

Montana Medicaid and CHIP COVID-19 Disaster Relief State Plan and Waiver Flexibilities Approved to Date

Background

On January 31, 2020, U.S. Department of Health and Human Services Secretary declared a [PHE](#) for the United States to aid the nation’s healthcare community in responding to COVID-19. On March 13, 2020, a national emergency concerning the Novel Coronavirus Disease (COVID-19) outbreak was declared.

The Montana Department of Public Health and Human Services submitted numerous federal disaster relief requests for flexibility during the COVID-19 Public Health Emergency (PHE), starting in 2020. The following pages describe the flexibilities approved by the Centers for Medicare and Medicaid Services to date. The federal authorities for the flexibilities are as follows:

Federal Authority	Description of Flexibility
CHIP disaster SPA (specific to COVID-19 PHE)	States can submit CHIP SPAs that allow for temporary adjustments to enrollment and redetermination policies during disaster events. The purpose is to implement provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor or FEMA declared disaster areas.
Medicaid disaster relief SPA template for the COVID-19 PHE	In response to a public health emergency or disaster, states may revise policies in their Medicaid state plan related to eligibility, enrollment, benefits, premiums and cost sharing, and/or payments.
Appendix K	Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendment to approved 1915(c) Home and Community Based Services (HCBS) waivers. It includes actions that states can take under the existing Section 1915(c) HCBS waiver authority to respond to an emergency.
Section 1135 Waiver	Under section 1135 of the Act, the Secretary has the authority to temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an area affected by a federally-declared PHE. The Secretary may invoke section 1135 waiver authority when a declaration of emergency or disaster under the National Emergencies Act or Stafford Act and a Public Health Emergency Declaration under Section 319 of the Public Health Service Act have been made. Section 1135 authority enables providers to furnish needed items and services in good faith during times of a PHE or disaster and to be reimbursed and exempted from sanctions (absent any determination of fraud or abuse)
Section 1115 Demonstration	Section 1115 authority has been used to assist states to address the direct impact of such public emergency on Medicaid and Children’s Health Insurance Program (CHIP) programs. Section 1115 of the Social Security Act (the Act) provides the U.S. Department of Health and Human Services Secretary with authority to waive certain sections of title XIX (Medicaid) and title XXI (CHIP) and to provide expenditure authority for costs not otherwise matchable under title XIX or title XXI. The purpose of section 1115(a) authority is to develop research and demonstration projects that test innovations in healthcare delivery, access, quality, or financing that are likely to further the objectives of the Medicaid and/or CHIP programs.

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<p>Children’s Health Insurance Program (CHIP)/Healthy Montana Kids Montana COVID-19 Healthy Montana Kids CHIP Disaster Relief State Plan Amendment</p> <p>Permits:</p> <ul style="list-style-type: none"> • Waiving of requirements related to timely processing of applications; • Delay processing of renewals and extend deadlines for families to respond to renewal requests; and • Delaying acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d). 	Disaster Relief State Plan Amendment	3/1/2020	End of Public Health Emergency
<p>Outpatient Drugs Montana COVID-19 Medicaid Disaster Relief State Plan Amendment-Outpatient Drugs</p> <p>Permits waiving of any signature requirements for the dispensing of drugs during the Public Health Emergency.</p>	Disaster Relief State Plan Amendment	3/1/2020	End of Public Health Emergency
<p>Autism Treatment Montana COVID-19 Medicaid Disaster Relief State Plan Amendment-Autism Treatment Services in Office Setting</p> <p>Permits all Montana Medicaid Board Certified Behavior Analyst BCBAs to provide Autism services in the office setting so long as such services are medically necessary.</p>	Disaster Relief State Plan Amendment	3/1/2020	End of Public Health Emergency
<p>Early, Periodic Screening, Diagnostic and Treatment- Comprehensive School and Community Treatment (CSCT) Montana COVID-19 Medicaid Disaster Relief State Plan Amendment-CSCT</p> <p>Montana schools were closed mid-March and children across the state were transitioned to online learning. Montana is committed to continuing mental health services for children as required in the EPSDT service.</p> <p>Service Description: CSCT is a bundled EPSDT school based rehabilitative service including: Individual Therapy, Group Therapy, Family Therapy and Community Based Psychiatric Rehabilitation and Support. Effective March 1, 2020 through June 30, 2020, CSCT reimbursement will use the methodology approved through December 31, 2019.</p>	Disaster Relief State Plan Amendment	3/1/2020	6/30/2020

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<p>Telehealth, Pharmacy, Facility Supplemental Payments Telehealth, Pharmacy, Facility Supplemental Payments</p> <p><u>Covered Telemedicine/Telehealth Services</u> Reimburses all Montana Medicaid covered services delivered via telemedicine/telehealth so long as a) such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth, b) comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and c) are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.</p> <p><u>Pharmacy</u> Covers a maximum of a 90-day supply for all drugs excluding Schedule II drugs. In Montana, Schedule II drugs include most opioids, amphetamines, methylphenidate, etc. Montana will, for drugs dispensed for both 34- and 90-day refills, change the refill "too-soon" edit to allow for refills at 50%. Patients will be able to get a refill for a 34-day supply at 17 days and at 45 days for a 90-day supply.</p> <p><u>Skilled Nursing and Intermediate Care Service Facilities</u> Issues supplemental payments to Skilled Nursing and Intermediate Care Service Facilities equivalent to \$40 per day per Medicaid member effective for dates of payment March 1, 2020 through June 30, 2020. The state will not claim FFP for any amounts exceeding the applicable upper payment limit.</p>	<p>Disaster Relief State Plan Amendment</p>	<p>3/1/2020</p>	<p>End of Public Health Emergency</p>
<p>Medicaid Coverage of COVID-19 Vaccine Administration Montana COVID-19 Medicaid Disaster Relief State Plan Amendment-COVID-19 Vaccine Administration¹</p> <p>The state will cover the administration of COVID-19 vaccines upon Emergency Use and Authorization or approval from the Food and Drug Administration and disregards all language in Supplement to Attachments 3.1-A/B of the Montana Medicaid State Plan that precludes coverage for the ordering and administration of COVID-19 vaccines.</p> <p>Pharmacy technicians and pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations. Qualified pharmacy interns and qualified pharmacy technicians working under the supervision of a licensed pharmacist are authorized to administer COVID-19 vaccinations.</p>	<p>State Plan Amendment</p>	<p>3/1/2020</p>	<p>Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act: September 30, 2024</p>

¹ American Rescue Plan Act (ARPA) COVID Vaccine, Vaccine Administration, Testing, and Treatment State Plan Amendments (SPAs) address the Public Health Emergency but are not technically Disaster Relief SPAs.

