

Background

On January 31, 2020, U.S. Department of Health and Human Services Secretary declared a [PHE](#) for the United States to aid the nation's healthcare community in responding to COVID-19. On March 13, 2020, a national emergency concerning the Novel Coronavirus Disease (COVID-19) outbreak was declared.

The Montana Department of Public Health and Human Services submitted numerous federal disaster relief requests for flexibility during the COVID-19 Public Health Emergency (PHE), starting in 2020. The following pages describe the flexibilities approved by the Centers for Medicare and Medicaid Services to date. The federal authorities for the flexibilities are as follows:

Federal Authority	Description of Flexibility
Medicaid disaster relief SPA template for the COVID-19 PHE	In response to a public health emergency or disaster, states may revise policies in their Medicaid state plan related to eligibility, enrollment, benefits, premiums and cost sharing, and/or payments.
CHIP disaster SPA (specific to COVID-19 PHE)	States can submit CHIP SPAs that allow for temporary adjustments to enrollment and redetermination policies during disaster events. The purpose is to implement provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor or FEMA declared disaster areas.
Appendix K	Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendment to approved 1915(c) Home and Community Based Services (HCBS) waivers. It includes actions that states can take under the existing Section 1915(c) HCBS waiver authority to respond to an emergency.
Section 1135 Waiver	Under section 1135 of the Act, the Secretary has the authority to temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an area affected by a federally-declared PHE. The Secretary may invoke section 1135 waiver authority when a declaration of emergency or disaster under the National Emergencies Act or Stafford Act and a Public Health Emergency Declaration under Section 319 of the Public Health Service Act have been made. Section 1135 authority enables providers to furnish needed items and services in good faith during times of a PHE or disaster and to be reimbursed and exempted from sanctions (absent any determination of fraud or abuse)
Section 1115 Demonstration	Section 1115 authority has been used to assist states to address the direct impact of such public emergency on Medicaid and Children's Health Insurance Program (CHIP) programs. Section 1115 of the Social Security Act (the Act) provides the U.S. Department of Health and Human Services Secretary with authority to waive certain sections of title XIX (Medicaid) and title XXI (CHIP) and to provide expenditure authority for costs not otherwise matchable under title XIX or title XXI. The purpose of section 1115(a) authority is to develop research and demonstration projects that test innovations in healthcare delivery, access, quality, or financing that are likely to further the objectives of the Medicaid and/or CHIP programs.

Montana Medicaid COVID-19 Disaster Relief State Plan and Waiver Flexibilities Approved To Date

Policy Change	Effective Date	State Requested Approved End Date	Federal Authority
Community First Choice - 1915(k) State Plan With this change: - the initial assessment of functional need is not required to be completed before the start of care, - the deadline for completing the annual reassessment of need and review of the person-centered service plan may be delayed beyond the end of the 12-month authorization period, and services will continue consistent with the current functional needs assessment and person-centered service plan until the reassessment and review can occur. These actions may be postponed for up to one year.	3/1/2020	End of Public Health Emergency	Section 1135 Waiver
Intensive Outpatient (IOP) benefit for youth with serious emotional disturbance – EPSDT State Plan With this state plan amendment an additional benefit is available for youth with serious emotional disturbance (SED). IOP services provide weekly structured intensive mental health care to youth with SED while allowing youth to safely remain in school, in the home, and in their community. This is an intensive service. Providers must provide 6 hours of core services to the youth per week to be eligible for this service. When weekly requirements are not met the provider may unbundle and bill in accordance with Medicaid Youth Mental Health Fee Schedule and Montana Department of Public Health RBRVS Fee Schedule. Youth must receive all medically necessary services indicated and each service must be documented in the individualized treatment plan (ITP).	1/1/2021	End of Public Health Emergency	Disaster Relief State Plan Amendment

