Severe and Disabling Mental Illness (SDMI) Waiver Monthly Provider Meeting

Monday, August 26, 2024, Noon



SDMI Communications



SDMI Provider Monthly Calls

The contact information found in Conduent's system is what SDMI uses to build our contact list. Please make sure your email is up to date with Conduent.



Severe Disabling Mental Illness



Provider Manuals

General Information for Providers

Medicaid manual with general information for all provider types.

SDMI HCBS Waiver Manual

This link brings you to the Manual on the Department website.



Montana Medicaid - Fee Schedule Home and Community Based Services (HCBS) for Adults with Severe Disabling Mental Illness (SDMI) Effective July 1, 2024

Description- Procedure code short description. You must refer to the appropriate official CPT or HCPCS coding manual for complete definitions in order to assure correct coding.
Modifier – SDMI Home and Community Based Services procedure codes must be followed by a HD modifier.
Other modifiers to follow after HD modifier:
TE- nurse supervision/oversight must be used with procedure code T1019 (self-directed) CG-service provided by a legally responsible person
Notes- Prior Authorization is required on all services listed within the HCBS SDMI fee schedule
* Nursing Facility Medicaid rate can be found at:
https://medicaidprovider.mt.gov/26

Montana Medicaid – Fee Schedule -Home and Community Based Services – SDMI Waiver



Provider Notices

2024

07/29/2024 Prior Authorization Requirements When a Member Has Third Party Liability

06/28/2024 January 1, 2024 and July 1, 2024 Fee Schedule Updates

06/18/2024 DEA Number Required for Prescribers REVISED

06/14/2024 Electronic Visit Verification Full Compliance Deadline

06/05/2024 Implementation of New Home and Community Based Services Provider Portal

05/21/2024 DEA Number Required for Prescribers

05/01/2024 Paperwork Attachments Submission Timing for Electronic Claims

05/01/2024 Eligibility Inquiry and Service Type Code in the MATH Portal

04/19/2024 Changes Regarding Opioid Prior Authorization and Medication for Opioid Use Disorder

03/27/2024 HHS Letter to Healthcare Providers



Montana Medicaid Claim Jumper https://medicaidprovider.mt.gov/cjnewsletters

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MONTANA.GOV

Recent Website Posts Top 15 Claims Denials

Volume XXXIX Issue 3 - March 2024

SDMI Claim Submission and Timely Filing The Importance of Effective Dates Hospital Facility Utilization Fee 2023 Claim Adjustments Recent Website Posts Top 15 Claims Denials



SDMI Administrative Rules of Montana

https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/sections/343c9df6-7271-46ee-877a-2bdbeb84c908

SDMI Administrative Rules of Montana are in the process of being updated to reflect the recently approved waiver amendment changes. These changes impact how and when you deliver services.



SDMI Administrative Rules of Montana

https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/sections/343c9df6-7271-46ee-877a-2bdbeb84c908

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← Back Administrative Rules of M... / Title 37. PUBLIC HEALTH A... / Chapter 37.90 MENTAL HE... / Subchapter 37.90.4 Home and Community-Based Services Waiver for Adults With Severe and Disabling Mental Illnes

ENTAL HEALTH MEDICAID FUNDED 1115 AND 1	Subchapter 37.90.4 Home and Community-Based Services Waiver for Adults With Severe and Disabling Mental Illness	
Subchapter 37.90.4 Home and Community-Based Services Waiver for Adults With Severe and Disabiling Mental Illness	37.90.401 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: FEDERAL AUTHORIZATION AND STATE ADMINISTRATION	
	37.90.402 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: THE PROVISION OF SERVICES	
	37.90.403 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: DEFINITIONS	
	37.90.406 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: PROVIDER REQUIREMENTS	
	37.90.408 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: REIMBURSEMENT	
	🚡 37.90.409 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: SEVERE AND DISABLING MENTAL ILLNESS CRITERIA	
	37.90.410 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: ELIGIBILITY AND SELECTION	
	37.90.412 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: PERSON-CENTERED RECOVERY PLAN	
	🚡 37.90.413 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: COST OF PERSON-CENTERED RECOVERY PLAN	
	57,90,414 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	
	🚡 37.90.415 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: COMMUNITY TRANSITION SERVICES	
	🚡 37.90.416 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: PAIN AND SYMPTOM MANAGEMENT	
	37.90.417 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: HEALTH AND WELLNESS	
	57.90.418 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES	
	37.90.419 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: HOMEMAKER CHORE	
	57,90.420 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: NOTICE AND FAIR HEARING	
	37.90.425 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: CASE MANAGEMENT	
	37.90.426 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: MEALS	
	57,90.428 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE DISABLING MENTAL ILLNESS: ADULT RESIDENTIAL CARE, REQUIREMENTS (REPEALED)	
	37.90.429 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE DISABLING MENTAL ILLNESS: SUPPORTED LIVING, REQUIREMENTS (REPEALED)	
	37.90.430 HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH SEVERE AND DISABLING MENTAL ILLNESS: ADULT DAY HEALTH	



