



November 16, 2015

0455.R02.00-CAR

Mary Dalton, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Dear Ms. Dalton:

This letter is to inform you that your request to renew the Behavioral Health Severe and Disabling Mental Illness Home and Community Based Services (SDMI) waiver, as authorized solely under 1915(c) of the Social Security Act, was approved on November 13, 2015. The waiver serves adults ages 18 and older with Severe Mental Illness, and meets the waiver's clinical and eligibility requirements who would otherwise require a nursing home level of care. This renewal has been assigned control number 0455.R02.00, which should be used in all future correspondence regarding this waiver program.

The renewal is approved from July 1, 2015 to June 30, 2020, and includes the following estimates of utilization and cost of waiver services:

	<b>Unduplicated Recipients (Factor C)</b>	<b>Estimated Community Costs Per Person (Factors D + D')</b>	<b>Estimated Institutional Costs Per Person (Factors G + G')</b>	<b>Total Waiver Estimated Costs (Factor C X D)</b>
Year 1	225	\$19,154.40	\$63,079.75	\$4,011,390.11
Year 2	230	\$19,141.95	\$64,341.18	\$4,091,567.77
Year 3	235	\$18,763.38	\$64,341.18	\$4,091,551.62
Year 4	240	\$18,400.83	\$64,341.18	\$4,091,593.58
Year 5	245	\$18,052.31	\$64,341.18	\$4,091,448.04

There were ten major changes as a part of this renewal.

- 1) Adding the availability of a Self Determination option.
- 2) Adding Ravalli County to Missoula Service area.
- 3) Removing the underutilized service of Day Habilitation.
- 4) Additional services that may be removed or reduced in number of units due to minimal utilization are Respite, per diem; and Personal Assistance, per diem.

- 5) Moving the Wellness and Recovery Action Plan (WRAP), and the Illness and Management Recovery (IMR), to the Health and Wellness service.
- 6) Adding the Environmental Accessibility Adaptations services and Peer Services. Deleted Psychosocial Consultation and Counseling and replaced with Consultative Clinical and Therapeutic Services.
- 7) Moving the members funded under the Money Follows the Person grant to the SDMI Waiver on day 366 of the program.
- 8) The addition of the waiver-specific HCBS Transition Plan to bring the SDMI waiver into compliance with federal regulations issued by the Centers for Medicare and Medicaid Services on March 17, 2014, defining permissible Home and Community Based settings.
- 9) Due to public comments the Adult Day Health will remain as a service. In FY 2015, the providers have started utilizing this service.
- 10) The performance measures have been updated and changed as appropriate to be in compliance with the Quality Assurance revised assurances and sub assurances.

A waiver specific Settings Transition Plan is included in the waiver.

As a reminder, this waiver was under a temporary extension July 1, 2015 through November 13, 2015. During the temporary extension period this waiver was operating at cost and utilization levels approved with Federal financial participation for the fifth year of the previous approved waiver (CMS control number MT 0455.R02.00). The state's data must reflect this in the 372 report that the state submits to CMS for this waiver.

Please see the enclosed addendum for general HCBS waiver financial reporting requirements.

We would like to thank you and your staff, especially Marcia Armstrong and Mary Eve Kulawik, for the cooperation we received during this review process. If you have any questions, please feel free to contact Cindy Riddle at (303) 844-7116 or via email at [Cynthia.riddle@cms.hhs.gov](mailto:Cynthia.riddle@cms.hhs.gov).

Sincerely,



Trinia Hunt  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Ondrea Richardson, CMS  
Zia Clark, CMS  
Marcia Armstrong, MT  
Mary Eve Kulawik, MT

**Addendum-Reporting Expenditures under the Waiver**

In order to track expenditures under this waiver, Utah will report waiver expenditures through the Medicaid and Children’s Health Insurance Program Budget and Expenditure System (MBES/CBES), following routine CMS-64 reporting instructions outlined in section 2500 of the State Medicaid Manual (SMM).

All HCBS waiver expenditures claimed under the authority of Title XIX of the Act must be reported each quarter on separate Forms CMS-64.9 Waiver and/or CMS-64.9P Waiver, identified by the waiver number assigned by CMS.

Report only approved waiver services as designated in the State’s approved waiver application which are provided to eligible waiver recipients on the corresponding Line 19A-HCBS Payment Waiver Pop-Up Feeder Form, as illustrated in the table below.

<b>MT Home and Community Based Waiver</b> <b>MT – 0455.R02.00 Behavioral Health Severe and Disabling Mental Illness Home and Community Based Services</b>		
<b>Service Type</b>	<b>Service</b>	<b>CMS 64.9 Waiver Feeder Form (line to report on)</b>
Statutory Service	Respite	8
Statutory Service	Adult Day Health	5
Statutory Service	Homemaker	2
Statutory Service	Prevocational Services	7A
Statutory Service	Residential Habilitation	6A
Statutory Service	Supported Employment	7B
Statutory Service	Case Management	1
Extended State Plan Service	Occupational Therapy	14
Other Service	Chore	30
Other Service	Community Transition	30
Other Service	Consultative Clinical and therapeutic Services	30
Other Service	Habilitation Aide	30
Other Service	Dietician/Nutrition	30
Other Service	Environmental Accessibility Adaptations	30
Other Service	Health and Wellness	30
Other Service	Private Duty Nursing (and Registered Nurse Supervision)	30

MT Home and Community Based Waiver <b>MT – 0455.R02.00 Behavioral Health Severe and Disabling Mental Illness Home and Community Based Services</b>		
Other Service	Specialized Medical Equipment and Supplies	30
Other Service	Meals	30
Other Service	Pain and Symptom Management	30
Other Service	Non-Medical Transportation	30
Other Service	Peer Support	30
Other Service	Personal Assistance Service and Specially Trained Attendant Care	30
Other Service	Personal Emergency Response System	30

**Administrative Costs**

Administrative costs will not be included in the cost neutrality limit, but the State must separately track and report administrative costs that are directly attributable to the HCBS waiver on Forms

64.10 Waiver and/or 64.10P Waiver. Federal financial participation (FFP) will be available for direct (i.e. salaries, plan of care development, case management, level of care assessments and eligibility determination for benefits) and applicable indirect administrative costs to the State within the scope of the waiver.

Should you require further clarification regarding HCBS financial reporting on the Form CMS-64, please contact, Zia Clark at (406) 449 5020 or at [Zia.Clark@cms.hhs.gov](mailto:Zia.Clark@cms.hhs.gov) .