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<p>Montana’s Assertive Community Treatment (MACT) and the Program of Assertive Community Treatment (PACT) services – State Plan Montana COVID-19 Medicaid Disaster Relief State Plan Amendment- Assertive Community Treatment</p> <p>Temporarily adjusts the staffing requirements, including staffing structure of the team, as well as the required number of each team member/qualified providers for Montana’s Assertive Community Treatment (MACT) and the Program of Assertive Community Treatment (PACT) services. These changes will ensure that PACT and MACT teams are still able to meet the members identified treatment plan needs and the service requirements outlined in the Other Rehabilitative Services section of the approved state plan.</p>	Disaster Relief State Plan Amendment	7/1/2020	End of Public Health Emergency
<p>Intensive Outpatient (IOP) Benefit for Youth with Serious Emotional Disturbance Montana COVID-19 Medicaid Disaster Relief State Plan Amendment-Intensive Outpatient Benefit for Youth with Serious Emotional Disturbance</p> <p>Adds a benefit that is available for youth with serious emotional disturbance (SED). IOP services provide weekly structured intensive mental health care to youth with SED while allowing youth to safely remain in school, in the home, and in their community. This is an intensive service. Providers must provide 6 hours of core services to the youth per week to be eligible for this service. When weekly requirements are not met the provider may unbundle and bill in accordance with Medicaid Youth Mental Health Fee Schedule and Montana Department of Public Health RBRVS Fee Schedule. Youth must receive all medically necessary services indicated and each service must be documented in the individualized treatment plan (ITP).</p>	Disaster Relief State Plan Amendment	1/1/2021	End of Public Health Emergency
<p>Medicaid Coverage of the Mandatory COVID-19 Testing Benefit Montana COVID-19 Medicaid Coverage of the Mandatory COVID-19 Testing Benefit ¹</p> <p>Assures consistency with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19, and is provided to beneficiaries without cost sharing.</p> <p>At-home tests – Limited to 2 tests per claim and 8 test per member per month. Providers may call to request an override of the limit for members who have a medical need for additional tests.</p> <p>Clinic based tests – No limit on amount, duration or scope of COVID-19 testing.</p>	State Plan Amendment	3/11/2021	Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act: September 30, 2024

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<p>Medicaid Coverage of the Mandatory of COVID-19 Treatment Montana COVID-19 Medicaid Coverage of the Mandatory of COVID-19 Treatment ¹</p> <p>Assures the inclusion of specialized equipment and therapies (including preventive therapies).</p>	State Plan Amendment	3/11/2021	Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act: September 30, 2024
<p>Medicaid Coverage of the Mandatory Benefit of COVID-19 Vaccines and Vaccine Administration Montana COVID-19 Medicaid Coverage of the Mandatory Benefit of COVID-19 Vaccines and Vaccine Administration ¹</p> <p>Assures coverage of COVID-19 vaccines and administration of the vaccines that:</p> <ul style="list-style-type: none"> • Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums. • Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan. • Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act. • Provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act. • Complies with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines. 	State Plan Amendment	3/11/2021	Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act: September 30, 2024

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<p>Children’s Health Insurance Program (CHIP)/Healthy Montana Kids COVID-19 Treatment, Testing and Vaccine Coverage Montana COVID-19 Healthy Montana Kids CHIP Disaster Relief State Plan Amendment ¹</p> <ul style="list-style-type: none"> • Demonstrates compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP. • Waives all cost sharing for all CHIP benefits for all populations covered in the CHIP state child health plan. 	State Plan Amendment	3/11/2021	Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act: September 30, 2024
<p>Home and Community Based Service Supplemental Payments – State Plan Services Montana COVID-19 Medicaid Disaster Relief State Plan Amendment-Supplemental Payments for Several Medicaid State Plan Services</p> <p>Provides quarterly supplemental payments. These supplemental payments will last for 24 months at a declining rate each month. The payments are available to home and community-based services providers providing a broad but select list of services.</p> <p>These supplemental payments are to support providers with the increased cost hazard/retention pay, higher staffing levels and personal protective equipment and other supplies. Montana will implement these temporary changes to maintain a stable workforce and preserve significantly impacted home and community-based service behavioral health provider networks.</p> <p>DPHHS submitted an additional state plan amendment to extend these payments to 03/31/2023 effective 04/01/2022.</p>	Disaster Relief State Plan Amendment	4/1/2021	a) Dates of service between 01/01/2022 and 03/31/2022, or the end of the PHE, whichever is earlier; and b) billed by 04/30/2022.

