

HJR 24 STUDY: CONSIDERATIONS RELATED TO LCCF01 -LCCF05

Background

This briefing paper summarizes the bill drafts requested by the Children, Families, Health, and Human Services Interim Committee for the House Joint Resolution 24 study. It also includes questions to help guide the drafting of the final version of the bills that will be considered at the committee’s last meeting in September.

LCCF01: Using the SIS Assessment Tool

LCCF01 would require the Department of Public Health and Human Services to use a nationally recognized assessment tool known as the Supports Intensity Scale (SIS) to determine the level of support a person needs to live in the community. The SIS would replace the current assessment tool that was developed by the Montana Developmental Disabilities Program.

To use the SIS, the state must buy the individual assessments, make sure that the assessors are properly trained, and pay either staff members or independent contractors to administer the assessment. The costs will depend in large part on the number of people assessed each year and on how often people’s needs are reassessed. The American Association on Intellectual and Developmental Disabilities, which developed the SIS, recommends that people be reassessed every 3 years or whenever a major life change occurs.

A limited review of the use of the SIS in other states showed that costs could range from about \$265 per person to close to \$700. The North Dakota Legislature recently passed a bill requiring use of the SIS and budgeted just over \$1 million for the current biennium to conduct about 2,750 assessments.ⁱ That averages out to about \$375 per person. The state will be assessing about 47% of adults and children with developmental disabilities in the first two years it uses the SIS.

States also vary on how frequently they reassess people. North Dakota will conduct reassessments every three years, as does Virginia.ⁱⁱ Wyoming conducts them every 5 years.ⁱⁱⁱ

Using North Dakota’s average per-person cost of \$375, the table below shows the cost of conducting varying numbers of assessments each year for the 2,800 Montanans receiving community services.

Yearly Assessments	%	FY 2020	FY 2021	Biennium
1,400	50%	\$525,000	\$525,000	\$1,050,000
935	33%	\$350,625	\$350,625	\$701,250
700	25%	\$262,500	\$262,500	\$525,000
560	20%	\$210,000	\$210,000	\$420,000

The department currently does not budget a specific amount for administration of the Montana Resource Allocation Protocol, commonly known as the MONA. Assessments are conducted by state employees or by providers of case management services, and case management is a reimbursable service.

LCCF01 also sets a priority order for conducting assessments, giving highest priority to individuals being accepted into waiver services, followed by people who are approaching discharge from the Montana Developmental Center and people who have left MDC in the past 4 years and whose costs plans were developed using the MONA. Other people would be assessed based on how long it has been since they were last assessed with the MONA.

The committee may want to decide the following questions to develop a final bill draft on this topic:

1. How many people should be assessed in the first biennium?
2. Should individuals be reassessed more or less frequently than 3 years, the time frame recommended by the American Association on Intellectual and Developmental Disabilities?
3. Should assessments be done by DPHHS employees, a contractor, or both?
4. Should Section 5, establishing a priority order for assessments, be included in the bill or should DPHHS be allowed to determine the priority for assessing individuals?
 - a. If Section 5 remains in the bill, should any changes be made to the priority order?
5. Are other changes needed to the bill draft?

LCCF02: Provider Rates and Direct-Care Worker Wages

LCCF02 would require DPHHS to propose a budget that includes a DD provider rate increase equal to the increase in the Consumer Price Index. It also would appropriate money to increase direct-care worker wages by \$3 an hour over the next biennium, in 6-month increments. The pay increase mirrors the increase that was approved in House Bill 638 in 2017 but put on hold when 2017 revenues fell below targets set in Senate Bill 261.

The appropriation in the current bill draft includes funds to cover payroll taxes, estimated at approximately 15 cents an hour. The cost of payroll taxes is about \$4 million over the biennium, about \$1.4 million of which would be state funds.

