State of Montana

Department of Public Health and Human Services

ARPA Home and Community Services

Quarterly Spending Plan and Narrative

Submitted September 12, 2023

HCBS Quarterly Spending Narrative

Project List

	Project	Total Projected Cost	Projected FMAP	HCBS 10%	Federal Authority	Project Status
1	Provider Supplemental Payments	$48,524,242	Varies	$13,022,247	Appendix K and SPAs	Approved/ Complete
2	Provider Rate Study	$513,360	50%	$256,680	Normal Admin	Approved/ In Progress
3	Provider Self-Assessment Tool	$150,000	50%	$75,000	Normal Admin	Not Started
4	Olmstead Plan	$1,500,000	50%	$750,000	Normal Admin	Not Started
5	Value-Based Payments & Population Health Consultant	$5,000,000	50%	$2,500,000	Normal Admin	Not Started
	VBP Payments to Providers	$2,000,000	0%	$2,000,000	Not Required	Not Started
6	Promote Provider EHR integration with HIE/EDW	$2,609,146	0%	$2,609,146	Not Required	Not Started
7	DDP Waitlist Transformation	$829,136	0%	$829,136	Not Required	Not Started
8	DDP Acuity based needs assessment	$355,344	0%	$355,344	Not Required	Not Started
9	DDP Telehealth Service	$480,000	0%	$480,000	Not required	Not Started
10	DDP Self Direct Modernization	$275,000	50%	$137,500	Normal Admin	Not Started
11	Hospital to Home	$325,000	Varies	$113,750	Current waiver authority	Not Started
12	Home Modifications for CFC	$275,000	0%	$275,000	Not Required	Not Started
13	Complex Care Community Placement Consultant	$4,000,000	50%	$2,000,000	Normal Admin	Not Started
14	Community based services for individuals with complex care needs	$6,843,750	Varies	$2,395,312	SPA/Waiver Amendments	Not Started
15	Innovative systems collaboration for youth with complex treatment needs	$450,000	Varies	$300,000	Normal Admin	Not Started
16	1115 Waiver Technical Assistance	$900,000	50%	$450,000	Normal Admin	In Progress
17	Direct Care Staff Recruitment & Training	$150,000	0%	$150,000	Not Required	Not Started
18	Mental Health Workforce Training and Development	$750,000	50%	$375,000	Normal Admin	Not Started
19	DDP Alternative Settings	$1,359,300	50%	$679,650	Normal Admin	Not Started
	Unallocated			$1,374,368		
	Total	$77,289,278		$31,128,133		

Direct Care Wage Increases

Strategic Principles: Workforce Supports, Provider Stability

Overview

The 67th Montana Legislature authorized two years of funding for wage increases to support direct care workers in Montana's 1915 (c) home and community-based service waivers. Phase 1 HCBS ARPA Initiatives include the SFY 2022 expected distribution of the additional funds aimed to increase the salaries of the primary workforce in Montana's three 1915c HCBS Waivers.

Progress/Updates

The direct care wage increase was initiated using changes to the Administrative Rules of Montana and internal operating procedures. The rules were finalized on November 19, 2021, and the final group of initial payments for increased direct care wages were implemented shortly after.

Sustainability

Appropriations for these direct care wage increases are component of the Montana Medicaid base budget and have been automatically included in the initial proposed biennial budget for the upcoming biennium.

Authorities

These new outlays to strengthen and enhance the HCBS Medicaid system are included in the following document(s):

Authorizing Document	Control Number	Approval Date	Status
Appendix K			To Be Submitted by February 1, 2023

This item was removed as the Department was able to implement the outlined direct care wage increase using legislative appropriated funds.

Provider Rate Increases

Strategic Principles: Provider Stability, Quality of Care

Overview

The 67th Montana Legislature authorized two years of funding for several fee-for-services provider rate increases. Phase 1 HCBS ARPA Initiatives include the increased SFY 2022 Medicaid appropriations directed towards increasing provider rates by 1% for Home and Community Based Service services and providers (as defined by ARPA).