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<p>Inpatient Hospital Single Case Agreements and After-Hours Crisis Assessment Montana COVID-19 Medicaid Disaster Relief State Plan Amendment Inpatient Hospital Single Case Benefit Crisis Assessment Code</p> <p>Single Case Agreements Permits the state to negotiate payment for out of state hospitalization service when necessary. The out-of-state inpatient hospital service must be prior authorized based on medical necessity and authorized to be performed by an entity type or entity with subspecialty type not available in Montana. Payment, for prior authorized services, is up to 66% of the provider’s usual and customary or as negotiated between the department and entity.</p> <p>After-Hours Crisis Assessment Montanan proposes to increase the payment rate for an After-Hours Crisis Assessment service effective July 1, 2021 through the public health emergency. Crisis response is an essential service which is even more critical during the ongoing COVID-19 emergency. Adding an after-hours assessment code increases the resources available to provide services statewide and particularly in Montana’s rural and frontier areas.</p>	<p>Disaster Relief State Plan Amendment</p>	<p>4/1/2021</p>	<p>End of Public Health Emergency</p>
<p>Urban Indian Organization (UIO) Prospective Payment System (PPS) Montana COVID-19 Medicaid Disaster Relief State Plan Amendment-Urban Indian Organization Prospective Payment System Incremental Increase</p> <p>Applies an incremental increase to the current UIO PPS rates effective July 1, 2021, through the duration of the Public Health Emergency (PHE).</p> <ul style="list-style-type: none"> • Each UIO will receive a percent increase to their current PPS rate as follows: • Rates will be increased by 61.1% • The 61.1% increase is comprised of the following factors: • High Risk Population Factor = Calculated difference between the risk-score of the populations served at UIOs vs. non-urban FQHCs. <p>Increased Cost Adjuster = The percent increase of the IHS AIR from Calendar Year (CY) 2020 to CY 2022.</p>	<p>Disaster Relief State Plan Amendment</p>	<p>7/1/2021</p>	<p>End of Public Health Emergency</p>

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<p>Home and Community Based Service Supplemental Payments – State Plan Services Montana COVID-19 Medicaid Disaster Relief State Plan Amendment - Home and Community Based Serves Supplemental Payments</p> <p>Provides quarterly supplemental payments. The payments are available to home and community-based services providers providing a broad but select list of services.</p> <p>These supplemental payments are to support providers with the increased cost hazard/retention pay, higher staffing levels and personal protective equipment and other supplies. Montana will implement these temporary changes to maintain a stable workforce and preserve significantly impacted home and community-based service behavioral health provider networks.</p>	<p>Disaster Relief State Plan Amendment</p>	<p>4/1/2022</p>	<p>a) dates of service between 10/01/2022 and 03/31/2023, or the last day of the PHE if sooner, and b) billed by 04/30/2023.</p>

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<ul style="list-style-type: none"> • Provider Rate Increases- • Big Sky Home and Community Based Waiver • Home and Community Based Waiver for Individuals with Developmental Disabilities • Behavioral Health Severe Disabling Mental Illness Home and Community Based Services <p>Montana COVID-19 Appendix K Rate Increases Effective July 1, 2023</p> <p><u>Background</u> The department contracted with Guidehouse to conduct a comprehensive rate review of home and community based services provided in Adult Behavioral Health, Developmental Disabilities and Senior and Long Term Care programs. The focus of the rate study was to address legislative requirements issued in 2021 through HB 632. Specifically, HB 632 authorized a provider rate study to determine the need for adjusting service rates to address the financial and service delivery impacts of COVID-19.</p> <p>To allow for a holistic rate determination process, Guidehouse conducted a comprehensive cost and wage survey to gather data from providers across programs as the basis for the rate studies. Guidehouse also reviewed the State’s Medicaid claims data, and other extensive state, regional, and national benchmark metrics, basing assumptions on industry data when provider-reported data was unavailable or insufficient for rate setting. The approach used to establish the Department’s benchmark rates is an “independent rate build-up” methodology commonly applied by states for setting rates for similar populations. It is an approach recognized as compliant with specific Centers for Medicare and Medicaid (CMS) regulations and guidelines and congruent with Medicaid rate setting principles more generally. The study identified appropriate cost assumptions for each value component used in the rate models, allowing rates to be built from the bottom up and calculated according to the relevant unit of service for each service included in the rate study. The objectives of the study were to determine benchmark rates based on resources required to promote access to quality services going forward. As such, cost assumptions in the report frequently rely on recent costs reported by providers as well as national and regional standards that reflect wider labor markets and costs typical of broader industries to respond to changing wage expectations.</p> <p>The study results found that coming out of the COVID pandemic, many of the Department’s rates for home and community-based services are currently well below the calculated benchmark rates. For all studied rates, current rates are on average at approximately 76% of the Guidehouse benchmark. These current rates are impacting providing staffing and overall service delivery to Montana’s Medicaid population.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>7/1/2023</p>	<p>Six Months After the End of Public Health Emergency</p>

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<p>Provider Rate Increases (continued) -</p> <p>The Department has had to wait to address this issue until the Montana legislature convened and appropriated funding for provider rate increases. The legislature began in January and has included numerous hearings where the provider community has voiced how the COVID pandemic has had a severe economic impact on their industry and directly impacted their ability to provide services to Medicaid members. Based on this information, the legislature has allocated an historic amount of funding to stabilize providers and ensure vulnerable Montanans receive critical services.</p> <p>This funding is being applied across all studied rates using the same methodology. To reduce existing disparities in rates, this methodology increases rates by a percentage of the difference between current and benchmark rates. Based on the allocated funding, the department is able to fund about 77% of the “gap” between the current rate and the benchmark rate.</p> <p>The State will be responsible to seek other authority, such as amending the 1915(c) HCBS waivers, for the continuation of these payments beyond the termination date of the Appendix K for all three of Montana’s Home and Community Service waivers.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>7/1/2023</p>	<p>Six Months After the End of Public Health Emergency</p>
<p>Multiple Flexibilities-</p> <ul style="list-style-type: none"> • Big Sky Home and Community Based Waiver • Home and Community Based Waiver for Individuals with Developmental Disabilities • Behavioral Health Severe Disabling Mental Illness Home and Community Based Services <p>Montana COVID-19 Appendix K Provider Rate and Direct Care Wage Increases, Extends Appendix K 6 Mos Post-PHE</p> <p>Extends the end date of the Appendix K from the end of the public health emergency (PHE) to six months after the end of the PHE while allowing the flexibilities scheduled to end on the PHE to expire effective on that date. Only the flexibilities previously approved through the Appendix K (see pages below) that are included under this amendment will extend to six months after the end of the PHE. Additionally, the state has included rate increases for the identified services beginning July 1, 2021. The State understands that its ability to make payments as approved under the Appendix K authority will end following six months after the conclusion of the PHE. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS waivers, for the continuation of these payments beyond the termination date of the Appendix K for all three of Montana’s Home and Community Service waivers. The state intends to utilize section 9817 of the American Rescue Plan (ARP) funds for the July 1, 2021 and July 1, 2022 rate increases as outlined with the state’s ARP HCBS spending plan.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>Extended to Six Months After the End of Public Health Emergency</p>

