

Department of Public Health and Human Services

Behavioral Health and Developmental Disabilities Division ♦ PO Box 202905 / 100 North Park Avenue, Suite 300

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Greg Gianforte, Governor

Charles T. Brereton, Director

April 14, 2023

TO: Severe and Disabling Mental Illness (SDMI) Waiver Case Management Teams (CMT)

FROM: Cindy Shay, SDMI Program Policy Manager

RE: Unwinding HCBS PHE flexibilities

SDMI Case Management Teams (CMT) will follow policy SDMI HCBS 145 as it applies to Termination of Services/Adverse actions.

SDMI Case Management Teams will follow policy SDMI HCBS 405 Evaluations/Reevaluations Schedule to include:

1. Case managers will resume face to face initial evaluations and reevaluations. Reevaluations take place quarterly at day 90, 180, 270 and 360.

CMT will need to begin discharging members, according to the discharge guidance below, in the following situations:

1. Members currently in a placement disruption
2. Members not actively participating in at least two waiver services
 - a. the member must be receiving two continuous SDMI waiver services according to an assessed need.
 - b. the member must be discharged if they do not participate in a minimum of two services.
3. Member did not meet the LOI
 - a. case manager must assist with transferring the member to other services (other Waiver program, other mental health programs/services).
 - b. case manager needs to consult with CPOs for suggestions on alternative services for a member that does not meet LOI if they are unsure of other options.

Discharge guidance:

1. Discharge DPHSS-AMDD-144 form needs completed and a copy mailed to the member. Services will end on May 11, 2023, therefore 144 forms need sent out by May 1, 2023, for 10-day notice.
2. All services are ended on the cost sheet
3. Cancel referral is generated and sent to appropriate providers if necessary
4. All prior authorizations are ended in MMIS
5. Discharge MA-55 must be faxed to OPA
6. Discharge sheet 137 form must be faxed to MPQH
7. The Waiver CMT must enter a case note explaining the situation and actions(s) taken

Spend downs (incurments)

1. Members may be required to pay their spend down to OPA monthly to remain Medicaid eligible and to continue to receive services

2. Members must be informed/reminded to watch their mail from OPA for their spend down information and monthly pink slip if necessary
3. CMT must screen members to assess if additional services are required for the member to assist with the spend down, such as a life coach for budget management

If you have questions, please contact your CPO.