Progress/Updates

The provider rate increase was initiated using changes to the Administrative Rules of Montana. The rules were finalized on October 8, 2021, and payments for increased provider rates were implemented shortly after.

Sustainability

Appropriations for these provider rate increases are component of the Montana Medicaid base budget and have been automatically included in the initial proposed biennial budget for the upcoming biennium.

Authorities

These new outlays to strengthen and enhance the HCBS Medicaid system are included in the following document(s):

Authorizing Document	Control Number	Approval Date	Status
State Plan Amendment Other Rehabilitative Services	21—0016	12/22/2021	Approved
State Plan Amendment DD TCM	21-0021	12/20/2021	Approved
State Plan Amendment Reimbursement Introduction Page	21-0010	12/20/2021	Approved
State Plan Amendment Autism*	21-0002	12/17/2021	Approved
State Plan Amendment EPSDT	21-0017	12/22/2021	Approved
Appendix K			To Be Submitted by February 1, 2023

*Autism services are not included in calculations for the receipt of the additional 10% FMAP. Provider rate increases for Autism services are included in the list of qualified maintenance of effort uses at standard FMAP.

This item was removed as the Department was able to implement the outlined provider rate increase using legislative appropriated funds.

1. **Provider Supplemental Payments**

Stakeholder meetings with and communications from Montana Medicaid HCBS providers identified financial instability as a major risk factor to a) ensuring ongoing service delivery and b) ability to recruit and retain workforce. DPHHS will issue supplemental payments to ARP defined Home and Community Based Providers for 24 months. Providers receiving the supplemental payments will be expected to use the funds for service delivery and/or workforce recruitment and retention.

The Supplemental Payment Program will span 2 years and consist of two phases.

- Phase 1: Period 1: 4/01/2021 - 9/30/2021

HCBS Providers will be issued a 15% supplemental payment calculated from specific Medicaid services for dates of service between 04/1/2021 and 09/30/2021 and billed by 10/31/2021.

- Phase 1: Period 2: 10/01/2021 - 12/31/2021

HCBS Providers will be issued a 12% supplemental payment calculated from specific Medicaid services for dates of service between 10/01/2021 and 12/31/2021 and billed by 01/31/2022.

Phase 2: 1/1/2022 - 3/31/2023

To participate in Phase 2, HCBS providers will be expected to sustain or increase service delivery and invest in workforce recruitment and retention, as well as demonstrate that the cost of delivering services during the applicable timeframe exceeds standard Medicaid payments.

HCBS Providers will submit a Provider Agreement Form to DPHHS, which will allow providers to opt into the receipt of Phase 2 supplemental payments by agreeing to the conditions of Phase 2. Providers who have opted into Phase 2 will be required to submit a quarterly attestation and quarterly schedule demonstrating that costs exceed Medicaid payments will be issued supplemental payments. The payment schedule for Phase 2 consists of three periods.

- Phase 2: Period 1: 01/01/2022 - 3/31/2022

HCBS Providers who opt in and supply a quarterly schedule demonstrating costs exceed Medicaid payments will be issued a 12% supplemental payment calculated from specific Medicaid services for dates of service between 01/01/2022 and 03/31/2022.

- Phase 2: Period 2: 04/01/2022 - 9/30/2022

HCBS Providers who opt in and supply a quarterly schedule demonstrating costs exceed Medicaid payments will be issued an 8% supplemental payment calculated from specific Medicaid services for dates of service between 04/01/2022 and 09/30/2022.

- Phase 2: Period 3: 10/01/2022 - 03/31/2023

HCBS Providers who opt in and supply a quarterly schedule demonstrating costs exceed Medicaid payments will be issued a 4% supplemental payment calculated from specific Medicaid services for dates of service between 10/01/2022 and 03/31/2023.