The committee may want to decide the following questions to develop a final bill draft on this topic:

1. Should DPHHS be required to include a provider rate increase equal to the CPI increase in its budget proposal or should it be required to increase rates by that amount?
 - a. If the committee wants to require DPHHS to propose the increase and allow the Legislature to make the final determination, no changes are needed to the bill.
 - b. If the committee wants to require provider rates to be increased by a percentage equal to the CPI increase without continued legislative action, the bill draft would need to include a statutory appropriation.
2. Should the total wage increase of \$3 an hour be higher or lower?
3. Should the increase be phased in over a different schedule?
4. If the SB 261 target for FY 2018 revenues is met and the first year of the HB 638 wage increase goes into effect, should the wage increase in LCCF02 be adjusted? If so, in what way?
5. Does the committee want to include funds for the payroll taxes?
6. Should the wage increase be built into the base budget for the 2023 biennium?
7. Should the concepts in the bill be split into two bill drafts?
8. Are other changes needed to the bill draft?

LCCF03: Daily Rates and Grant Program

LCCF03 would require use of a daily or monthly rate for reimbursement of certain community services. It also would require that general fund appropriated to match federal Medicaid funds for waiver services be used only for that purpose or to fund grants for providers of community developmental disability services. The bill would create a special revenue account for any general fund dollars not used to match federal Medicaid funds, and grants would be made from that account.

The committee may want to decide the following questions to develop a final bill draft on this topic:

1. Should the requirement for a daily or monthly rate apply to different or additional services? If so, which ones?
2. Should the uses for grant funds (subsection (3) of Section 1) be changed or expanded? If so, how?
3. Should the definition of direct-care worker be removed or changed?
4. Should the concepts in this bill be split into different bills?
5. Are other changes needed to the bill draft?

LCCF04: Crisis Response System

LCCF04 would require DPHHS to establish a crisis response system similar to the model used in New Mexico, with tiered responses. The system would start with training aimed at preventing crises, move on to intervention within a person's community placement, and progress to crisis support services by specially certified providers, possibly in a different setting.

The bill would allow DPHHS to use its own staff to provide the prevention and intervention services or to hire an independent contractor for some or all of the services. Providers who meet standards set by the department could offer crisis support services at the highest level and be reimbursed at a higher rate for those services.

The committee may want to decide the following questions to develop a final bill draft on this topic:

1. Should the bill draft be more specific about the structure of the program? If so, in what way?
2. Should DPHHS be required to offer the services statewide or allow the program to develop over time?
3. Should the bill appropriate funds for the development of the program (Funding Option 1) or should DPHHS be required to change the use of the funds currently spent on the Behavior Consultation Team (Funding Option 2)?
 - a. If money should be appropriated, what level of services do members want the appropriation to fund?
4. Should DPHHS be required to report on the status of the crisis response program even if money is appropriated?
5. Are other changes needed to the bill draft?

LCCF05: Regulatory Review

LCCF05 requires DPHHS to review administrative rules, policies, and procedures that create any additional administrative obligations for providers beyond those required by federal law or regulations. The bill creates a framework for the review and allows DPHHS to determine how best to proceed with conducting the review.

The committee may want to decide the following questions to develop a final bill draft on this topic:

1. Should the bill be more specific about the activities to be undertaken or the timeline for carrying them out?
2. Should the bill specify how often the review should be carried out, if it's meant to be an ongoing review?
3. If the committee decides to require DPHHS to develop a plan—as currently required in the bill draft—is Jan. 1, 2020, a realistic time frame for developing the plan?
4. Are other changes needed to the bill draft?

Endnotes

ⁱ E-mail from Tina Bay, Director, Developmental Disabilities Division, North Dakota Department of Human Services, April 16, 2018.

ⁱⁱ E-mail from Beverly Rollins, Director of Administration and Community Operation, Virginia Department of Behavioral Health and Developmental Services, May 2, 2018.

ⁱⁱⁱ E-mail from Lee Grossman, Administrator, Developmental Disabilities Section, Behavioral Health Division, Wyoming Department of Health, April 27, 2018.

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