to staying in budget
  - Performing quarterly reviews of your budget and working with your targeted case manager to review any big changes in spending from your plan
  - Staying within the guidelines and limits of your services as authorized through your ICP



## How do I know what hourly wage I can pay my staff?

- Montana's FI offers a worksheet to help you determine how much to pay the staff you hire. It is called the Show Me the Money Worksheet
- The sheet provides you with possible wages for services, and then has a formula and a table you can use to determine what the expected cost will be for an hour or day of service
- The "Cost to You" includes additional and required expenses beyond the wage, such as federal and state taxes

#### Show Me The Money

Many people are familiar with taxes that come out of an employee's check. What many people don't know is that it costs more to employ someone than just their wages. Federal law mandates that the employer pay into employee Federal Unemployment (FUTA), Social Security and Medicare, and and state law governs that the employer pay into State Unemployment (SUTA) and Workers' Compensation (WC). These employer taxes are referred to as the "Employer Burden".

What this means is that with a employer burden of 1.1666 (16.66%) for every \$1.00 you pay in wages, you (the new employer) have to additionally pay approximately 17¢ to pay for taxes and Workers' Compensation. If you have been an employer for over 2 years, your tax burden as an "experienced employer" may be different. Acumen will notify you if/when this tax burden rate changes. Paying taxes and Workers' Compensation is a service which Acumen takes care of on your

Use the below calculation tool if you want to pay an employee a different wage than what is listed below in the Wage/Cost Table. Experienced employers will use the burden amount provided by Acumen Tax.

#### The following is a calculation tool to help you determine the "Cost to You" Simply fill in the blanks and calculate 1.1666 Cost to You Employer Burden (Taxes +WC) (Always Round Up)

The Wage/Cost table below is provided so you can estimate the hourly cost to employ someone, based on various wage amounts. Each service has a maximum cost that can be charged to the individual's budget. The "Cost to You" column is the wage multiplied by the employer burden. You can pay employees any amount between Minimum Wage (if applicable) and the Max Wage for that service. To pay your employees other amounts than those listed in

the Wage/Cost Table multiply the wage you want to pay by your employer burden, and you will get the Cost to You. Remember these costs are paid from the budget. An employee Rate Sheet must be submitted to Acumen prior to any rate changes. Call your MT Agent if you need help or do not know your employer burden

#### Wage/Cost Table

Hourly Wage		Cost to	
		You	l
\$	9.95	\$ 11.61	Minimum Wage
\$	9.00	\$ 10.50	
\$	10.00	\$ 11.67	Ī
\$	10.50	\$ 12.25	Ī
\$	11.00	\$ 12.84	Ī
\$	11.50	\$ 13.42	I
\$	12.00	\$ 14.00	[
\$	13.00	\$ 15.17	I
\$	13.50	\$ 15.75	[
\$	14.00	\$ 16.34	
\$	14.50	\$ 16.92	Ī
\$	15.00	\$ 17.50	Ī
\$	15.85	\$ 18.50	Max Wage - RSP
\$	15.50	\$ 18.09	
\$	16.00	\$ 18.67	I
\$	17.00	\$ 19.84	
\$	18.00	\$ 21.00	Ī

Hourly Wage		Cost to	
		You	
\$	18.50	\$ 21.59	
\$	19.00	\$ 22.17	
\$	20.35	\$ 23.75	Max Wage - PLS
\$	20.00	\$ 23.34	
\$	21.00	\$ 24.50	
\$	21.50	\$ 25.09	
\$	22.00	\$ 25.67	
	23.00	\$ 26.84	
	24.00	\$ 28.00	
\$	27.55	\$ 32.14	Max Wage - SBS
\$	30.00	\$ 35.00	
\$	27.00	\$ 31.50	
\$	28.00	\$ 32.67	
\$	29.00	\$ 33.84	
\$	30.00	\$ 35.00	
\$	35.54	\$ 41.47	Max Wage - IES/FAS

9.84 \$ 11.48 CWS - Flat Day Rate

\$0.42 per mile- TRM - Max Rate

RSP - Respite Services

SBS - Supports Broker Services

PLS - Personal Supports Services

CSW - Co-Worker Support-Flat Day Rate

IES - Individual Employment Support



This is an example of the Montana 2022-2023 Worksheet

FAS - Follow Along Support

TRM - Transportation Mileage



# **Self-Direction Module Five**

**Highlights** 



#### **Module Five Learning Objectives**

- Review the administrative requirements of Personal Support Plans
- Documentation requirements for self-direction program
- Review of critical incidents and reporting requirements

