

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Montana

B. Waiver Title(s):

- Montana Big Sky Home and Community Based Waiver
- Montana Home and Community Based Waiver for Individuals with Developmental Disabilities
- Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services

C. Control Number(s):

MT-0148.R06.13, MT-0208.R06.11, MT 0455 R03.10

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

On March 13, 2020, as authorized under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the “Stafford Act”), President Donald J. Trump declared a state of emergency resulting from the ongoing Coronavirus Disease 2019 (COVID-19) pandemic. On January 31, 2020, pursuant to the Public Health Services Act, Secretary of Health and Human Services (HHS) Alex Azar declared a public health emergency. On March 12, 2020, Governor Steve Bullock issued an [executive order](#) declaring a state of emergency related to the continued spread of COVID-19 to allow the governor to direct a coordinated response to the outbreak of communicable disease. This includes mobilizing all available state resources, such as emergency funds or personnel from the National Guard. It also allows the governor to take additional steps to ease regulatory requirements, continue federal and multi-state coordination, and ensure continued access to critical services for the State’s most vulnerable.

The novel COVID-19 pandemic has already begun to place unprecedented burdens on Montana’s health care programs and systems. Per the [Centers for Disease Control and Prevention \(CDC\)](#), as of March 31, 2020, there are 177 reported COVID-19 cases; this number is expected to grow as more people become tested and the virus spreads to other communities in Montana, increasing the risk of exposure for the State’s residents. Montana has three approved 1915(c) waivers with 5400 participants, many of which are among the most vulnerable and susceptible to COVID-19. Health care workers caring for patients with COVID-19, individuals who have had close contact with persons with COVID-19, and travelers returning from affected international locations where community spread is occurring are all at elevated risk of exposure. Montana’s knowledge of COVID-19 is still rapidly evolving.

Montana has received approval to waive certain Medicaid and the Children’s Health Insurance Program (CHIP) requirements to ensure sufficient health care items and services are available to meet the needs of individuals under 1135 of the Social Security Act. A number of requirements Montana has committed to in its Medicaid state plan and waiver applications are dependent on staff and provider ability to perform tasks. Due to the evolving nature of this crisis, we may reach a point where we must adjust service delivery methods, suspend home visits, and shift workload priorities due to staff shortages to in order to meet immediate health and safety needs.

This appendix K is additive to the previously approved appendix K. With this amendment, the state is extending 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 that are included under this amendment will extend to six months after the end of the PHE. Additionally, with this amendment, 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 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:

- Montana Big Sky Home and Community Based Waiver
- Montana Home and Community Based Waiver for Individuals with Developmental Disabilities
- Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services

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.

F. **Proposed Effective Date: Start Date:** 1/27/2020 **Anticipated End Date:** six months after the end of the PHE

G. **Description of Transition Plan.**

N/A-NO CHANGE

H. **Geographic Areas Affected:**

- Statewide

I. **Description of State Disaster Plan (if available) Reference to external documents is acceptable:**

N/A-NO CHANGE

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. **Access and Eligibility:**

i. **Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

N/A-NO CHANGE

ii. **Temporarily modify additional targeting criteria.**

[Explanation of changes]

N/A-NO CHANGE

b. X **Services**

i. X **Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ **Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

Section **b.i.** above applies only to the **Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver.**

iii. X **Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver

- Adding Fiscal Management Service and Individual Directed Goods and Services increases the resources available to members during the COVID-19 PHE, particularly to members in our rural and frontier areas. This provides additional options for members to receive necessary services during a time when, due to COVID-19, providers are experiencing shortages in resources. The additional service options will expand the number of providers, increase access to the community and the frequency of services provided to members throughout the state during the COVID-19 PHE.