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<p>Multiple Flexibilities (continued) -</p> <p><u>Legally Responsible Person as Caregiver</u> For services that currently allow Relative and Legal Guardian to deliver the service, adds Legally Responsible Person as an allowable caregiver to be paid for the following services in the three waivers:</p> <p>Big Sky Home and Community Based Waiver</p> <ul style="list-style-type: none"> • Day Habilitation <p>Home and Community Based Waiver for Individuals with Developmental Disabilities</p> <ul style="list-style-type: none"> • Residential Habilitation • Companion Services • Personal Care • Personal Supports • Supported Employment Services: <ul style="list-style-type: none"> o Follow Along Support o Co-Worker Support o Individual Employment Support <ul style="list-style-type: none"> • Small Group Employment <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services *</p> <ul style="list-style-type: none"> • Personal Assistant Attendant • Specially Trained Attendant <p>* SDMI waiver will ensure payment to family caregivers or legally responsible individuals by authorizing case management team to issue pass thru payments to the provider.</p> <p><u>Provider Rate and Direct Care Wage Increases-July 1, 2021</u> Increases provider reimbursements for certain services in the three waivers to ensure providers can safely deliver critical services. These changes include provider rate increases for most waiver services as well as rate increases for direct care activities:</p> <p>Effective July 1, 2021, all Big Sky Home and Community Based Waiver services received an approximate 0.3% rate increase with the exception of:</p> <ul style="list-style-type: none"> o Transportation Mileage o Adult Group Homes o Adult Foster Care o Level 1 Assisted Living 	<p>1915(c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>Extended to Six Months After the End of Public Health Emergency</p>

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<p>○ Level 3 Specialized Assisted Living</p> <p>Multiple Flexibilities (continued) - Effective July 1, 2021, Home and Community Based Waiver for Individuals with Developmental Disabilities received an approximate 1.9% rate increase and an additional \$1,004,294 through rate setting for recruitment and retention of Direct Care Workers, with a combined average increase for waiver services estimated at 2.7%, except:</p> <ul style="list-style-type: none"> ○ Individual Goods and Services ○ Remote Monitoring Equipment ○ Specialized Medical Equipment & Supplies ○ Environmental Modifications ○ Personal Emergency Response System ○ Community Transition Services <p>Effective July 1, 2021, all Behavioral Health Severe Disabling Mental Illness Home and Community Based Waiver services, with the exception of Transportation Mileage, received an approximate 1% rate increase.</p> <p><u>Provider Rate and Direct Care Wage Increases-July 1, 2022</u> Increases provider reimbursements for certain services in the three waivers to ensure providers can safely deliver critical services. These changes include provider rate increases for most waiver services as well as rate increases for direct care activities:</p> <p>Effective July 1, 2022, all Big Sky Home and Community Based Waiver services received in addition to the July 1, 2021 rate increase, an additional approximate 0.3% rate increase, with the exception of:</p> <ul style="list-style-type: none"> ○ Transportation Mileage ○ Adult Group Homes ○ Adult Foster Care <p>Effective July 1, 2022, Home and Community Based Waiver for Individuals with Developmental Disabilities received in addition to the July 1, 2021 rate increase, an additional approximate 1.9% rate increase and an additional \$990,290 through rate setting for recruitment and retention of Direct Care Workers, with a combined average increase for waiver services estimated at 2.7%, except:</p> <ul style="list-style-type: none"> ○ Individual Goods and Services ○ Remote Monitoring Equipment ○ Specialized Medical Equipment & Supplies ○ Environmental Modifications ○ Personal Emergency Response System 	<p>1915(c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>Extended to Six Months After the End of Public Health Emergency</p>

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<p>○ Community Transition Services Multiple Flexibilities (continued) -</p> <p>Effective July 1, 2022, all Behavioral Health Severe Disabling Mental Illness Home and Community Based Waiver services, with the exception of Transportation Mileage, received in addition to the July 1, 2021 rate increase, an additional approximate 1 % rate increase.</p> <p>These increased investments in home and community-based services are included in the approved Montana’s Section 9817 of the American Rescue Plan Act (ARP) HCBS Spending Narrative and Plan. The state intends to amend the base waivers prior to the expiration of the Appendix K authority.</p> <p>Effective May 1, 2020, Behavioral Health Severe Disabling Mental Illness Home and Community Based Waiver increases the rate for adult residential services provided in an assisted living facility or adult foster home to \$104/day and increases the rate for specialized adult residential care facility to \$168.56.</p> <p><u>Electronic Method of Service Delivery</u> Big Sky Home and Community Based Waiver</p> <p>Adds an electronic method of service delivery (e.g. telephonic) allowing services to continue to be provided remotely in the home setting for:</p> <ul style="list-style-type: none"> • Case management. • Personal care services that only require verbal cueing. • Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers). <p>Medication assistance for those members who can respond to verbal prompting.</p> <p><u>Fiscal Management Services, Individual Directed Goods and Services, BIA, Life Coach, and Case Management Entity Providing Residential Direct Services</u> Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver</p> <ul style="list-style-type: none"> • Effective February 1, 2022, adds Fiscal Management Service (FMS) and Individual Directed Goods and Services to increase the resources available to members during the COVID-19 PHE, particularly to members in our rural and frontier areas. Also adds the following proposed services for self-direction. • Effective July 1, 2020, adds a participant-direction option to BIA and Life Coach and associated rate, which is the same rate as the agency-based rate. Direct care workers provide critical services and 	<p>1915(c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>Extended to Six Months After the End of Public Health Emergency</p>

