

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 Behavioral Health Severe and Disabling Mental Illness (SDMI) Waiver

C. Control Number(s):

MT.0455.R03.08

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

<input checked="checked" type="checkbox"/>	Pandemic, Epidemic or
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	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 amendment will apply to the SDMI Waiver (0455). This amendment makes the following changes:

- Effective 7/01/21, 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.

F. Proposed Effective Date: Start Date: 1/27/2020 Anticipated End Date: End of PHE

G. Description of Transition Plan.

SDMI Waiver (0455)

The department intends to formally submit a waiver amendment that will allow this case management entity to continue to provide direct services past the public health emergency.

H. Geographic Areas Affected:

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.

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. ___ Services

i. ___ 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]

N/A-no change

- iii. ____ 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).

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

- 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. ____ 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.

N/A-no change

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

i. ___ Temporarily modify 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].

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. ___ 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.]

N/A-no change

g. ___ 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.]

N/A-no change

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.]

N/A – no change

k. ___ 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.]

N/A – No Change

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]:

N/A – No change

- 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. X Additional safeguards listed below will apply to these entities.

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

- ___ Allow spouses and parents of minor children to provide personal care services
 - a. ___ Allow a family member to be paid to render services to an individual.
 - b. ___ Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*
 - c. ___ 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: Marie
Last Name Matthews
Title: State Medicaid Director
Agency: MT Public Health and Human Services
Address 1: PO Box 4210
Address 2: 111 North Sanders
City Helena
State MT
Zip Code 59620
Telephone: 406-444-4084
E-mail mmatthews@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:

Date: Submitted October 13, 2021,
November 3, 2021

Marie Matthews

State Medicaid Director or Designee

First Name: Marie
Last Name Matthews
Title: State Medicaid Director
Agency: MT Public Health & Human Services
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