- Understanding and reporting requirements of fraud, waste, and abuse in Medicaid
- Recognizing and reporting requirements in the selfdirection program of abuse, neglect and exploitation
- Review of electronic visit verification (EVV) and its role in self-direction in Montana



## What Needs to be Included in Progress Notes?

- Progress notes must be complete and include enough information to:
  - o Describe the participant's activities, procedures used with the participant, and incidents that happen during the employee's shift
  - Give a clear picture of the service provided to the participant
  - Show progress towards the participant's personal outcomes
  - Record any changes in the participant's medical condition, behavior, or home situation which may indicate a need for reassessment and plan of care change
  - Explain each entry on the paid staff's timesheet
  - Document any changes or deviations from the schedules in the participant's approved plan of care



### **Alternative Progress Note Collection Option**

- DDP offers people who self-direct their services the option of using the electronic data system called <u>MedCompass</u> to document progress notes
- MedCompass is the electronic record used by TCM, providers and DDP staff to track information on a person in Medicaid waiver services
- If you would like to access MedCompass to review the PSP and to track progress notes, contact your TCM to fill out paperwork to give you access to the electronic system



### What is an Incident in Critical Incidents?

Incidents are significant events, acts, or omissions not otherwise permitted which compromise, or may compromise the safety and well-being of a person, or which may result in physical or emotional harm to the person, or which intentionally or unintentionally deprives a person of rights.

For more information on critical incidents, please refer to DDP's webpage at :

https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/



# Self-Direction and Reporting Abuse, Neglect, and **Exploitation**



 As a mandatory reporter, you are required to report any suspected abuse, neglect, or exploitation to:

#### **Montana Adult Protective Services**

Online form:

https://mt.leapsportal.net/LEAPSINT AKE/MTPublicIntakeReport.aspx

Call:

1 (844) 277-9300



# Overview of DD Waiver Renewal

### Summary

- Reserved Capacity
- Retainer Payments
- Remote Monitoring
- Residential Habilitation
- Adult Foster Care
- Legally Responsible Individuals (LRI) as Paid Caregivers
- Incident Management and Plan of Care Policies



### Summary

- Personal Emergency Response System (PERS)
- Respite
- Day Supports and Activities
- Homemaker
- Individual Goods and Services (IGS)
- Home and Community-Based (HCBS) Settings Compliance
- Telehealth

\*Level II Behavioral Support Services (BSS) in a separate PowerPoint to follow



#### **Reserved Capacity**

- Emergency waiver slots were increased from 20 to 40 during a fiscal year
  - o Emergency waiver slots are used to move someone ahead on the waitlist when they are experiencing an emergency and if all other service options have been reviewed and do not meet the person's health and safety needs.
- Waiver slots for individuals transitioning from institutional settings were decreased from 50 to 30 during a fiscal year
  - o The need for the number of these types of slots decreased with the closure of the Montana Developmental Center (MDC)



#### **Retainer Payments**

- Previously approved services
  - Residential Habilitation
  - Day Supports and Activities
- Renewal approved services
  - Assisted Living
  - Retirement Services



#### **Retainer Payments**

- Retainer Payments may not exceed 30 days for a person in a fiscal year
- Can be billed for a person who is hospitalized or for another absence; however, it cannot be billed for a person who is admitted to the Montana State Hospital
- Use billing modifier KX when submitting claims for retainer payments



#### **Retainer Payments**

 For retainer payments, if the member is present and starts one of the four approved services during the following date spans, the number of retainer days is reduced accordingly.

July 1 − September 30th: 30 retainer days available

October 1 – December 31st: 22 retainer days available

15 retainer days available January 1 – March 31st:

8 retainer days available ○ April 1 – June 30th:



#### Remote Monitoring

- Changes to the service definition include the addition of the following language:
  - Any discovery of monitoring in private areas would be addressed by case managers and/or quality assurance personnel while conducting onsite visits.
  - o The Department requires that service providers are compliant with HIPAA requirements, including the Privacy and Security Rules, and utilizes a Business Associate Agreement which outlines and implements HIPAA compliance requirements, including highlighting the requirement for providers of the Department to ensure HIPAA compliance by any agency/subcontractors they employ. The HIPAA compliance officer has reviewed the remote monitoring definition and Business Associate Agreement and has determined HIPAA compliance requirements are met.



