


# SDMI Monthly Provider Call

May 28, 2026, noon



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

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# Provider Questions

# Provider Questions

**Information is being requested on how to address emergency situations in which a resident is physically harming another resident or employee.**

- Refer to Licensing
- Although the federal rules governing the SDMI waiver ensures an individual's right of freedom of restraint and does not permit the use of blanket restrictions related to seclusion, restraints and restrictive protocol, it does not prohibit intervention required in an emergency situation.

The use of restrictive interventions, seclusion, or restraints requires a provider to follow Serious Occurrence Report policies found in SDMI 500.

# Provider Questions

**A provider had a member with chicken pox recently. When the member returned to the facility, it was determined they would be contagious for 10 days. The provider requests information on the ability to ask the member to stay in their room for the duration of infection and how that situation should be approached.**

- Refer to the Licensing Unit for their requirements: 37.106.2855  
INFECTION CONTROL
- Notify your case management team when you become aware of the situation so the CMT can evaluate for a risk assessment.

# Provider Questions

## Information on SDMI Referral and Enrollment

- The program successfully transitioned to the new MedCompass system on May 18th despite past delays.
- We are working through the integration of member file data elements.
- Complete and accurate reporting insights will be shared once integration is completely finalized.
- Enrollment evaluations will actively continue until the enrollment list is exhausted, new referrals are evaluated, or capacity is reached.

# Provider Questions

## **Q3014 Procedure Code**

The Q3014 procedure code is a State Plan Telehealth code. As a Severe Disabling Mental Illness (SDMI) provider, billing is structured around the services outlined in the SDMI Administrative Rules of Montana (ARMs) and identified on the SDMI fee schedule.

Because Q3014 is not an approved service under the SDMI waiver program, it cannot be billed through the SDMI Waiver program.

To successfully bill for the Q3014 code, we recommend reaching out to Montana Medicaid Provider Relations. They are available to guide providers through enrolling under a provider type that authorizes the billing of this code.

# Provider Questions

## **SOR Cancellation**

The expectation for provider-entered SORs, as a rule, a SOR would be cancelled only if it was identified as a duplicate.

Please contact Jean Perrotta if this situation reoccurs; include the specific SOR number and/or details.

# Provider Questions

## **Goal 189** - Individualized Specialized Services

The Individual Specialized Services Program (Goal 189) helps to manage the census at Montana State Hospital (MSH) by providing transitional funding for individuals discharging from the Montana State Hospital or at risk of admitting to the Montana State Hospital.

<https://dphhs.mt.gov/BHDD/mentalhealth>

[Goal 189 Fact Sheet and Billing Instructions](#)

[Goal 189 - Parts 1 & 2 Request Documents Form](#)

Goal 189 contact: Isaac Coy (lcoy@mt.gov)

# Provider Information

## **SETTINGS EVALUATIONS**

COLLABORATION WITH THE  
DEVELOPMENT DISABILITIES WAIVER  
AND BIG SKY WAIVER PROGRAMS.



Questions?

# Conflict Free Case Management and Prior Authorizations

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# What is conflict-free case management?

- As part of the waiver renewal review process, one of CMS' primary focuses is on Conflict Free Case Management. To support Conflict Free Case Management, CMS limits service delivery by case management entities. This means that a situation in which AWARE is the contracted case management entity as well a non-case management service provider creates a conflict of interest (COI) situation.

# COI Evaluation

- To address these COI situations, federal rule requires an evaluation. If AWARE is determined to be the only service provider in the member's geographical area, AWARE may deliver the non-CMT service. If there are other providers in the member's geographical area that are available and willing to serve the member, AWARE may not be the service provider of the non-CMT service.
- **Starting June 1<sup>st</sup>, 2026-**
  - The forms, policies, and processes associated with Conflict of Interest (COI) requirements will begin implementation