Adds the following proposed services for self-direction:

- FMS
- Individual Directed Goods and Services

iv. ___ **Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

N/A-NO CHANGE

v. ___ **Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver).** [Explanation of changes]

N/A-NO CHANGE

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

For services that currently allow Relative and Legal Guardian to deliver the service, the state will add Legally Responsible Person as an allowable caregiver to be paid for the following services:

Montana Home and Community Based Waiver for Individuals with Developmental Disabilities

- Residential Habilitation
- Companion Services
- Personal Care
- Personal Supports
- Supported Employment Services:
 - o Follow Along Support
 - o Co-Worker Support
 - o Individual Employment Support
 - o Small Group Employment

Montana Big Sky Home and Community Based Waiver

- Day Habilitation

Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services *

- Personal Assistant Attendant
- Specially Trained Attendant

* 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.

d. Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

N/A-NO CHANGE

ii. Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

N/A-NO CHANGE

iii. Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

N/A-NO CHANGE

e. **Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

N/A-NO CHANGE

f. **X** **Temporarily increase payment rates.**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

Provider Rate and Direct Care Wage Increases

Provider stability during the public health emergency is critical in Montana. The following increases to provider reimbursements have and will 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:

Effective July 1, 2021, **Montana 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:

- Individual Goods and Services
- Remote Monitoring Equipment
- Specialized Medical Equipment & Supplies
- Environmental Modifications
- Personal Emergency Response System
- Community Transition Services

Effective July 1, 2021, all **Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Waiver** services, with the exception of Transportation Mileage, received an approximate 1% rate increase.

Effective July 1, 2021, all **Montana Big Sky Home and Community Based Waiver** services received an approximate 0.3% rate increase with the exception of:

- Transportation Mileage
- Adult Group Homes
- Adult Foster Care
- Level 1 Assisted Living
- Level 3 Specialized Assisted Living

Effective July 1, 2022, **Montana 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:

- Individual Goods and Services
- Remote Monitoring Equipment
- Specialized Medical Equipment & Supplies
- Environmental Modifications
- Personal Emergency Response System
- Community Transition Services

Effective July 1, 2022, all **Montana 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.

Effective July 1, 2022 all **Montana 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:

- Transportation Mileage
- Adult Group Homes
- Adult Foster Care

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 acknowledges that CMS cannot approve action in the Appendix K which will extend beyond the termination date of the Appendix K. The state intends to amend the base waivers prior to the expiration of the Appendix K authority.

Effective May 1, 2020, **Montana 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.

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Montana Big Sky Home and Community Based Waiver

Add an electronic method of service delivery (e.g. telephonic) allowing services to continue to be provided remotely in the home setting for:

- 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).
- Medication assistance for those members who can respond to verbal prompting.

(Also added the above flexibilities to Section Appendix K Addendum: COVID-19 Pandemic Response, 2. Services below.)

h. Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

N/A-NO CHANGE

i. Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

N/A-NO CHANGE

j. Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. X Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver

- **Effective February 1, 2022: Adding Fiscal Management Service and Individual Directed Goods and Services** increases the resources available to members during the COVID-19 PHE, particularly to members in our rural and frontier areas. This provides additional options for members to receive necessary services during a time when, due to COVID-19, providers are experiencing shortages in resources. The additional service options will expand the number of providers, increase access to the community and the frequency of services provided to members throughout the state during the COVID-19 PHE.

Adds the following proposed services for self-direction:

- FMS
- Individual Directed Goods and Services

Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver

- **Effective July 1, 2020: Adding a participant-direction option to Behavioral Intervention Assistant and Life Coach** and associated rate, which is the same rate as the agency-based rate. Direct care workers provide critical services and supports to members and the provision of these essential services is even more critical during the ongoing COVID-19 emergency. Adding participant-directed services increases the resources available to provide services statewide and particularly in Montana's rural and frontier areas. In addition, participant-directed services is a way member and families can have increased flexibility and choice over the services they receive during the COVID pandemic and addresses members concerns who may want services from a familiar person as a safety measure.