Sustainability plan

This was a one-time initiative. The Montana legislature provided a historic investment in HCBS provider rate increases effective July 1, 2023.

Progress/Updates

The final round of quarterly payments were made in June 2023.

2. Provider Rate Study

The 67th Montana Legislature authorized funding for a provider rate study to determine the impact of COVID 19 on provider rate sufficiency and member access. HCBS ARPA Initiatives include the administrative expenditures related to rate studies study activities for Home and Community-Based Service services (as defined by ARPA).

Progress/Updates

The Department has contracted with Guidehouse, Inc. to conduct a comprehensive provider rate study of services delivered to HCBS populations. At the inauguration of the rate study, Guidehouse worked with the Department to initiate stakeholder engagement efforts involving the formation of three Rate Workgroups and a Steering Committee. Guidehouse communicated the scope of the engagement and operating norms at the start of the rate study process and clarified the Rate Workgroups and Steering Committee would work to accurately capture the cost-of-service delivery and to determine the common principles and parameters that would apply to the updated rate setting methodology. 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. Guidehouse's work also includes a detailed cost reporting plan to support future rate updates for these services. Guidehouse completed the provider rate study in late 2022. Guidehouse continues to provide technical assistance to the Department on planning and implementation of the recommendations from that study.

3. Provider Self-Assessment Tool

The Department will invest in technology to modernize and digitize the submission, management, and remediation of Provider Self- Assessment (PSA) forms. PSA forms are the initial step in ensuring that HCBS providers that provide Appendix B services comply with settings requirements. This automation will reduce processing times, improve accuracy of data, and ensure compliant record retention. This project will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021. This activity is eligible for 50% administrative match.

Sustainability plan

This is a one-time initiative.

Progress/Updates

The Department is in the procurement process for the provider self-assessment tool.

4. Olmstead Plan

The department will develop a plan to ensure that services and supports for Montanans with disabilities are, to the greatest extent possible, provided in the community rather than in an institutional setting in accordance with the requirements of the United States supreme court decision in Olmstead. The department will consult with the statewide independent living council and other stakeholders prior to determining the process for developing a comprehensive plan for reviewing and making recommendations on Medicaid-funded, community-based services for individuals with physical, mental, and developmental disabilities. Activities of this project related to Medicaid are eligible for 50% administrative match.

Sustainability plan

The department will be review and updating the plan at a minimum of once every six years. The department will review plan recommendations to determine any necessary impact to department program and services.

Progress/Updates

The department is currently in the planning stages.

5. Developing value-based payment methodologies and population health dashboards for HCBS services.

The department will engage with a vendor to provide technical assistance and expertise in establishing outcome measures that will be the basis for value-based payments (VBPs) to behavior health and HCBS providers that provide Appendix B services. The department will initially pilot select Appendix B HCBS services for VBPs based on the framework developed with the vendor. Upon completion of the pilot, the department will be in a position to expand VBPs for other HCBS services, with the goal of enhancing overall delivery of services to HCBS members.

Specifically, the department will seek a vendor to assist with:

- Selecting outcome measures based on available data and department priorities
- Identifying target populations
- Prioritizing care delivery improvements that can be addressed through improved care coordination,
- Establishing provider eligibility requirements
- Defining provider activity requirements
- Designing payment models for the outcome measurements

The department will also engage a vendor in developing population health dashboards to monitor the selected outcome measure for VBPs as well as other important program metrics in order to respond timely to trends that may be impacting HCBS programs. These dashboards will also allow the department to measure the effectiveness. The activities outlined above are eligible for 50% administrative match. VBP payments to providers during the pilot will be paid using state-only enhanced funds.