An SDMI provider is both a Medicaid provider and an SDMI provider and subject to both General Medicaid Provider and SDMI administrative rules of Montana.

https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/sections/04d448ca-3f59-4354-8b02-89d168b1e0ac

RAL MEDICAID SERVICES	Subchapter 37.85.4 Provider Requirements
Subchapter 37.85.1 Montana Medicaid	37.85.401 PROVIDER PARTICIPATION
Provider Fee Schedules	37.85.402 PROVIDER ENROLLMENT AND AGREEMENTS
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Subchapter 37.85.4 Provider Requirements	37.85.406 BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT
Subchapter 37.85.5 Provider Sanctions	37.85.407 THIRD PARTY LIABILITY
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Administered Drugs	37.85.411 PROVIDER RIGHTS
Subchapter 37.85.11 Montana Medicaid Provider Incentive Program for	37.85.412 INTERPRETATION OF RULES
Electronic Healthcare Records	37.85.413 LIMITATIONS ON CODING ADVICE
	37.85.414 MAINTENANCE OF RECORDS AND AUDITING



SDMI Policy Manual

https://dphhs.mt.gov/BHDD/mentalhealthservices/SDMI/SDMIHCBSWaiverManual

Behavioral Health and Developmental Disabilities Division

Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual, Effective 7/1/2020

Printing the manual material found at this website for long-term use is not advisable. Department Policy material is updated periodically and it is the responsibility of the users to check and make sure that the policy they are researching or applying has the correct effective date for their circumstances. <u>State Website Disclaimer</u>.

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Section/Subsection	Title/Content	Issued/Revised
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CMS' Settings Rule – State Transition Plan

What you need to know?

 Visit the Department's transition website for more information. The transition webpage is the central hub for information on the transition to fully compliant HCBS settings. It will include stakeholder communications, changes to the transition plan as it is revised, finalized results of onsite assessments and remediation status.

https://dphhs.mt.gov/hcbs

• Review the Provider Self-Assessment form for targeted questions about Settings Rule compliance.

https://dphhs.mt.gov/assets/hcbs/ProviderSelfAssessment.pdf

What does the Settings Rule mean for you?

• State analysis of provider self-assessments and reviews of services to evaluate for compliance.



Electronic Visit Verification https://dphhs.mt.gov/SLTC/EVV

DPHHS is offering one-time incentive payments to recruit employees at Montana's state-run health care facilities. For more information go to Work4DPHHS.com

Senior and Long Term Care / Electronic Visit Verification

Need Assistance with Mobile Caregiver+ Reach out to our call center at: (833) 483-5587 - Representatives are available from 7am to 6pm Mountain Standard Time or <u>Create a Support Ticket</u>

EVV Provider Full Compliance is required as of 7/1/24. This means that all claims with EVV codes are required to have a compliant EVV record and be submitted through the Mobile Caregiver+ solution. Claims submitted without EVV data and/or through Mobile Caregiver+ will be denied for date of service 7/1/24 and beyond.

Electronic Visit Verification (EVV)

The Department of Public Health and Human Services (DPHHS) will acquire an EVV services component separately from the overall care management solution to support personal care services (PCS) and home health care services (HHCS) as well as other home and community-based services determined to benefit from the mandates of Section 12006 of the 21st Century



SDMI Contacts

Isaac Coy, Treatment Bureau Chief	
ICoy@mt.gov (406) 444-7922	
Jean Perrotta, SDMI Section Supervisor	
<u>jperrotta@mt.gov</u> (406) 497-6609	
Jennifer Bergmann QA Program Manager	
<u>JBergmann@mt.gov</u> (406) 444-3704	
Cindy Shay Program Manager	
<u>Cynthia.Shay@mt.gov</u> (406) 444-3743	
Antonia Klein, Community Program Officer	
<u>AKlein@mt.gov</u> (406) 853-4421	
Jessica Effenberger, Community Program Officer	
<u>Jessica.Effenberger@mt.gov</u> (406) 329-1520	