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. This includes:

- Be at least 18 years of age;
- Sign an affidavit regarding confidentiality and HIPAA;
- Possess the ability to communicate effectively with the member/personal representative; Possess the ability to complete documentation requirements of the program;
- Demonstrate to the member specific competencies necessary to perform paid tasks;
- Complete a self-declaration regarding infections and contagious diseases;
- Agree to a state criminal background check;
- Possess a valid driver's license and proof of automobile liability insurance if transporting the member;
- Demonstrate knowledge of how to report abuse, neglect and exploitation and sign an affidavit regarding agreement to report all instances of suspected abuse, neglect or exploitation; and Advocate for the member to assure that the member's rights are protected, and the member's needs and preferences are honored; and
- Additional training designated by the Addictive and Mental Disorders Division for specialty behavioral interventions.

The case management teams are required to provide members with additional information describing the self-directed service option and member's responsibilities under the self-directed option. If a member indicates an interest in the self-directed option, the case management team is responsible to refer the member to the Quality Improvement Organization, who then completes a capacity interview over the telephone by a registered nurse. The health care professional must certify that the member/personal representative is capable of managing the tasks and understands the risks involved.

The member/personal representative must:

- (1) Be capable of making choices about activities of daily living, understand the impact of their choices, and assume responsibility for those choices;
- (2) Be capable of managing all tasks related to service delivery, including recruiting, hiring, scheduling, training, directing, and dismissal of attendants; and
- (3) Understand the shared responsibility between the member and the provider agency.

Members are able to choose from several agencies providing each type of service, ensuring members are successful with the self-direction experience.

The self-directed provider agencies will:

- (1) Advise, train, and support the member, as needed and necessary;
- (2) Assist with recruiting, interviewing, hiring, training and managing, and/or dismissing workers;
- (3) Manage the employee, including their mandatory agency training and payroll; and
- (4) Assist with monitoring health and welfare of the member.

The case management teams will assist the member to develop an emergency backup plan, identifying and mitigating risks or potential risks, and monitors the health and safety of the member.

l. Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

N/A-NO CHANGE

m. Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

N/A-NO CHANGE

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management

- ii. Personal care services that only require verbal cueing
- iii. In-home habilitation
- iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- v. Other [*Describe*]:

2. Services section above applies only to the Montana Big Sky Home and Community Based Waiver.

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver

Effective July 1, 2021, Allow 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.

Geographic Areas Affected:

- 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.

The department issued a Request for Proposal (RFP) on April 7, 2021, for a contractor to provide case management services for this waiver. The department received and reviewed four responses to the RFP. Based upon the scoring matrix, AWARE was determined to be the only willing and qualified provider. AWARE currently operates another waiver service, intensive mental health group homes, in two regions. Region three includes Anaconda-Deer Lodge, Beaverhead, Butte-Silver Bow Granite, and Powell counties. Region ten includes Teton, Choteau, Cascade, Fergus, Judith Basin, and Petroleum counties.

Case managers provide critical supports to members in the waiver, and the provision of both case management and intensive mental health group homes are essential services which are even more critical during the ongoing COVID-19 emergency. Allowing AWARE to provide case management to members in intensive mental health group homes increases the resources available to this high-needs population and ensures the members have adequate services during the public health emergency.

The department has in place safeguards to mitigate and address potential problems that may arise which include:

- All members are provided with the SDMI Waiver Bill of Rights and Responsibilities at initial intake into the waiver program and at annual review of their Person-Centered Recovery Plan (PCRP). The Bill of Rights is a document that informs members they have the right to choose from the full range of services available in the waiver if appropriate and that services will be delivered by a qualified provider of their choice.
- The department will provide annual Free Choice of Provider training to contracted case management staff and SDMI waiver providers.
- The department completes annual evaluation of each member's PCRP.
- All PCRPs must be approved by the department initially and then annually.

In addition to the above-mentioned safeguards, AWARE, Inc. is administratively separate in the plan development function from the direct service provider functions and is organized in a manner to remove any conflict of interest when providing case management services to SDMI members.