#### **Remote Monitoring**

- o Remote Monitoring assists individuals in avoiding institutional or more restrictive environments by providing supervision for individuals to be able to safely live in their communities. Remote Monitoring is a service for members whose needs do not require on-site staff at all hours of the day but who still require some level of supervision. Individuals will receive the training needed to successfully utilize the technology, including how to turn off the equipment. This includes training the participant and staff on the equipment and/or devices that will be used.
- There is no duplication of remote monitoring with other waiver services.
- Internet connectivity is not allowed as a service payment.



#### Remote Monitoring: Consent on the Waiver 5 Freedom of Choice Form, Completed by Targeted **Case Manager**

Waiver 5 0208 Home and Community-Based Services Freedom of Choice and Consent Form effective 07/01/2023 (To be completed annually or sooner if the member requests a change)

CCNI-

Participant's Name:	SSN:	DOB:				
The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to: The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities (ICF/IID); and the Program waiver services, including services delivered by a legally responsible individual to the Program waiver services and Intermediate Care Facility for persons with intellectual disabilities (ICF/IID); and the Program waiver services and Intermediate Care Facility for persons with intellectual disabilities (ICF/IID); and the Program waiver services and Intermediate Care Facility for persons with intellectual disabilities (ICF/IID); and the Program waiver services and Intermediate Care Facility for persons with intellectual disabilities (ICF/IID); and the Program waiver services and Intermediate Care						
I have been informed of services available through the Medicaid Home and Community-Based Services Waiver Program. The choice of service provider and choice of services are available to all persons in DDP-funded services subject to demonstration of assessed need.						
I have been info	rmed of the conditions under which I may choose to self-	direct my waiver services.				
I have been infor	rmed of the remote monitoring service including responsi	bilities and conditions for which this applie	es.			



DOD:

# Remote Monitoring: Consent on the Waiver 5 Freedom of Choice Form, Completed by Targeted Case Manager

I have been informed that I can request and register for access to my records in the Data Mana	agement System (DMS).			
After reviewing my options and choices, I freely choose to (check all that apply):				
$\ \square$ Receive services in the community via the HCBS DD Medicaid Waiver				
☐ Receive services from my existing provider(s)				
☐ Receive services from a different provider				
□ Preference to have legally responsible individual provide direct services (A legally responsible individual is a biological or adoptive parent of a recipient under 18, or a spouse of an adult recipient.)				
☐ Self-Direct allowable wavier services				
consent to remote monitoring service in my residential setting				
☐ Not receive DDP-funded waiver services at this time				
Person/Legal Representative Signature	Date			
Targeted CM - Signature	Date			
Department Representative – for initial Waiver 5- Signature	Date			



#### Remote Monitoring: Consent on the Waiver 5 Addendum, Completed by Targeted Case Manager

#### REMOTE MONITORING

1. Persons enrolled in the Developmental Disabilities Program Waiver who are age 18 and older and receiving residential habilitation services in a supported living environment may choose to receive off-site electronic oversight and monitoring, if based on assessment has been determined appropriate, by the person's planning team. Remote monitoring is a method to provide support and supervision for members who have demonstrated a level of independence, who may need supervision and on-call support, but who do not require inperson staffing at all times.

Monitoring equipment is not permitted in bedrooms or bathrooms to ensure a person's right to privacy. Members have control over the monitoring equipment and may choose to turn off the monitoring equipment. This would prompt an immediate response for back-up support staff to contact the member and provide in-person supports if needed.



# Remote Monitoring: Consent on the Waiver 5 Addendum, Completed by Targeted Case Manager

Individuals must receive the training needed to successfully utilize the technology, including how to turn off the equipment. This includes training the participant and staff on the equipment and/or devices that will be used.

Remote monitoring is done in real time by awake staff with no other duties. The provider of remote monitoring must have an effective system for notifying emergency personnel such as police, fire, and back-up support staff for in-person response when warranted.

The person, or legal representative if applicable, who receives Remote Monitoring and each person, or legal representative if applicable, who lives with the member shall consent in writing after being fully informed of what remote monitoring entails.



#### **Residential Habilitation**

- Added the ability for a DDP provider to subcontract
- Availability of retainer payments (Slides 5-7)
- Allowance of Legally Responsible Individuals (LRI) as Paid Caregivers (Slides 16-20)
- Added telehealth for specific activities to Montana Developmental Disabilities Program Services Manual (Slides 26-27)



#### **Adult Foster**

- Adult foster homes are single family residences that offer care in a homelike setting. Adult foster homes in Montana are inspected and licensed.
- Added the ability for a DDP provider to subcontract
- Removed language that created an unnecessary limit on the service and aligns better with licensing rules (i.e., Adult Foster Support reimbursement to a single foster home cannot exceed the Adult Foster Supports reimbursement rate for serving one member with intensive support needs.)