Project Timeline

Activity	Planned Completion
Issue RFP for VBP Consultant	Sep-23
Onboard Selected Vendor	Dec-23
Develop VBP plan: including selected HCBS services for pilot and outcome measures	Jan-24
Design HCBS population health dashboards	Jan-24
Engage providers in VBP incentive	Feb-24
Establish requirements in MMIS to pay VBP to providers	Feb-24
Enroll providers with HIE	Ongoing
Begin VBP Pilot	Apr-24
Implement HCBS population health dashboards	Apr-24
Make VBP payments per VBP plan	Ongoing
Track metrics via dashboards	Ongoing
VBP Pilot Ends	Mar-25
VBP Initial results presented to legislature	Jan-25

Sustainability plan

Ongoing payments will be based on effectiveness of changing provider performance and will be cost neutral to the Medicaid system.

Progress/Updates

Not started.

6. Promote Provider Electronic Health Records (EHR) integration with Health Information Exchange and Enterprise Data Warehouse

To support the department's value-based payments initiative and improve its population health data collection and analyzation efforts, the department will establish a grant program for providers to connect their EHR to BigSky Care Connect, a Health Information Exchange (HIE). The HIE exchanges data with the Montana Medicaid program, and the department's Enterprise Data Warehouse (EDW) and its Population Health Analytics tool (HealtheRegistries). Having access to this data will make providers eligible for value-based payments and will also provide important data for the department's population health and social determinants of health initiatives.

It is estimated the Department could award grants to up to 60 providers to connect to the HIE.

In addition, the Department will invest in capabilities to push its calculated measures from HealtheRegistries back to a provider's EHR. Having access to this information directly within their own EHR will increase adoption of these measures and reduce the burden of having to navigate multiple systems when providing patient care.

This activity will enhance HCBS services by providing both the Department and providers with more data that can be used for both member care, and HCBS program monitoring and outcomes.

Sustainability plan

This is a one-time initiative.

Progress/Updates

Not started.

7. Developmental Disabilities Program (DDP) Waitlist Transformation

The department will engage with a vendor to evaluate the current waitlist management process for children and adults with intellectual & developmental disabilities (I/DD) who have been determined eligible for HCBS waiver services in Montana using Center for Medicare and Medicaid Services (CMS) technical guidance, federal and state statutes, and leading practices in other states. This will include an examination of existing procedures and data sets used for waiting list management. This review may include:

a. Use of historical data to estimate the cost of providing services through an examination of budgets for those currently enrolled in the Comprehensive Waiver.
b. Evaluation of the provider network's capacity to meet the needs of additional individuals across regions through vacancy data managed by DPHHS/DDP or by surveying the provider network to determine current capacity levels.
c. Recommendations for improvements along with a high-level roadmap for moving the system forward.

This evaluation and subsequent recommendations will allow the Department to enhance and strengthen its DDP HCBS waiver program.

Sustainability plan

This is a one-time initiative.

Progress/Updates

Not started.

8. DDP Accuity Needs Based Assessment Tool Evaluation

The department will engage a vendor to work with the department and key stakeholders to review the current acuity-based needs assessments and the selection of an instrument and process that can be used to determine level of support needs for people receiving or applying to receive services through programs operated by DDP. A review of acuity-based needs assessment tools may include:

- Target population(s).
- Comprehensiveness of tool measures.
- Tool reliability and validity.
- Assessment administration requirements (i.e., training requirements, assessment time, electronic/online capabilities) and/or assessment cost.
- Use by other states for planning and service authorization.

The selected vendor will collaborate with DDP to design a pilot program to test the selected acuity- based assessment tool and assess the strengths and challenges of using the tool for planning and service authorization; Concurrently, contractor will draft a project plan to identify needed resources, tasks and a projected timeline to implement the selected tool on a statewide basis to include transition considerations in replacing the needs based assessments currently used. This plan will need to be refined following completion of the pilot, which is beyond the scope of this proposed initial phase of work. This project will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021. Implementation of a new acuity tool would occur after the Maintenance of Effort (MOE) period.

Sustainability plan

The initial pilot is a one-time initiative.

Progress/Updates

Not started.