AWARE's case management services are housed in their Community Care and Treatment division with a Service Director who is independent from the AWARE Adult Mental Health Residential Division. AWARE has developed policies for case management services to allow for arrangements to remove conflict of interest. In addition, AWARE's structure and workflow outlines clear expectations between case management activities and responsibilities to the plan of care, drawing a clear division of labor between the service provider and case management provider.

Further, AWARE's Quality Improvement (QI) division is charged with conducting annual and periodic audits to ensure quality of services and compliance with State and Federal regulations and agency standards. QI manages the creation and maintenance of policy and procedure, ensuring compliance and adherence to best practices. The QI team is independent of program service directors and provides objective audits that are reported to the AWARE executive team.

AWARE has an established Grievance Policy and process that is reviewed at intake and annually with each member at the time of their annual Plan of Care. Members are given a business card that outlines the grievance procedure and the member and members' team sign the grievance process form in acknowledgment of the established process. This process starts with the member and case manager and incorporates the case manager supervisor. If the grievance is not resolved after meeting with the case manager and supervisor, the member proceeds through AWARE supervisory structure to the CEO if needed.

If a member is not satisfied with their case manager or team even after attempts have been made to remedy the concern, AWARE will transfer the case to another case manager of the member's choice.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

N/A-NO CHANGE

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Michael
Last Name: Randol
Title: State Medicaid Director
Agency: MT Department of Public Health and Human Services
Address 1: PO Box 4210
Address 2: 111 N Sanders
City: Helena
State: Mt
Zip Code: 59620
Telephone: 406-444-6533
E-mail: Michael.randol@mt.gov

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Same as above.

8. Authorizing Signature

Signature: /S/

Date Submitted: 1/27/2023

Resubmitted Date: 10/14/2021, 10/15/2021,
10/25/2021, 10/26/2021, 1/27/2023

State Medicaid Director or Designee

First Name: *Michael*
Last Name: *Randol*
Title: State Medicaid Director
Agency: MT Department of Public Health and Human Services
Address 1: PO Box 4210
Address 2: 111 N Sanders
City: Helena
State: Mt
Zip Code: 59620
Telephone: 406-444-6533
E-mail: Michael.randol@mt.gov
Fax Number: Click or tap here to enter text.

Section A--Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification													
Service Title:	Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver- Financial Management Services – effective February 1, 2022												
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>													
Service Definition (Scope):													
<p>Financial Management Services (FMS) are provided to assure that participant directed funds outlined in the Person-Centered Recovery Plan (PCRP) are managed and distributed as intended. The FMS provider receives and disburses funds for the payment of participant-directed services under an agreement with the Department, the State Medicaid agency.</p> <p>The FMS provider files claims through the Medicaid Management Information System for participant directed goods and services. The FMS provider is responsible for maintaining separate accounts on each member's participant-directed service funds and producing expenditure reports as required by the Department. The FMS provider executes and holds Medicaid provider agreements through being deemed by the state to function as an Organized Health Care Delivery System or as authorized under a written agreement with the Department. The FMS provider must not provide any other SDMI Medicaid waiver service to the member receiving FMS. FMS must be authorized prior to service delivery by the case management team at least annually in conjunction with the PCRP development and with any PCRP revisions.</p> <p>FMS is intended for those goods and services that are not covered by the State Medicaid Plan or those instances in which a participant's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available.</p>													
Specify applicable (if any) limits on the amount, frequency, or duration of this service:													
<ul style="list-style-type: none"> • New Enrollment (one-time fee) \$150.00 • Monthly Check Transaction \$75.00 per member per month 													
Provider Specifications													
Provider Category(s)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Individual. List types:</td> <td style="width: 5%; text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">Agency. List the types of agencies:</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">Fiscal Employer Agent</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> </tr> </table>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:			Fiscal Employer Agent					
<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:										
		Fiscal Employer Agent											