### Legally Responsible Individuals (LRI) as Paid Caregivers

- Previously approved services
  - Individualized Goods and Services
  - Specialized Medical Equipment
  - Transportation
- Renewal approved services
  - Residential Habilitation
  - Companion Services
  - Personal Care
  - Personal Supports
  - Supported Employment Services: Follow Along Support, Co-Worker Support, Individual Employment Support, and Small Group **Employment**



#### LRI as Paid Caregivers

- Legally responsible individual is a biological or adoptive parent of a recipient under 18, or a spouse of an adult recipient
- Extraordinary care means care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization
- Use billing modifier CG when submitting claims for LRI



#### LRI added to Waiver 3 and Specialized Services Summary Sheet, Completed by QIS

- Quality Improvement Specialist reviews Vineland adaptive assessment to determine extraordinary care needs
- QIS also completes Waiver 3 and Specialized Services Summary Forms initially and annually thereafter, indicating the person continues to meet extraordinary care needs and that a LRI is a paid caregiver



# LRI added to Waiver 5, Completed by Targeted Case Manager

Waiver 5 0208 Home and Community-Based Services Freedom of Choice and Consent Form effective 07/01/2023 (To be completed annually or sooner if the member requests a change)

Participant's Name:	SSN:	DOB:	

The DDP Waiver 5 Freedom of Choice Form is used to ensure that all Developmental Disabilities Program waiver recipients understand their right to:

- 1. Choice of waiver services, including self-direction, or remote monitoring
- hoice of providers of DDP funded services, including services delivered by a legally responsible individual
- 3. Choice of filing a fair hearing request
- 4. Choice between waiver services and Intermediate Care Facility for persons with intellectual disabilities (ICF/IID); and
- 5. Report suspected abuse, neglect, and exploitation to the appropriate reporting agency.

Please have the person or legal representative initial each item and sign and date at the bottom.



# LRI added to Waiver 5, Completed by Targeted Case Manager

After reviewing my options and choices, I freely choose to (check all that apply):			
☐ Receive services in the community via the HCBS DD Medicaid Waiver			
☐ Receive services from my existing provider(s)			
☐ Receive services from a different provider			
Preference to have legally responsible individual provide direct services (A legally responsible individual is a biological or adoptive parent of a recipient under 18, or a spouse of an adult recipient.)			
☐ Self-Direct allowable wavier services			
☐ Consent to remote monitoring service in my residential setting			
☐ Not receive DDP-funded waiver services at this time			
Person/Legal Representative Signature	Date		
Targeted CM - Signature	Date		
Department Representative – for initial Waiver 5- Signature	Date		



### Incident Management and Plan of Care Policies

- Updated Incident Management Policy language, such as notification timelines, incident categories, and clarification around restricted procedures such as seclusion.
- Updated Plan of Care Policy language, such as changes to the terms used to describe a person's goals and replaced quarterly reports with mid-year review.
- The above updates align with Administrative Rules of Montana (ARM) that are in the process of being filed and finalized



### Personal Emergency Response System (PERS)

- Added the following clarifications:
  - Cell phones, including installation and insurance, may be reimbursed through the Waiver with a Regional Manager prior-authorization
  - Monthly cell phone plans, phone cards, and minutes, which are of general utility, cannot be funded through the Waiver
  - The cost of cell phone plans and monthly fees is the responsibility of the member



#### Other Service Definition Updates

- Respite
  - Language regarding adult day care was removed
- Day Supports and Activities
  - Language regarding job skill training and work experience was removed
- Homemaker
  - Added the clarification that homemaker tasks are strictly for the beneficiary and not other members of the household
- Individual Goods and Services (IGS)
  - Added clarification that no reimbursement or cash payment is made to the beneficiary



### Home and Community-Based Services (HCBS) **Settings Compliance**

- The DDP was required to list all provider owned/controlled settings in this waiver, which settings are under a corrective action plan, and how ongoing monitoring occurs and how often to verify settings remain compliant once they become so
- Also required to include how the state checks in with all waiver participants to be sure they have opportunities for community engagement and that any restrictions are documented and addressed through the person-centered plan as per 42 CFR 441.301(c)(4)(vi)(F)
- More information on the State's HCBS Settings Corrective Action Plan (CAP) can be found at: Home and Community Based Services (mt.gov) or https://dphhs.mt.gov/hcbs