9. DDP Telehealth Services

Individuals I/DD experience marked health disparities comparative to the general population. Barriers to adequate quality healthcare for individuals with I/DD include communication deficits between patients and medical providers, a lack of formal training for medical providers, and fragmented systems of care and transportation issues.

Using telehealth services can be beneficial to individuals with I/DD, especially in diverting from emergency room care. The use of emergency rooms for individuals with I/DD is often inappropriate and more expensive. ER environments can be very disruptive and stressful for individuals with I/DD. Given the direct care staffing challenges that exist, transporting someone to an ER can also be very disruptive for others living in a group home environment as it requires staff to leave the group home to take someone to the ER or Urgent Care, leaving the remaining residents with less care and supervision.

Station MD was founded by emergency room doctors and provides specialized telehealth physician services for the I/DD population across 14 states. All Station MD doctors receive specialized training in working with and treating individuals with IDD. Even when a Station MD encounter does result in a transfer to an ER, the Station MD physician contacts the ER physician to share information and coordinate care which likely results in improved care and outcomes. Station MD service is available 24/7 resulting in increased access to care.

The department will conduct an 18-month pilot of these services in specific regions of the state and evaluate its impacts on emergency room visits and overall client health. The allowable activities under this project will not be used for ongoing internet connectivity.

Sustainability plan

If the pilot is found successful, (results in costs savings and/or improves quality of care provided) the Department will add the service to the Department's Developmental Disabilities 1915(c) waiver.

Progress/Updates

Not started.

10. DDP Self-Direct Program Modernization

The Self-Directed Option of DDP service delivery has become increasingly relevant due to traditional provider agency capacity challenges. Many individuals coming onto the DDP waiver are unable to secure services through the traditional service delivery option and turn to self-directed services to receive important community supports. The department has done initial work with Guidehouse to make improvements to the DDP self-direct program. Through that work, additional deliverables have been identified that will strengthen the HCBS system by significantly improving the self-direct program. Activities will include:

- Increasing access to Support Brokerage services, including providing associated resources and training
- Developing a manual to support members, families and teams that are self-directing services

This activity is eligible for 50% administrative match.

Sustainability plan

This is a one-time initiative.

Progress/Updates

Initial project identified opportunities for further improvements to be completed.

11. Hospital to Home

The department will create a Hospital to Home (H2H) program via its Big Sky Waiver. The goal of the program will be to decrease a population of unnecessary long term care admissions post hospital discharge. The program will

work in coordination with Big Sky Waiver case management teams, community first choice providers and the local area agency on aging. The program will be similar to Money Follows the Person program (MFP), except that H2H is directly home from the hospital, where as MFP requires a nursing facility stay. Two items are required: 1) Ten slots for the Big Sky Waiver and 2) transition fee for case manager. Utilizing a transition fee mimics the MFP program.

The department will work with hospital discharge planners and case managers to educate them on the program and its benefits. They will teach them to identify potential candidates through an information and consent process and how and when to make referrals. The department and its providers will work with area hospitals during discharge to transition qualified individuals back into the community. The intervention will be targeted toward those who are at risk for placement in a skilled nursing facility or other institutional setting. This activity does not include expenditures for room and board. As this service falls within the parameters of its existing Big Sky Care Waiver, this activity is eligible for the standard FMAP for Medicaid benefits.

Sustainability plan

The department will continue to provide the services to under is Big Sky Care Waver 1915(c) waiver.

Progress/Updates

Not started.

12. Technology First & Home Safety Program

A Technology First Initiative focused on the population of Community First Choice (CFC) and Big Sky Waiver waitlist clients will enable Montana to reduce barriers to care and services. Technology would be considered first in the discussion of support options.

Technology could help to address direct care workforce shortages as well:

- Using an application for medication reminders allowing a diversion of direct care worker (DCW) time to actual hands-on tasks and, since many providers are unable to staff a fifteen-minute med reminder, we are likely able to meet this need without depending on DCW.
- Clients who are capable of reheating meals can get a reminder text to have a meal, again diverting the use of DCW.