<i>(check one or both):</i>			
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Fiscal Employer Agent	Applicable business license as required by the local, city, or county government in which the services are provided.		<ul style="list-style-type: none"> • Must understand the laws and rules that regulate the expenditure of public resources. • Must have a surety bond issued by a company authorized to do business in the State of Montana in an amount not less than \$250,000. • Must not be enrolled to provide any other SDMI Waiver Medicaid services to the member. • FMS provider executes and holds Medicaid provider agreements through being deemed by the state to function as an Organized Health Care Delivery System or as authorized under a written agreement with the Department. • FMS Agent must provide monthly budget reports to the Department.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Fiscal employer Agent	State Medicaid Agency (SMA)		Annually
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed



Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title: **Montana Behavioral Health Severe Disabling Mental Illness Home and Community Based Services Waiver- Individual Directed Goods and Services** – effective February 1, 2022

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Individual Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid state plan are services, equipment, or supplies that are provided through this waiver through a non-Medicaid provider, that or address an identified need in the service plan (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; or promote inclusion in the community; or increase the participant's safety in the home environment; and, the participant does not have the funds to purchase the item or service or the item or service is not available through another source. Individual Directed Goods and Services are purchased from the participant-directed budget. Experimental or prohibited treatments are excluded. Individual Directed Goods and Services must be documented in the person-centered recovery plan.

The cost plan is based on the person-centered recovery plan and approved by the community program officers. For newly enrolled members, the cost plan will estimate the cost based on the member's assessed needs, using standard operating policies and processes currently in place. The value the cost plan for existing members is largely based on the historical amount awarded to the member with adjustments made based on changing needs.

The methodology used to authorize payments for services, and to review and approve reimbursements to direct workers based on the delivery of agreed upon services will vary depending on the category of service. The delivery of services is based on the cost plan and the person-centered recovery plan. All services outlined in the cost plan will correspond to a need outlined in the person-centered recovery plan.

Cost plans will be evaluated for accuracy quarterly along with the person-centered recovery plan. The specific goods and services that are purchased under this coverage must be documented in the service plan.

Currently, all members and persons acting on their behalf are informed of the details of the member's cost plan. The cost plan details are based on the outcome of the planning process, which, in turn, is based on assessments and the expressed desires of the member. The cost plan functions as the contractual basis between the member, the provider, and the department in the delivery of services. If the quantity and type of services outlined in the cost plan are not considered adequate in meeting the needs of the member, additional funds may be requested on behalf of the member. Requests for additional funding go through the case manager and the community program officer. Members and team members are able to request budget adjustments by contacting their case manager.

The cost plan is included with the person-centered recovery plan and is provided to and signed by the member or the member's representative to confirm agreement.

The goods and services that are purchased under this coverage must be clearly linked to an assessed participant need established in the service plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The following represents a non-inclusive list of non-permissible Goods and Services:

- Goods, services or supports benefiting persons other than the individual
- Room and board
- Personal items and services not related to the disability
- Gifts, gift certificates, or gift cards for any purpose
- Items used solely for entertainment or recreational purposes
- Personal hygiene items
- Discretionary cash
- General clothing, food, or beverages (not specialized diet or clothing)

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Fiscal Employer Agent
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Fiscal Employer Agent	Applicable business license as required by the local, city, or county government in which the services are provided.		<ul style="list-style-type: none"> • Must understand the laws and rules that regulate the expenditure of public resources. • Must have a surety bond issued by a company authorized to do business in the State of Montana in an amount not less than \$250,000. • Must not be enrolled to provide any other SDMI Waiver Medicaid services to the member. • FMS provider executes and holds Medicaid provider agreements through being deemed by the state to function as an Organized Health Care Delivery System or as authorized under a written agreement with the Department. • FMS Agent must provide monthly budget reports to the Department.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.