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<p>supports to members and the provision of these essential services is even more critical during the ongoing COVID-19 emergency. Family members, legally responsible persons etc. may not be the self-directed provider, and direct care workers must meet the same qualifications for self-directed services as those who are agency provider managed.</p> <ul style="list-style-type: none"> • Effective July 1, 2021, allows the waiver case management entity to provide residential direct services because the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity to provide case management and/or develop the person-centered service plans. <ul style="list-style-type: none"> Geographic Areas Affected: <ul style="list-style-type: none"> ○ Region Three, which includes Anaconda-Deer Lodge, Beaverhead, Butte-Silver Bow Granite, and Powell counties. Region Ten, which includes Teton, Choteau, Cascade, Fergus, Judith Basin, and Petroleum counties. 	<p>1915(c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>Extended to Six Months After the End of Public Health Emergency</p>

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<p>Home and Community Based Waiver Supplemental Payments-</p> <ul style="list-style-type: none"> • Big Sky Home and Community Based Waiver • Home and Community Based Waiver for Individuals with Developmental Disabilities • Behavioral Health Severe Disabling Mental Illness Home and Community Based Services <p>Montana COVID-19 Appendix K Big Sky, DD, SDMI American Rescue Plan HCBS Supplemental Payments</p> <p>Adds supplemental payments effective April 1, 2021. Acknowledging these are time-limited payments which are not anticipated to extend beyond March 2024, the State understands that its ability to make payments under the Appendix K authority will end following the conclusion of the Federal Public Health Emergency. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS waivers, for the continuation of these payments beyond the termination date of the Appendix K for all three of Montana’s Home and Community Service waivers.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>
<p>Personal Health and Safety Items Service Provider-</p> <ul style="list-style-type: none"> • Big Sky Home and Community Based Waiver • Home and Community Based Waiver for Individuals with Developmental Disabilities • Behavioral Health Severe Disabling Mental Illness Home and Community Based Services <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI Personal Health and Safety Items Service Provider</p> <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI Personal Health and Safety, Residential Habilitation extended from ending 1/26/2021 to End of PHE</p> <p>Adds a new type of service provider under Personal Health and Safety Items to apply to all three waivers.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>5/1/2020</p>	<p>End of Public Health Emergency</p>
<p>Personal Health and Safety Items, Increase Residential Rehabilitation Rates -</p> <ul style="list-style-type: none"> • Big Sky Home and Community Based Waiver • Home and Community Based Waiver for Individuals with Developmental Disabilities • Behavioral Health Severe Disabling Mental Illness Home and Community Based Services <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI Personal Health and Safety Items, Big Sky, SDMI Residential Habilitation</p> <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI Personal Health and Safety, Big Sky, SDMI Residential Habilitation extended from ending 1/26/2021 to End of PHE</p> <p><u>Extensions</u></p> <p>This Appendix K authority was initially supposed to end on 1/26/2021 but was extended again to the end of the PHE.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>5/1/2020</p>	<p>End of Public Health Emergency</p>

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Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Personal Health and Safety Items, Increase Residential Rehabilitation Rates (continued)-</p> <p><u>Personal Health and Safety Items</u> Adds Personal Health and Safety Items to all three waivers:</p> <ul style="list-style-type: none"> • Provides health supplies such as gloves, hand sanitizers, surgical and/or cloth masks, disinfectants, disinfecting wipes for personal use in the home and on equipment that may enter the community. • Personal health and safety items services are stand-alone, separate from Specialized Medical Supplies and Equipment services and cannot be duplicated under that service. • Limits services under the waiver to additional services not otherwise covered under the state plan, including EPSDT, but consistent with the waiver objectives of avoiding institutionalization. <p><u>Increase Residential Habilitation Rates</u></p> <ul style="list-style-type: none"> • Big Sky Home and Community Based Waiver <p>Provides a temporary increase in rates to \$104/day for adult residential services provided in an assisted living facility or adult foster home, \$168.56 for specialized adult residential care facility, and \$206.58 for group homes. Factors that influenced the rate increase include: increased cost of operations to manage response to COVID-19 such as supplying Personal Protective Equipment and other related supplies; alignment with other congregate care setting rates; accounting for additional risks for providers; and the necessity to expand the provider pool. The proposed rate is an average increase of 61% per day, resulting in assisted living rates set at less than one-half of the statewide average for nursing facilities. The change is being made to promote waiver members access to assisted living services. Montana currently has insufficient access to these services due to the historically low rates. This reality is exacerbated by the increased risk, expectations and costs for residential habilitation providers during the public health emergency.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>5/1/2020</p>	<p>End of Public Health Emergency</p>
<p>Appendix K Extensions, HCBS Settings Rule, Tiered Services -</p> <ul style="list-style-type: none"> • Big Sky Home and Community Based Waiver • Home and Community Based Waiver for Individuals with Developmental Disabilities • Behavioral Health Severe Disabling Mental Illness Home and Community Based Services <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI -Authority extended from ending 7/27/2020 to 1/26/2021 and adding Settings Rule and Tiered Services</p> <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI -Authority extended from ending 1/26/2021 to End of PHE</p> <p><u>Extensions</u> This Appendix K authority initially extended to 1/26/2021 but was extended again to the end of the PHE. The HCBS Settings Rule and Tiered Services flexibilities were added with the extension to 1/26/2021 and continue to the end of the PHE <i>unless otherwise indicated below.</i></p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Appendix K Extensions, HCBS Settings Rule, Tiered Services (continued) –</p> <p><u>HCBS Settings Rule</u> Permits state settings initial and annual reviews for the HCBS Final Settings Rule to be reviewed through a phone call with the administrator/director/owner and outcomes to be addressed via telephone, e-mail or mail. The on-site assessment will be scheduled with the setting when local or facility restrictions allow. This applies to all three waivers.</p> <p><u>Tiered Services</u> Home and Community Based Waiver for Individuals with Developmental Disabilities Reimburses providers for tiered services at the tier that is prior authorized for the service list below, provided that daytime staffing hours never fall below 80% of the lower end of the tier threshold. <i>This flexibility was effective 1/27/2020-6/30/2020. It was not extended.</i></p> <ul style="list-style-type: none"> • Residential Habilitation- Supported Living • Supported Employment- Small Group Employment • Supported Employment- Follow Along <p>Reimburses providers for tiered services at the tier that is prior authorized for the service list below, provided that daytime staffing hours never fall below 50% of the lower end of the tier threshold. <i>Effective 7/1/2020.</i></p> <ul style="list-style-type: none"> • Residential Habilitation- Supported Living • Supported Employment- Small Group Employment • Supported Employment- Follow Along <p>Providers are responsible for ensuring that the individuals health and safety needs are met. The state will monitor unusual activity/incidents or actions that need to be taken in light of any reduction in staffing.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