The program would also address safety of the most at-risk members residing in their own home. Safety should be addressed early in the referral process for any service and be completed to allow members to continue to reside at home. The goal would be to provide services to improve entrance and exits, bathroom safety such as grab bars, removal of safety hazards and assurance of properly operating kitchen appliances. Providing services to this target group would allow members to avoid or significantly delay institutionalization. The allowable activities under this project will not be used for ongoing internet connectivity.

Sustainability plan

This is a one-time initiative.

Progress/Updates

Not started.

13. Community placement consultant for Montana State Hospital

The department will engage a vendor to assist in community placements for individuals with some of the most complex care needs within the Montana behavioral health system. Earlier this year, the Montana legislature passed HB 29 into law, which requires the department develop and implement a plan to ensure the availability of community-based services for individuals with a primary diagnosis of Alzheimer's disease, other forms of dementia, or traumatic brain injury who might otherwise be at risk of involuntary commitment at the Montana State Hospital (MSH). In addition, by June 30, 2025, the department is required to transition out of the MSH and into community services the patients whose primary diagnosis involves Alzheimer's disease, other forms of dementia, or traumatic brain injury. As part of this transition, the legislature intends for the department to actively pursue the timely discharge of those MSH patients.

Implementation of HB 29 will be very complicated. The department has had little success historically placing individuals currently in the geriatric psychiatric unit known as “Spratt” at MSH into community placements. The department will need expertise in these type of community placements to ensure successful implementation of this legislation.

Placing individuals with a community provider will require a full team of individuals. Case managers on the team will assess the patient's status, including finances, housing situation, cultural background, substance use, overall health, and unresolved behavioral issues to appropriately place the patient. Most impacted individuals are dual-diagnosed and require intensive care management services to meet their needs, to secure difficult placements, manage family dynamics, along with the required extensive communication that is needed to providers and guardians. Compounding this work is the current stressors on community providers resulting in decreased availability, especially for those with serious mental illness. The team will also manage referrals out for services, rate negotiations, equipment, transportation, and the like. These cases can take up to a year to resolve due to specialty care needs, multiple denials by providers and social needs of the member and their family. Specific activities will include:

- Determine patients’ history and previous placements to determine why patients were not previously qualified for community placement or assisted living facility (ALF).
- Provide documentation for each potential transfer, including a new history and physical to confirm the patient’s primary diagnosis, level of acuity, mental status.
- Contact all community resources with the correct licensure on an at least a monthly basis to determine their capacity to accept admissions based on each patient’s diagnosis.

- Collaborate with the Medicaid program on the collection of each patient's level-of-care needs to support the office's work on enhanced reimbursement rates and/or single case agreements for community-based placements.
- Work with placement locations to agree on transfer terms and timing.
- Determine the required level of care to be provided during the transport for patient safety (e.g., EMS, private ambulance), liability, and cost upon approval of transfer.

While some of the activities (such as assessments) may be completed within an Institutions for Mental Diseases (IMD), all activities are related to the goal of community transitions as outlined in Appendix D. The allowable activities under this project do not include providers delivering services in IMDs or other institutional settings, or other activities implemented in IMDs or other institutional setting. This activity also does not include expenditures for room and board.

Sustainability Plan

The intent of these funds is a one-time use to assist in the initial cost to move individuals from MSH to a community setting. The department will make future legislative funding requests to remain compliant with HB 29 beyond 2025.

Progress/Updates

Planning for this initiative is underway.

14. Complex Care into Community Settings

The department will provide transitional services to support higher acuity members moving from an institution or hospital to the community, specifically focusing on increasing capacity for community-based care. The Department will provide enhanced/add-on payments for providers in order to implement programs that are specific to their health capacity needs. The focus will be on complex populations, with a history of institutionalization, and support step-down services specifically to assist in the initial move of these individuals from inpatient to community settings.

