



Greg Gianforte, Governor

Charles T. Brereton, Director

August 17, 2022

[Address Block]

Re: Montana Medicaid State Plan Amendments and Waiver Renewal – Comments accepted through September 17, 2022

Dear:

The Montana Department of Public Health and Human Services (DPHHS) is pleased to invite comment from all Tribal Governments, Urban Indian Organizations, and Indian Health Service (IHS) regarding upcoming Montana Medicaid State Plan Amendments (SPAs) effective October 1 and November 1, 2022, and the 1915(c) Home and Community Based Services (HCBS) Big Sky Waiver for the Elderly and Individuals with Physical Disabilities renewal effective January 1, 2023. DPHHS will submit these amendments and renewal for Centers for Medicare and Medicaid Services (CMS) approval on or before December 31, 2022.

Under our agreement, DPHHS provides you notice of all Medicaid State Plan and Waiver changes. To aid your review, we have indicated whether there will be a direct impact on reimbursement or coverage for American Indians/Alaska Natives.

Subject: Establishing a Comprehensive Continuum of Care to Address Montana's Behavioral Health Needs

State Plan Section: Other Rehabilitative Services

Effective Date: October 1, 2022

DPHHS Behavioral Health and Developmental Disabilities Division (BHDD) is submitting the Other Rehabilitative Services Medicaid SPA as part of the Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative to establish a comprehensive continuum of care to address Montana's behavioral health needs, which include services for mental health and substance use disorder (SUD) treatment. The HEART Initiative represents the state's commitment to expanding coverage and promoting access to prevention, crisis intervention, treatment, and recovery services for eligible Montanans. (Montana Administrative Register (MAR) Notice 37-1010)

Changes will result in the following:

- Align reimbursement for SUD levels of care with requirements in the American Society of Addiction Medicine (ASAM) criteria;
- Add three additional SUD levels of care (ASAM 3.1, 3.2-Withdrawal Management and 3.3);
- Expand Community Based Psychiatric Rehabilitation Support Services to include SUD;

- Amend requirements for Program of Assertive Community Treatment and Montana Assertive Community Treatment to align with national standards; and
- Update language and to address comments received during provider engagement regarding accuracy and consistency of services.

This amendment **positively impacts** Tribes, Urban Indian Organizations, and IHS because the changes will allow BHDD to expand the behavioral health continuum of care and ensure consistency in the delivery of those services.

Subject: Inpatient Hospital Rate Increase
State Plan Section: Inpatient Hospital Services

Effective Date: October 1, 2022

DPHHS proposes to adopt Version 39.1 of the 3M All Patient Refined Diagnosis Related Groups (APR-DRG) grouper. This grouper update includes changes to DRG relative weights, average length of stays, and adds and/or deletes some DRGs. The department proposes to increase the base rate for ‘General Hospitals’ to \$5,390 and the base rate for ‘Centers of Excellence’ to \$8,030. These changes to APR-DRG are projected to provide for an increase of \$511,712 for SFY 2023. (MAR Notice 37-1012)

This amendment to the inpatient hospital services rate **does not impact** Tribes, Urban Indian Organizations, or IHS because Tribes, Urban Indian Organizations, and IHS have their own payment methodology.

Subject: Outpatient Hospital Rate Increase
State Plan Section: Outpatient Hospital Services

Effective Date: October 1, 2022

DPHHS proposes to increase the conversion factor to \$56.14 for services priced under the Outpatient Prospective Payment System reimbursement methodology. The proposed conversion factor increase impacts non-CAH outpatient hospitals and Free Standing Birthing Centers (FSBCs). FSBCs are reimbursed under the Outpatient Hospital Service reimbursement methodology.

The proposed conversion factor is projected to provide for an increase of \$449,589 for Outpatient Hospitals that are Non-Critical Access Hospitals (CAH) and \$91 for FSBCs for State Fiscal Year 2023. (MAR Notice 37-1012)

This amendment to the non-CAH outpatient hospital services rate **does not impact** IHS CAHs.

Subject: Moving Reimbursement for Two State Plans to the Reimbursement Introduction Page
State Plan Sections: Licensed Marriage and Family Therapists (LMFT), Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and Introduction Page

Effective Date: October 1, 2022

The LMFT State Plan and EPSDT State Plan are being added to the reimbursement Introduction Page.

This amendment **does not impact** Tribes, Urban Indian Organizations, or IHS because it is a technical change to streamline SPA submittals.

Subject: Removing State Exceptions to Healthy Montana Kids/Children’s Health Insurance Program (HMK/CHIP) Continuous Eligibility

State Plan Section: CHIP Duration of Eligibility

Effective Date: November 1, 2022

CMS has requested that Montana remove the state specific exceptions to continuous eligibility for HMK/CHIP. Currently, as outlined in the State Plan, if a child is found to have other credible health coverage during the 12-month enrollment period, they will lose coverage. This is no longer permitted by federal rule.

This amendment **positively impacts** Tribes, Urban Indian Organizations, and IHS because there are American Indians/Alaska Native children enrolled in the HMK/CHIP program and other HMK/CHIP enrollees who receive services at tribally operated health facilities, Urban Indian Organizations and IHS. The proposed change will prevent children from losing coverage if other insurance found during the 12-month enrollment period.