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Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Appendix K Extensions, Multiple Flexibilities -</p> <ul style="list-style-type: none"> • Big Sky Home and Community Based Waiver • Home and Community Based Waiver for Individuals with Developmental Disabilities • Behavioral Health Severe Disabling Mental Illness Home and Community Based Services <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI-Authority ending 7/27/2020</p> <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI -Authority extended from ending 7/27/2020 to 1/26/2021</p> <p>* Montana COVID-19 Appendix K Big Sky, DD, SDMI-Authority extended from ending 1/26/2021 to End of PHE</p> <p><u>Extensions</u> This Appendix K authority was initially supposed to end on 7/27/2020 but was extended to end on 1/26/2021 and extended again to the end of the PHE, <i>unless otherwise indicated below.</i></p> <p><u>Prior Authorization</u> Implements a temporary increase in the amount or duration and waive limits of prior authorization on the following services within the three waivers necessary to address issues related to the COVID-19 pandemic:</p> <p>Big Sky Home and Community Based Waiver</p> <ul style="list-style-type: none"> • Companion • Respite • Personal Assistance Services • Non-Medical Transportation <p>Home and Community Based Waiver for Individuals with Developmental Disabilities</p> <ul style="list-style-type: none"> • Respite <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services</p> <ul style="list-style-type: none"> • Homemaker Chore <p><u>Alternate Settings</u> Permits the following services to be delivered in a participant’s home environment or alternative provider or community setting:</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Appendix K Extensions, Multiple Flexibilities (continued) -</p> <p>Big Sky Home and Community Based Waiver</p> <ul style="list-style-type: none"> • Adult Day Health • Day Habilitation • Supported Living <p>Home and Community Based Waiver for Individuals with Developmental Disabilities</p> <ul style="list-style-type: none"> • Day Supports & Activities • Retirement Services, • Supported Employment-Follow Along Support and Individual Employment Support). • Personal Care • Companion • Personal Supports • Homemaker • Residential Habilitation <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services</p> <ul style="list-style-type: none"> • Adult Day Health <p>Additional settings include:</p> <ul style="list-style-type: none"> • The private home of the participant or a family member of the participant; • A provider owned or controlled or extended family home; • The private home of a direct care provider; • Community center or designated community gathering center; • Hotel/paid lodging; • Newly rented room; • Other residential setting; or • Telework settings. 	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Appendix K Extensions, Multiple Flexibilities (continued) –</p> <p><u>Legally Responsible Person as Caregiver</u> Permits the following services to be delivered by a legally responsible person as caregiver:</p> <p>Home and Community Based Waiver for Individuals with Developmental Disabilities</p> <ul style="list-style-type: none"> • Day Supports and Activities • Homemaker • Respite • Retirement Services • Specialized Child Care for Medically Fragile Children <p><u>Provider Flexibilities</u> Expands the provider pool by allowing any enrolled waiver provider to work in all three waivers. Temporarily extend deadlines for all training requirements for 60 days from the original due date. All direct care staff should continue to receive training on the participant’s plan of care for whom they are providing support. Training on the plan of care must consist of basic health and safety support needs for that individual.</p> <p>The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The Plan of Care will be updated no later than 30 days from the date the service was initiated.</p> <p>Plans of Care that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current Plan of Care assessment and service, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures from service providers and the individual or representative, in accordance with the state’s HIPAA requirements. Allow Plan of Care teams to temporarily suspend actions or activities that do not compromise the health and welfare of participants with the informed consent of the individual. If requested and/or necessary, modifications to the Plan of Care may be made, as driven by individualized participant need, circumstance, and consent reviewed on an individualized basis, without the input of the entire Plan of Care team.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Appendix K Extensions, Multiple Flexibilities (continued) –</p> <p>Big Sky Home and Community Based Waiver Temporarily suspends the training requirements for the duration of COVID 19 at the provider’s discretion.</p> <ul style="list-style-type: none"> • Personal Assistance Services • Day Habilitation • Adult Day Health <p>Home and Community Based Waiver for Individuals with Developmental Disabilities Permits modification of provider qualifications for the following services:</p> <ul style="list-style-type: none"> • Day Supports and Activities • Homemaker • Residential Habilitation • Respite • Companion Services • Personal Care • Personal Supports • Retirement Services • Supported Employment-Follow Along Support • Supported Employment- Co-Worker Support • Supported Employment- Individual Employment Support • Supported Employment- Small Group Employment <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Temporarily suspends the training requirements for the duration of COVID 19 at the provider’s discretion for the following services:</p> <ul style="list-style-type: none"> • Personal Assistance Services • Specially Trained Attendant • Habilitation Aide <p><u>Provider Types</u> Expands provider types for all three waivers for specialized equipment and supplies to purchase items from nontraditional vendors who have necessary items in stock when supply or cost impacts occur due to COVID 19 on a case-by-case basis.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