The allowable activities under this project do not include services delivered in Institutions for Mental Diseases (IMD) or other institutional settings, providers delivering services in IMDs or other institutional settings, or other activities implemented in IMDs or other institutional setting. This activity does not include expenditures for room and board.

The Department will submit any necessary State Plan Amendment or Waiver Amendment to implement the enhanced rates for Appendix B services under this project in order to draw down federal funds.

Allowable activities under this project may include capital investments for providers to enhance its capacity to provide HCBS services to those with complex care needs. The Department understands any capital investments most only use state funds equivalent without federal match.

Sustainability Plan

The intent of these funds is a one-time use to assist in the initial cost of care moving individuals to community setting. The department will use base legislative funding for ongoing care in community settings.

Progress/Update

Planning for this initiative is underway.

15. Innovative systems collaboration for youth with complex treatment needs.

Maintaining youth in need of behavioral health treatment in their home state and communities is a priority of the department. There are many challenges to this goal, including lack of resources, collaborative understanding of youth needs and treatment options, and the frontier nature of Montana. By creating a process and structure for a facilitated provider workgroup, creative solutions can be found to support youth in receiving behavioral health treatment. This workgroup will look to identify additional services to be provided for a youth to be successfully stepped down to a therapeutic group home or to home with additional community-based services.

Providing a facilitator with comprehensive knowledge of the behavioral health system and available benefits, along with engaging providers with a financial incentive for participation, this solution could be used to enhance and strengthen HCBS services in Appenedix B by:

- Decreasing treatment costs by maintaining youth in their home state and communities
- Providing collaboration for individual plans of care
- Facilitating a platform for provider engagement
- Increasing number of youth receiving treatment in Montana
- Increasing collaboration between child-serving systems such as child protective services, Juvenile Probation, and Children's Mental Health Providers

Sustainability Plan

The Department intends to review program outcomes to determine the feasibility of inclusion into ongoing program operations.

Progress/Update

Not yet started.

16. HEART 1115 Medicaid Demonstration Waiver Technical Assistance

The department's Healing and Ending Addiction through Recovery and Treatment (HEART) initiative is a statewide behavioral health and substance abuse treatment program. This initiative includes the department's 1115 Medicaid demonstration waiver. The department will be working to get additional

services approved under this waiver and state plan amendments including contingency management, housing support services and home visiting for families with behavioral health needs.

The department is engaging a vendor to provide technical assistance to ensure its services are structured in compliance with CMS regulations and will support the Department's efforts in seeking CMS approval of the applicable waiver and state plan services.

This activity is eligible for 50% administrative match.

Sustainability plan

This is a one-time initiative.

Progress/Update

The department is working with the vendor to finalize a contract to continue providing technical assistance on the HEART waiver.

17. Direct Care Staff Training and Recruitment

Supplemental Nutrition Assistance Program (SNAP) Employment & Training assists participants in receiving education and training to acquire positions of employment. The SNAP population could be valuable to mitigating the direct care worker shortfall. However, reaching the participants and educating them about the career potentials related to becoming a direct care provider is not simple. The initiative will utilize funds to develop SNAP E&T educational/training materials and programs to demonstrate the long-term benefits and subsequent career options of being a direct care worker.

Individuals hired as part of the SNAP E&T program would receive a $1,000 bonus after 90 days of employment with an eligible home and community-based services firm receiving Medicaid dollars. The goal would be to hire 50 individuals across the state through this program. The Department will utilize state funds equivalent for this activity.

Sustainability plan

This is a one-time initiative.

Progress/Update

Not yet started.

