



Department of Public Health and Human Services

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Steve Bullock, Governor

Sheila Hogan, Director

January 29, 2018

RE: Upcoming Behavioral Health Severe Disabling Mental Illness Waiver Changes

Dear

The Montana Department of Public Health and Human Services (DPHHS) is pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and the Indian Health Service (IHS) regarding upcoming Montana Medicaid Behavioral Health Severe Disabling Mental Illness (SDMI) Waiver changes to be submitted for Centers for Medicare and Medicaid Services approval.

Under our agreement with Tribes and the federal government, we provide you notice of all Medicaid State Plan and Waiver changes. **To aid your review, I have indicated below how the waiver changes may directly affect coverage or reimbursement for tribal members, Tribes, Urban Indian Centers or IHS.**

1915(c) SDMI Home and Community Based Services (HCBS) Waiver Amendments

Tribes, Urban Indian Centers and IHS were mailed a consultation letter on December 27, 2017, notifying you that the current 1915(c) Behavioral Health SDMI HCBS Waiver was to be amended with the following changes effective July 1, 2018. However, these changes will now have a retroactive effective date of January 1, 2018:

- The number of unduplicated members that the 1915(c) SDMI HCBS Waiver can serve for the remaining years on the waiver have been increased, **with a possible positive impact for additional tribal members to be served:**
 - Year three July 1, 2017 – June 30, 2018: from 335 to 357;
 - Year four July 1, 2018 – June 30, 2019: from 340 to 357; and
 - Year five July 1, 2019 – June 30, 2020: from 345 to 357.
- Update service costs to reflect the 2.99% fee schedule reimbursement reductions from the 2017 Montana State Legislature Senate Bill 261.

DPHHS will submit the amendment above on or before February 28, 2018.

The tribal consultation letter mailed on December 27, 2017, also included changes requested to the 1915(c) SDMI HCBS Waiver effective July 1, 2018. In addition to those changes, the following changes will also be effective July 1, 2018:

- The 1915(c) SDMI definition will be updated to include level of impairment in evaluating how the mental illness directly affects the member's daily life.
- The 1915(c) SDMI HCBS Waiver will be available statewide. **Tribal members may be positively affected because SDMI waiver services may become available nearer to their communities.**
- The 1915(c) SDMI HCBS Waiver will increase the number of required services that a member must receive to remain on the Waiver from two to three. **Tribal members may be affected if they do not meet the minimum number of services required to receive SDMI waiver and become ineligible to participate in the waiver.**

DPHHS will submit the amendment above on or before February 28, 2018.

New 1915(b)(4) SDMI Waiver

- DPHHS is also adding a new 1915(b)(4) SDMI Waiver to restrict members to a single waiver case manager provider. **Tribal members may be affected if their current waiver case manager is not chosen to continue to provide services through the procurement process.**

DPHHS will submit the above new 1915(b)(4) SDMI Waiver on or before February 28, 2018.

The 1915(c) SDMI HCBS Waiver amendments, initial 1915(b)(4) Waiver application, and draft SDMI definition are available for review at <http://dphhs.mt.gov/amdd/Mentalhealthservices.aspx>. Hard copies are available upon request.

The Department is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts, and offer your comments. Please direct your written comments and questions postmarked **through February 26, 2018**, to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or mkulawik@mt.gov; or Director's Office, PO Box 4210, Helena, MT 59604-4210.

Sincerely,

Marie Matthews
State Medicaid Director

cc: Tribal Health Director
Jason Smith, Director, Governor's Office of Indian Affairs
Lesia Evers, Tribal Relations Manager, DPHHS