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<p>Appendix K Extensions, Multiple Flexibilities (continued) –</p> <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services In addition, Mental Health Centers will provide services in the proposed Mental Health Group Home Service. This will allow Mental Health Centers to provide this service without having to become a HCBS provider type. <i>The Mental Health Group Home flexibility was effective 1/27/2020-6/30/2020. It was not extended.</i></p> <p><u>Provider Licensing</u> Suspends periodic licensing and quality reviews of provider agencies throughout the duration of the pandemic for all three waivers. Allows provider flexibility in daytime staffing levels as long as care quality is retained for all three waivers.</p> <p><u>Telehealth</u> Temporarily modifies processes for initial level of care for waiver eligibility to allow evaluations to be conducted via telephone or other interactive electronic communication for all three waivers. Telephonic or other remote methods will be conducted with HIPAA requirements, to the extent possible, but with recognition of the Office of Civil Rights is not enforcing certain requirements for good faith communications during the period of the national emergency see https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html.</p> <p>Allow assessments to be modified to contain information that can be completed through telephonic and/or electronic interview/observations, allow meetings to be conducted virtually including telephonic or other electronic methods and permit electronic signatures for all three waivers.</p> <p><u>Incident Reporting</u> Big Sky Home and Community Based Waiver Requires reporting of suspected exposure, symptoms of, and/or confirmation of diagnosis of COVID 19 in incident management data systems within 2 days. The incident tracking system has been updated to include a COVID-19 indicator.</p> <p>Home and Community Based Waiver for Individuals with Developmental Disabilities Requires reporting of suspected exposure, symptoms of, and/or confirmation of diagnosis of COVID 19 in incident management data systems. Incidents that meet critical threshold will be reported within 8 hours. Incidents that meet reportable threshold will be entered into the data management system within 48 hours. COVID 19 related incidents shall be reviewed daily by regional managers. Recommended safeguards and precautions will be discussed with the members service providers.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

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Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Appendix K Extensions, Multiple Flexibilities (continued) –</p> <p>Allow medication assistance to be delivered telephonically or via electronic communication for those members who can respond to verbal prompting.</p> <p>Extends medication certification for 60 days past the current individual expiration date. Re-certification will be completed as soon as possible once the emergency is declared over, but not longer than 90 days following the end of the declared emergency.</p> <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Requires reporting of suspected exposure, symptoms of, and/or confirmation of diagnosis of COVID 19 in incident management data systems within 2 days. The incident tracking system has been updated to include a COVID-19 indicator.</p> <p><u>Annual Reporting (372's)</u> Delays 372 reporting, quality reporting, and other reporting, for 60 days for all three waivers.</p> <p><u>Supporting Waiver Participants in an Acute Care Hospital or Short-Term Institutional Stay</u> Allows for payment of services for the purpose of supporting a participant when temporarily institutionalized in a nursing facility, swing bed, critical access hospital or acute care hospital, for a COVID 19-related illness for two of the waivers. This is specifically for the purpose of providing additional supports for communication, behavior and/or extensive personal supports and such services are not covered in such settings. The services are:</p> <p>Home and Community Based Waiver for Individuals with Developmental Disabilities</p> <ul style="list-style-type: none"> • Residential Habilitation • Day Supports and Activities • Retirement Services • Personal Supports • Companion • Adult Foster <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services</p> <ul style="list-style-type: none"> • Specially Trained Attendant • Life Coach 	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Appendix K Extensions, Multiple Flexibilities (continued) –</p> <p><u>Retainer Payments</u> Adds or increases retainer payments for waiver providers of the following services identified as habilitation services that include a component of personal care and/or personal care in all three waivers. Retainer payments shall be available when the participant is hospitalized or otherwise unavailable to participate in habilitative services for the duration of COVID 19 related absences. The retainer time limit will not exceed the lesser of 30 consecutive days or the number of days for which the state authorizes a payment for “bed hold” in nursing facilities.</p> <p>Big Sky Home and Community Based Waiver</p> <ul style="list-style-type: none"> • Residential Habilitation • Post-Acute Rehabilitation Services • Supported Living • Adult Day Health • Day Habilitation • Personal Care Services • Private Duty Nursing <p>Home and Community Based Waiver for Individuals with Developmental Disabilities</p> <ul style="list-style-type: none"> • Adult Foster • Assisted Living • Companion Services • Day Supports and Activities • Personal Care Services • Residential Habilitation • Retirement Services • Supported Employment Follow Along Support* • Supported Employment Individual Employment Support* • Supported Employment- Small Group Employment* <p>Behavioral Health Severe Disabling Mental Illness Home and Community Based Services</p> <ul style="list-style-type: none"> • Residential Habilitation • Personal Care Services • Specially Trained Attendant • Private Duty Nursing <p>* Supported employment includes habilitation services that include a component of personal care needed to stabilize and maintain a member in a competitive, customized, or self-employment.</p>	<p>1915 (c) Waiver Appendix K</p>	<p>1/27/2020</p>	<p>End of Public Health Emergency</p>