#### Other Updates

- Language was cleaned up, such as updating new division names (Offices of Inspector General, Behavioral Health and Developmental Disabilities Division)
- Updated Administrative Rule References
- Updated some Performance Measure language
- Updated estimates of number of users, average units per user, average cost per unit, and average length of stay



#### **Telehealth**

- Telehealth for specific services and activities was added to the Montana Developmental Disabilities Program Services Manual:
- Rates Information (mt.gov) or https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities /ddpratesinf
- A modifier of GT and a place of service code of 02 shall be put on the claim for units delivered as Telehealth
- The waiver cannot be billed for any equipment or software required for or associated with telehealth capability
- Telehealth does not satisfy a face-to-face requirement as indicated in the Montana Developmental Disabilities Program Services Manual



#### **Telehealth**

- Level I Behavioral Support Services (BSS)
- Caregiver Training and Support
- Nutritionist Services
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Private Duty Nursing
- Psychological Evaluation, Counseling, and Consultation
- Residential Habilitation-Supported Living
- Supported Employment-Follow Along and Individual Employment Support
- Supports Broker



#### **Approved Waiver Renewal and What's Next**

- Waiver Renewal is approved for 5 years
- Any changes within the 5-year Waiver cycle requires an amendment
- Waiver Amendment
  - Update rate methodology based on a provider rate study and legislative action
  - Update Average Cost per Unit based on the rate methodology
  - Update Electronic Visit Verification (EVV) Status and Process
    - Electronic Visit Verification (mt.gov) or https://dphhs.mt.gov/sltc/EVV
    - NETSMART ELECTRONIC VISIT VERIFICATION SITE FOR MONTANA <u>DPHHS - Mobilecaregiverplus.com</u> or <a href="https://mobilecaregiverplus.com/mt-">https://mobilecaregiverplus.com/mt-</a> dphhs/



#### **Proposed Waiver Amendment**

- Both the approved Waiver renewal and proposed Waiver amendment can be found at: Medicaid Waivers (mt.gov) or https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/ddpmedi caidwaivers
- DPHHS is committed to an extensive public process. We invite your comments and questions on these waiver amendments called in, emailed or postmarked from July 13, 2023, through August 11, 2023. You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or mkulawik@mt.gov; or Director's Office, PO Box 4210, Helena, MT 59604-4210.



### **Electronic Visit Verification (EVV)**

### What is Electronic Visit Verification (EVV)?

- The Department of Public Health and Human Services (DPHHS) will be implementing Electronic Visit Verification (EVV) this year. This is due to federal legislation that requires the state to be in compliance with the 21st **Century Cures Act**
- An EVV system will be available for self-direct employers at no cost Questions about EVV:
- Email EVVQuestions@mt.gov
- More Information Available at: Electronic Visit Verification (mt.gov)



# Overview of Ongoing Work in DDP

#### Other Self-Direction Work In Progress

- Update the DDP Self-direction Manual
  - Reflect changes to DD waiver
  - Revise manual with DDP policies
  - Align with DDP offered trainings for Self-direction
- Research and make changes to enhance the Support Broker Service for Self-direction
  - Update Support Broker Manual
  - Update training and certification process for support brokers
  - Communicate about support broker service
  - Recruit providers to offer support broker service
- Research options to enrich Individual Goods and Services offerings and benefits



## Additional Updates from DDP

#### **Changes to Wages and Overtime**

- Historical rate increases have been approved by the Montana Legislature!
  - Updated Show Me the Money and Rates Summary Sheets will be available soon
  - This means Employers will be able to pay their staff a higher wage
- Overtime Requirements
  - Montana labor laws require employees to be paid for overtime when working in excess of 40 hours per week
  - Overtime rate is 1.5 times the regularly hourly rate
  - o Recommendation: If you have any employees that may work in excess of 40 hours per week set the regular wage at 66% of the maximum wage allowed so that the overtime wage can be paid from the available cost plan dollars



#### **PSP Change for Self-Direction**

- Self-Direct Back-up Protocol
  - o Required when the person has chosen to self-direct at least one service
    - Identify Primary Employee and Contact Information
    - Identify Back-up Employee(s) and Contact Information
    - Describe Implementation of Back-up Plan



### Questions, Comments, Feedback

### Closing