18. Behavioral Health Workforce Training and Development

The department is engaged in a contract with the University of Montana's Center for Children, Families, and Workforce Development (UM CCFWD) for innovations within the Children's Mental Health System. One current project includes creation of tools to measure fidelity to the department's programmatic requirements for Targeted Case Management for Youth with Serious Emotional Disturbances. The

department is working with UM CCFWD to utilize this tool for two purposes: 1) a training tool for mental health centers to use when training direct care staff and management, and 2) a tool for the department to use for objective qualitative review of quality of services provided. The department will amend the current contract with UM CCFWD to expand these tools for other HCBS services including, Home Support Services, Community Based Psychiatric Rehabilitation and Support, and Therapeutic Group Home. Providing these tools for provider training purposes will reduce training time for new hires and decrease the amount of mentoring by current mental health care staff by providing concrete examples of services provided.

Additionally, the department will create online learning modules for each specific category of measurement for the tools. This training program will provide the necessary skills for behavioral health workers to care for highly acute clients effectively. Through specialized training, practical exercises, and ongoing support, participants will learn techniques to manage their emotional responses to clients, establish and maintain healthy boundaries, and practice self-care. In addition, the program will enhance communication skills, crisis intervention abilities, and resilience-building techniques.

This project will also focus on Native American workforce training development. There are a disproportionate number of Native American clients served in the behavioral health system when compared to the number of Native American behavioral health workers. There is a tremendous opportunity to attract and develop Native American workers to provide culturally informed services. The Department will engage with UM CCFWD to:

- Develop training programs for Native Americans to provide services in a culturally informed way.
- Develop marketing campaigns to attract Native American workers.
- Develop a mentoring program to support Native Americans within the workforce.

This activity is eligible for 50% administrative match.

Sustainability plan

The department will piloting these innovative approaches within its Children's Mental Health Bureau's HCBS services, with the potential for expansion of this model for any Medicaid service.

Progress/Update

Not yet started.

19. Developmentally Disabilities Program (DDP) Alternative Settings Design

The goal of this project is to study and design community support options to address known gaps in the DD continuum of care including supportive housing and crisis response services. This project will include the following activities:

- Analyze populations, data and clinical gaps to project DD demand projections, approximate sizing, identify where supportive housing models may offer solutions and perform strategic planning related to continuum impacts and desired outcomes.
- Complete an operational scan of staff interviews and policy review to identify full-continuum adjustments that DPHHS would need to make operationally to expand the continuum via a strategic implementation plan.
- Complete supplemental policy and national scan to inform a supportive housing strategic plan as a component of long-term DD continuum planning and to identify community-based continuum needs.
- Support Medicaid policy modifications
- Develop a recommended rate methodology.
- Develop stakeholder education and outreach plan.
- Develop a network-specific communications plan and strategy.
- Plan and implement an initiative-specific steering sub-committee structure that drives into existing behavioral health system sub-committee structures.
- Prepare for and present (as necessary) at commission and interim legislative committee meetings.

The allowable activities under this project do not include providers delivering services in IMDs or other institutional settings, or other activities implemented in IMDs or other institutional setting. This activity also does not include expenditures for room and board. . Activities of this project related to Medicaid are eligible for 50% administrative match.

Sustainability plan:

This is a one-time initiative.

Progress/Update

Not yet started.

HCBS Quarterly Spending Plan - FMAP

The following schedule identifies the amount of funds attributable to the increased FMAP that Montana has claimed and/or anticipat4es claiming between April 1, 2021, and March 31, 2022.

Projected Claiming of Enhanced FMAP					
	04/01/2021-06/30/2021	07/01/2021-09/30/2021	10/01/2021-12/31/2021	01/01/2022 – 03/31/2022	Total
Increased FMAP	$ 6,772,221	$ 7,077,793	$ 6,811,205	$ 7,323,512	$27,984,731
Increased FMAP on Reinvestments in Year 1			$ 2,253,446	$ 889,956	$ 3,143,402
				Total	**$31,128,133**

HCBS Quarterly Spending Plan – Activities

The Montana Quarterly HCBS Spending Plan FFY 24 Qtr 1 includes the schedules identifying the total planned, expended to date and remaining anticipated expenditures for each of the state's activities to enhance, expand, or strengthen HCBS. The investment projects are reported as of 6/30/2023.