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Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Multiple Flexibilities- Section 1135 # 1 Approval Letter</p> <ul style="list-style-type: none"> Temporarily suspends Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits. Extends pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency. Suspends Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days. Temporarily delays scheduling of Medicaid fair hearings and issuing fair hearings decisions during the emergency period. Montana currently has the authority to rely upon provider screening that is performed by other State Medicaid Agencies (SMAs) and/or Medicare. Allows facilities, including NFs, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), psychiatric residential treatment facilities (PRTFs), and hospital NFs, to be fully reimbursed for services rendered to an unlicensed facility (during an emergency evacuation or due to other need to relocate residents where the placing facility continues to render services) provided that the State makes a reasonable assessment that the facility meets minimum standards, consistent with reasonable expectations in the context of the current public health emergency, to ensure the health, safety and comfort of beneficiaries and staff. The placing facility would be responsible for determining how to reimburse the unlicensed facility. This arrangement would only be effective for the duration of the section 1135 waiver. 	Section 1135 Waiver	3/1/2020	End of Public Health Emergency
<p>Multiple Flexibilities - Section 1135 #2 Approval Letter</p> <ul style="list-style-type: none"> Modifies the requirement at 42 C.F.R. §430.20 that the state submit State Plan Amendments (SPAs) related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency. Waives public notice requirements applicable to the state plan amendment (SPA) submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C), as applicable, CMS is approving the state's request flexibility to waive these notice requirements otherwise applicable to SPA submissions. 	Section 1135 Waiver	3/1/2020	End of Public Health Emergency

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Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Multiple Flexibilities Section 1135 #2 Approval Letter (continued) -</p> <ul style="list-style-type: none"> • Modifies the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA. • Temporarily allows services provided under the 1915(c) HCBS waiver program, the 1915(i) HCBS State plan benefit, and the Community First Choice State plan option at 1915(k) to be provided in settings that have not been determined to meet the home and community-based settings criteria. • Modifies the deadline for initial and annual level of care determinations required for the 1915(k) state plan benefit, as described in 42 C.F.R. §441.510(c). With this waiver, the initial determination of level of care does not need to be completed before the start of services and the annual level of care determinations that exceeds the 12-month authorization period will remain in place and services will continue until the assessment can occur. A reassessment may be postponed for up to one year. • Temporarily allows payment for 1905(a) personal care services rendered by legally responsible individuals (which could be inclusive of legally responsible family caregivers) providing that the state makes a reasonable assessment that the caregiver is capable of rendering such services. • Permits the state to temporarily authorize reimbursement for home and community-based services provided by an entity that also provides case management services and/or is responsible for the development of the person-centered service plan in circumstances beyond the limited authority provided under regulations. • Permits the state to temporarily waive written consent required under home and community based service programs under 42 C.F.R. §441.301(c)(2)(ix) for 1915(c) waiver programs, 42 C.F.R. §441.725(b)(9) for 1915(i) HCBS state plan programs, and 42 C.F.R. §441.540(b)(9) for 1915(k) Community First Choice programs that require person-centered service plans receive written consent from beneficiaries and be signed by beneficiaries and all providers responsible for its implementation and permit documented verbal consent as an alternate. • Modifies the deadline for conducting a Targeted Case Management annual monitoring visit, as described in 42 C.F.R. §440.169(d)(4). With this waiver, the timeframe for completion of the annual monitoring activity may be postponed up to one year. 	<p>Section 1135 Waiver</p>	<p>3/1/2020</p>	<p>End of Public Health Emergency</p>

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Policy Change	Federal Authority	Effective Date	State Requested Approved End Date
<p>Flexibility for 1915(k) Community First Choice State Plan Required Timeframe for Initial Assessments and Reassessments of Functional Need, and Annual Review of Person-Centered Service Plan Section 1135 #3 Approval Letter</p> <ul style="list-style-type: none"> • Modifies the deadline for conducting initial assessments of functional need as required under 42 C.F.R. §441.535. With this waiver, the initial assessment of functional need is not required to be completed before the start of care. • Modifies the deadline for annual reassessment of need required for the 1915(k) state plan benefit, as described in 42 C.F.R. § 441.535(c), and for reviewing the person-centered service plan as described in 42 C.F.R. § 441.540(c). With these waivers, the deadline for completing the annual reassessment of need and review of the person-centered service plan may be delayed beyond the end of the 12-month authorization period, and services will continue consistent with the current functional needs assessment and person-centered service plan until the reassessment and review can occur. These actions may be postponed for up to one year. 	Section 1135 Waiver	3/1/2020	End of Public Health Emergency
<p>Medicaid Eligibility and Enrollment Flexibilities Email to Montana State Medicaid Director</p> <ul style="list-style-type: none"> • Considers Medicaid beneficiaries displaced from Montana temporarily absent and maintain enrollment in Montana during that time (42 CFR § 435.403(j)(3)) • Delays renewal processing timeframes (42 CFR § 435.912(e)(2)) • Delays acting on certain changes in circumstances affecting Medicaid eligibility (42 CFR § 435.912(e)(2)) • Accepts self-attestation for all eligibility criteria, excluding verification of citizenship and immigration status, on case-by-case basis when documentation is not available (42 CFR § 435.945(a); 42 CFR § 435.952(c)(3)) • Allows for self-attestation of resources for individuals whose financial institutions are unable to provide verification of resources due to epidemic (42 CFR § 435.945(a); 42 CFR § 435.952(c)(3)) • Allows for self-attestation of incurred medical expenses (needed to meet spend-down for purposes of medically needy eligibility (42 CFR § 435.945(a); 42 CFR § 435.952(c)(3)) 	Concurrence Email	3/12/2020	End of Public Health Emergency
<p>COVID Vaccine Administration - 1115 Plan First Waiver Montana COVID-19 Vaccine Administration for 1115 Plan First Waiver</p> <p>Provides expenditure authority for state payments to providers for the administration of a COVID-19 vaccine for the limited-benefit population eligible under the Montana Plan First section 1115 demonstration, from December 14, 2020 through March 10, 2021.</p>	1115(a) Federal Authority	12/14/2020	3/10/2021