# Willing and Available Service Providers

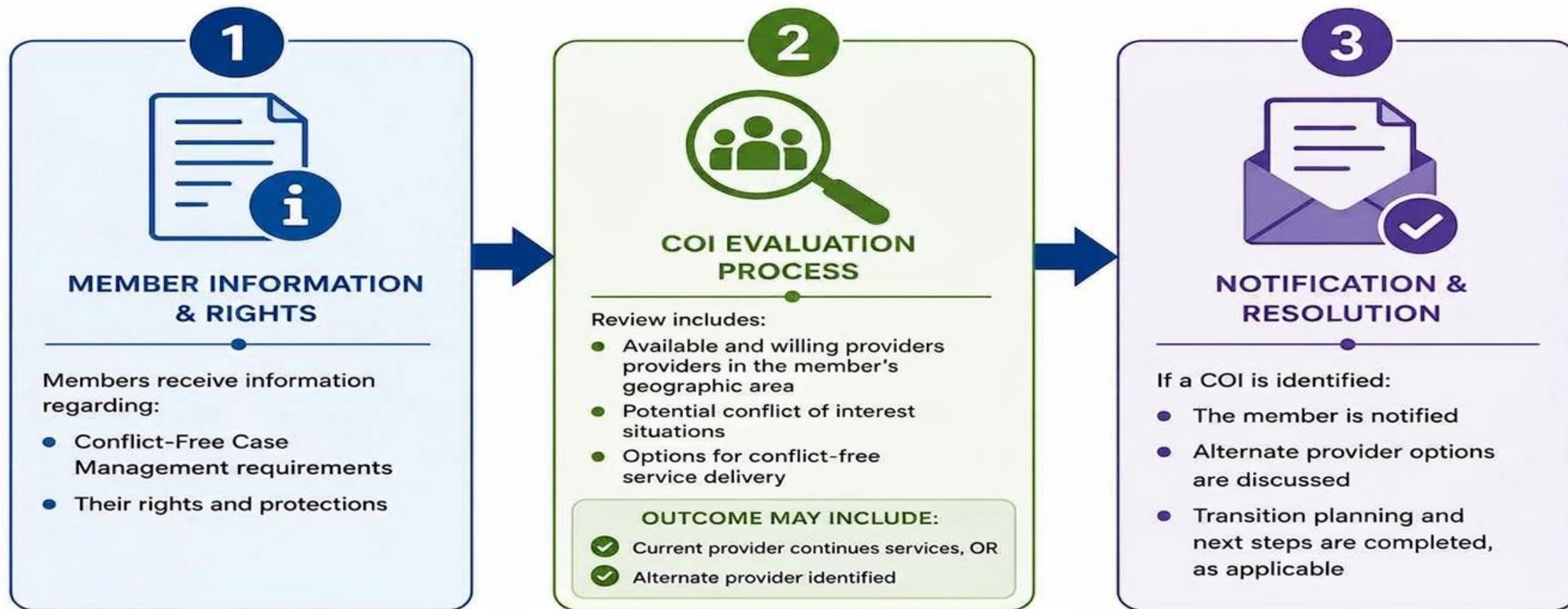
- SDMI waiver is asking providers regarding the willingness to help serve SDMI members across Montana. The information we would like to gather is:
  - What areas/regions do you currently serve and what services do you provide in each area/region?
  - Would you be willing to serve members in all regions (1-10) in Montana? If not, can you please let us know which region(s) you are available to serve if SDMI members have the need.

If you could please send an email to Jennifer Bergmann, [jbergmann@mt.gov](mailto:jbergmann@mt.gov) with this information we would greatly appreciate it.

If you do not respond, we will assume you are only available to serve the region(s) where your office is located.

# SDMI Conflict of Interest (COI) Process Overview

Our 3-Step Process to Support Member Choice and Ensure Compliance



The goal of the COI process is to **support member choice** and **ensure compliance** with federal conflict-free case management requirements.



## Conflict-Free Case Management

# Updates to SDMI HCBS Policy 310- Case Management

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- (1) Person-centered service planning must be conducted in a manner that is conflict-free whenever possible and consistent with 42 CFR 441.301(c)(1)(vi).
- (2) Conflict-free case management means the individual or entity responsible for development of the Person-Centered Recovery Plan (PCRP) is not also the provider of direct waiver services to the member.
- (3) The Department may permit the same provider entity to furnish both case management/person-centered service planning and direct waiver services when the Department determines there are no other providers in the member's geographical area, or

# Updates to SDMI HCBS Policy 310-Case Management Con't.

the providers in the member's geographical area have declined to deliver services to the member.

- (4) When the same provider entity is responsible for development of the Person-Centered Recovery Plan (PCRP) and also furnishes direct waiver services:
  - (a) the member must be informed of the arrangement;
  - (b) the member must be informed of their rights related to conflict-free person-centered planning at enrollment and at least annually thereafter, and acknowledgment of receipt must be maintained in the member record;
  - (c) the member must be provided information regarding their fair hearing rights; and
  - (d) documentation supporting the determination that there are no alternative providers in the member's geographical area, or the other providers in the member's geographical area have declined to deliver services to the member must be maintained in accordance with SDMI HCBS waiver requirements.
  
- (5) Members may dispute the Department's determination regarding the availability of conflict-free person-centered service planning through the SDMI Waiver fair hearing process.

(3) When the entity responsible for the development of the Person-Centered Recovery Plan (PCRP) also provides direct waiver services to the member, the following services provided by that entity must receive prior authorization review and approval from the department or the department's designee prior to service delivery and payment authorization, regardless of whether the service would otherwise require prior authorization under the SDMI HCBS waiver policy:

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- (a) consultative clinical and therapeutic services (see SDMI HCBS 320);
  - (b) residential habilitation- intensive mental health group home (see SDMI HCBS 378);
  - (c) health and wellness (see SDMI HCBS 330); and
  - (d) non-medical transportation (see SDMI HCBS 350).
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# Updates to SDMI HCBS 415- Prior Authorizations

# Updates to SDMI HCBS 415- Prior Authorizations Con't.

- (4) When a provider entity furnishes both case management and Person-Centered Recovery Plan (PCRP) development services as well as direct waiver services to the same member, the department or the department's designee must document that:
  - (a) there are no other providers available to furnish the service in the member's geographical area; or
  - (b) other providers in the member's geographical area have declined to provide services to the member.
  
- (5) The department or the department's designee shall conduct independent review and oversight of services authorized for providers that also furnish case management and Person-Centered Recovery Plan (PCRP) development services to ensure conflict-of-interest safeguards are maintained.

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# Updates to SDMI HCBS 320- Consultative Clinical and Therapeutic Services, 330- Health and Wellness, 350- Non-Medical Transportation and 378- Residential Habilitation Intensive Mental Health Group Home

- (2) Prior authorization is required in accordance with SDMI HCBS Prior Authorization Policy 415 when the entity responsible for development of the Person-Centered Recovery Plan (PCRP) also furnishes this service directly to the member.
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# SDMI Provider Education

## The SDMI Team

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