Subject: Concurrent 1915(b)(4) and 1915(c) Home and Community Based Montana Medicaid Big Sky Waiver (BSW) for the Elderly and Individuals with Physical Disabilities Renewal

State Plan Section: Not applicable to waivers

Effective Date: January 1, 2023

Big Sky Waiver serves individuals at all stages of life who are determined to be aged, blind, or have physical disabilities. The waiver supports eligible participants, who would otherwise be institutionalized, to maintain the ability to live at home and in their communities, advancing the participant’s autonomy, control, dignity, and independence. The services delivered within the scope of BSW are made available through the Senior and Long Term Care Division of DPHHS, in partnership with agencies committed to delivering quality long term services and supports to all Montanans.

The waiver currently serves approximately 2800 members statewide. The projected average annual cost of services is approximately \$15,500 per member. The proposed total cost of the waiver is approximately \$43,000,000.

The concurrent 1915(b)(4) waiver authorizes fee-for-service selective contracting and is also being renewed.

Members served:

- There is a proposed Reserved Waiver Capacity for individuals determined to be at-risk and those receiving a Care Category (CC) C3 slot. CC3 slots are reserved for high-cost Residential Habilitation and Supported Living services and high-cost basic slots due to high acuity (e.g., vent dependent).

Services Offered:

The following changes are proposed to improve service definitions to better serve the needs of members who are elderly and/or with physical disabilities and to alleviate duplicative services:

- The Personal Assistance Services has been updated to reflect processes to ensure third-party payors are pursued and exhausted prior to coverage under BSW, define service scope more clearly and ensure service utilization is authorized within the current service plan.
- Specially Trained Attendant has been removed from the Personal Assistance Services and established as a separate service.
- Money Management previously provided under the Specially Trained Attendant has been established as a separate service.
- Service Animals has been removed from Specialized Medical Equipment and Supplies and established as a separate service.
- A transition plan has been proposed to eliminate the Supported Living service and transition members to existing BSW services and/or community resources and State Plan services.

Program Design:

The following changes are proposed to improve the overall program design and operations:

- Update program title from Montana Big Sky to Big Sky Waiver (BSW) for consistency of existing documents and program references;
- Amend eligibility groups and Montana's post-eligibility treatment of income to reflect accurate information;
- Update language to clarify, remove outdated information, and correct grammar;
- Update Performance Measures and Quality Assurance standards;
- Update the minimum number of services an individual must require to be determined to need waiver services from one to two;
- Remove Targeted Group "Disabled (Other)"; this is a correction as the state had not previously defined this target group; and
- Add a definition of a "Physically Disabled Individual" to further define the waiver's target group.

Other Changes:

The renewal also makes the following changes:

- Add a definition of "Extraordinary Care";
- Update policy for selecting entrants to the waiver to reflect an admit visit deadline from 60 to 30 days and update wait list criteria to clearly define when an applicant may remain on the waitlist;
- Limit Personal Assistance Services and Non-Medical Transportation service utilization as authorized within the current Service plan;
- Revise the Prevocational service to remove the compensation requirement that members be paid at less than 50 percent of the minimum wage;

- Revise Homemaker to include laundry and shopping tasks;
- Update Consumer Goods and Services service title to Big Sky Bonanza Goods and Services, revise definition, and update prior authorization limit;
- Update Dietetic service title to Dietetic-Nutrition Services and revise provider qualifications;
- Revise Environmental Accessibility Adaptions service to add a competitive bid requirement and prior authorization limit;
- Revise the Homemaker Chore service definition to remove costs associated with moving from one residence to another and expand the definition to include extermination services;
- Revise Pain and Symptom Management service to require written documentation from the member's health care professional indicating the treatment will not harm the member;
- Revise the Senior Companion service definition to ensure it is not duplicative of State Plan services and to limit the service to non-medical companionship services provided in the home;
- Revise the Specialized Medical Equipment service definition to update the prior authorization limit and provider requirements; and
- Expand Vehicle Modifications service definition, add a prior authorization limit, and competitive bid requirement.

The current BSW fee schedule can be found at: <https://medicaidprovider.mt.gov/28#184572515-fee-schedules--elderly-and-physically-disabled-waiver>. The draft BSW renewal is available for review at <http://dphhs.mt.gov/SLTC/csb>. The state, upon request, will make available hard copies of the waiver renewal.

The renewal **positively impacts** American Indians/Alaska Natives enrolled in the BSW because it allows for continuation of the waiver authorization.

DPHHS is committed to an extensive public process. We want to provide you the opportunity to review the proposed actions, understand the concepts, and offer comments. We invite your comments and questions on these State Plan amendments emailed or postmarked **through September 17, 2022**. You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or mkulawik@mt.gov; or Director's Office, PO Box 4210, Helena, MT 59604-4210.

Sincerely,

Mike Randol
Medicaid and Health Services Executive Director/State Medicaid Director

c: Health Director
Misty Kuhl, Director, Governor's Office of Indian Affairs
Lesla Evers, Tribal Relations Manager, DPHHS