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Home and Community Based Service Supplemental Payments – State Plan & BSW, DD, & SDMI Waivers Montana Medicaid is providing a quarterly supplemental payments these supplemental payments will last for 24 months at a declining rate each month. The payments are available to home and community-based services providers providing a broad but select list of services. These supplemental payments are to support providers with the increased cost hazard/retention pay, higher staffing levels and personal protective equipment and other supplies. Montana will implement these temporary changes to maintain a stable workforce and preserve significantly impacted home and community-based service behavioral health provider networks. DPHHS will be submitting an additional state plan amendment to extend these payment to 03/31/2023.	4/1/2021	dates of service between 01/01/2022 and 03/31/2022, or the end of the PHE, whichever is: a) earlier, and b) billed by 04/30/2022	Disaster Relief State Plan Amendment
After-Hours Crisis Assessment – State Plan With this state plan amendment DPHHS is authorized to increase the payment rate for an After-Hours Crisis Assessment service effective July 1, 2021, through the public health emergency. Description: H0002 - Psychotherapy for after-hours crisis; first 60 minutes *Billed for the first 60 mins of psychotherapy for a patient in crisis, and add-on code 90840 billed for each additional 30 mins. This code may be used after normal business hours, weekends, and holidays.	4/1/2021	End of Public Health Emergency	Disaster Relief State Plan Amendment
Single Case Agreements – State Plan With this amendment Montana Medicaid can negotiate payment for out of state hospitalization service when necessary. The out-of-state inpatient hospital service must be prior authorized based on medical necessity and authorized to be performed by an entity type or entity with subspecialty type not available in Montana. Payment, for prior authorized services, is up to 66% of the provider's usual and customary or as negotiated between the department and entity.	4/1/2021	End of Public Health Emergency	Disaster Relief State Plan Amendment

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Montana's Assertive Community Treatment (MACT) and the Program of Assertive Community Treatment (PACT) services – State Plan Due to COVID-19, Montana Medicaid is temporarily adjusting the staffing requirements, including staffing structure of the team, as well as the required number of each team member/qualified providers for Montana's Assertive Community Treatment (MACT) and the Program of Assertive Community Treatment (PACT) services. These changes will ensure that PACT and MACT teams are still able to meet the members identified treatment plan needs and the service requirements outlined in the Other Rehabilitative Services section of the approved state plan.	7/1/2020	End of Public Health Emergency	Disaster Relief State Plan Amendment
Personal Health and Safety Items - Big Sky, DD & SDMI Waivers: With this amendment Montana Medicaid added a new type of service provider under Personal Health and Safety Items. Services under the waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with the waiver objectives of avoiding institutionalization. This service is limited to \$50/per member per month through the duration of this Appendix K ending on January 26, 2021. A physician's order is not required. This service is a new limited time benefit for members and is separate and distinct from rates to providers for other services.	5/1/2020	1/26/2021	1915 (c) Waiver Appendix K
Behavioral Intervention Assistant (BIA) and Life Coach - SDMI Waiver With this amendment Montana Medicaid is adding a participant-directed option for Behavioral Intervention Assistant (BIA) and Life Coach, effective July 1, 2020.	7/1/2020	End of Public Health Emergency	1915 (c) Waiver Appendix K
Conflict Free Case Management Exception - SDMI Waiver With this amendment Montana Medicaid can permit a single entity to provide residential direct services in addition to case management and/or development of person-centered service plans in two regions of the state since the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity as specified in the Appendix K.	7/1/2021	End of Public Health Emergency	1915 (c) Waiver Appendix K
Fiscal Management Services – SDMI Waiver With this amendment Montana Medicaid adds Financial Management Services and Individual Directed Goods and Services to expand self-direction opportunities to waiver participants in all locations served by the individual waiver for anyone impacted by COVID-19	2/1/2022	End of Public Health Emergency	1915 (c) Waiver Appendix K
COVID Vaccine Administration - 1115 Plan First The amendment provides expenditure authority for state payments to providers for the administration of a COVID-19 vaccine for the limited-benefit population eligible under the Montana Plan First section 1115 demonstration, from December 14, 2020 through March 10, 2021.	12/14/2020	3/10/2021	1115(a) Federal Authority

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The state assures Medicaid coverage of the mandatory benefit of COVID-19 vaccines and administration of the vaccines that: 1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums. 2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan. 3. Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act. 4. Provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act. Complies with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.	3/11/2021	Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act	Disaster Relief State Plan Amendment
The state assures Medicaid coverage of the mandatory benefit of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.	3/11/2021	Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act	Disaster Relief State Plan Amendment
The state assures Medicaid coverage of the mandatory benefit of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).	3/11/2021	Ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act	Disaster Relief State Plan Amendment

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Montana is proposing to apply an incremental increase to the current Urban Indian Organization (UIO) Prospective Payment System (PPS) rates effective July 1, 2021, through the duration of the Public Health Emergency (PHE). Each UIO will receive a percent increase to their current PPS rate as follows: Rates will be increased by 61.1% The 61.1% increase is comprised of the following factors: High Risk Population Factor = Calculated difference between the risk-score of the populations served at UIOs vs. non-urban FQHCs. Increased Cost Adjuster = The percent increase of the IHS AIR from CY 2020 to CY 2022.	7/1/2021	End of Public Health Emergency	Disaster Relief State Plan Amendment