



Department of Public Health and Human Services

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Steve Bullock, Governor

Sheila Hogan, Director

May 5, 2020

TO: Severe Disabling Mental Illness (SDMI) Case Management Teams (CMTs)
Big Sky Waiver (BSW) CMTs

FROM: Jennifer Fox, SDMI Program Manager
Jean Perrotta, BSW Program Manager

RE: APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

The SDMI and BSW waivers have received CMS' approval to take the following actions under the existing Section 1915(c) home and community-based waiver authority in order to respond to the COVID-19 emergency. The effective date for these changes is January 27, 2020 with an anticipated end date of July 27, 2020, unless otherwise extended by the department.

1. Temporarily increase the amount or duration and waive limits of prior authorizations related to COVID-19 for the following services:

SDMI: Homemaker Chore

BSW: Companion
Personal Assistance Services
Non-Medical Transportation
Respite

NOTE: Respite limits may be extended beyond 30 days annually without requesting a variance in order to meet the immediate health and safety needs of participants. The state has mechanisms in place to prevent duplicate billing for both institutional and HCB services when respite exceeds 30 days, specifically in institutional settings.

2. SDMI temporarily added the service Mental Health Group Home to the list of available waiver services.

Residential habilitation, mental health group home, provides 24-hours of available services and supports designed to ensure health, safety, and welfare of a member and assist the member in the acquisition and improvement of behaviors necessary to live and participate in the community.

- (1) A mental health group home must be a licensed mental health center with a group home endorsement.
- (2) Mental health group home must offer the following service components:
 - (a) assistance with activities of daily living and instrumental activities of daily living as needed;
 - (b) medication management, administration, and oversight as needed;
 - (c) medical escort;
 - (d) crisis stabilization services as needed by the member;
 - (e) supervision and support of daily living activities;
 - (c) assistance with medications, including administration of medications as necessary;
 - (d) skills building in areas of community reintegration and independent living;
 - (e) care coordination;
 - (f) discharge planning for transition to a less restrictive setting; and
 - (g) transportation and supervision, if appropriate, to suitable community resources.

3. Temporarily expand settings where the following services may be provided:

SDMI: Adult Day Health

BSW: Adult Day Health
Day Habilitation
Supported Living

Additional Settings include:

- The private home of the participant or a family member of the participant;
- A provider owned or controlled or extended family home;
- The private home of a direct care provider;
- Community center of designated community gathering center;
- Hotel/paid lodging;
- Newly rented room;
- Other residential setting; or
- Telework settings.

4. For services that currently allow Relative and Legal Guardian to deliver the service, the waivers have added that a Legally Responsible Person as an allowable caregiver to be paid for the following services:

SDMI: Personal Assistant Attendant
Specially Trained Attendant

NOTE: SDMI will ensure payment to family caregivers or legally responsible individuals by authorizing case management teams to issue pass thru payments to the provider.

BSW: Day Habilitation

5. **Temporarily modify provider qualifications by incorporating the following changes:**
 - Expanding the provider pool by allowing any enrolled waiver provider to work in all three waivers.
 - Temporarily extend deadlines for all training requirements for 60 days from the original due date. All direct care staff should continue to receive training on the participant's person-centered recovery plan (PCRP)/service plan (SP) for whom they are providing support. Training on the PCRP/SP must consist of basic health and safety support needs for that participant. Providers must continue to ensure that direct care staff are able to demonstrate competency in the skills and techniques necessary to perform their assigned tasks under the participant's PCRP/SP.

6. **Temporarily suspend the training requirements for the duration of COVID-19 at the provider's discretion for the following services:**

SDMI: Personal Assistance Services
 Specially Trained Attendant
 Habilitation Aid

BSW: Personal Assistance Services
 Day Habilitation
 Adult Day Health

7. **Expand SDMI/BSW provider types for specialized equipment and supplies to purchase items from nontraditional vendors who have necessary items in stock when supply or cost impacts occur due to the COVID 19 on a case by case basis.**

8. **Suspend periodic licensing and quality reviews of provider agencies throughout the duration of the pandemic. Allow provider flexibility in daytime staffing levels as long as care quality is retained.**

9. **Temporarily modify processes for level of care for waiver eligibility to allow evaluations to be conducted via telephone or other interactive electronic communication. Telephonic or other remote methods will be conducted with HIPAA requirements, to the extent possible, but with recognition of the Office of Civil Rights is not enforcing certain requirements for good faith communications during the period of the national emergency see [Notification of Enforcement Discretion for Telehealth](#).**

10. **Temporarily modify PCRP/SP development process and individual(s) responsible for PCRP/SP development, including qualifications as described below:**

Allow assessments to be modified to contain information that can be completed through telephonic and/or electronic interview/observations, allow meetings to be conducted virtually including telephonic or other electronic methods and permit electronic signatures.

NOTE: Past communication from the department had stated that a note could be added by the provider that a signature was not obtained by the member due to a telephonic communication.

Please note that this guidance has changed and the signature of the member is required, but may be done electronically.

The PCR/SP may be modified to allow for additional supports and/or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The PCR/SP will be updated no longer than 30 days from the date the service was initiated.

PCR/SP that are due to expire within the next 60 days require case management contact to the participant using allowable remote contacts methods to verify with the participant or representative that the current PCR/SP assessment and service, including providers, remain acceptable and approvable for the upcoming year. The state will verify by obtaining electronic signatures from service providers and the participant or representative, in accordance with the state's HIPAA requirements. Allow PCR/SP teams to temporarily suspend actions or activities that do not compromise the health and welfare of participants with the informed consent of the participant.

If required and/or necessary, modifications to the PCR/SP may be made, as driven by individualized participant need, circumstance and consent reviewed on an individualized basis, without the input of the entire PCR/SP team.

11. Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances.

SDMI/BSW: Require reporting of suspected exposure, symptoms of, and/or confirmation of diagnosis of COVID-19 in incident management data systems within 2 days. The incident tracking system has been updated to include a COVID-19 indicator.

NOTE: The required reporting time frame of 2 days is different than the required reporting outlined in the memo dated April 7, 2020. Memo dated April 7, 2020, indicated that required reporting followed CFC/PAS 709 and BSW 609 policy.

12. SDMI will temporarily allow payment of services for the purpose of supporting a participant when temporarily institutionalized in a nursing facility, swing bed, critical access hospital or acute care hospital, for a COVID-19 related illness. This is specifically for the purpose of providing additional supports for communication, behavior and/or extensive personal supports and such services that are not covered in such settings. This impacts the following SDMI services:

SDMI: Specially Trained Attendant
Life Coach

13. Temporarily add or increase retainer payments for waiver providers of services identified as habilitation services that include a component of personal care and/or personal care. Retainer payments shall be available when the participant is hospitalized or otherwise unavailable to participate in habilitative services for the duration of COVID 19 related absences. The retainer time limit will not exceed the lesser of 30 consecutive days or number of days for which the state authorizes a payment for “bed-hold” in nursing facilities. Impacted services include:

SDMI: Residential Habilitation
Personal Care Services
Specially Trained Attendant
Private Duty Nursing

BSW: Residential Habilitation
Post-Acute Rehabilitation Services
Supported Living
Adult Day Health
Day Habilitation
Personal Care Services
Private Duty Nursing

14. Temporarily remove the HCBS settings requirement to allow participants to have visitors of their choice at any time.

15. Temporarily add an electronic method of delivery (e.g. telephonic) allowing services to continue to be provided remotely in the home setting for:

- Case management for participants
- Personal care services that only require verbal cueing
- In-home habilitation
- Monthly monitoring for non-participants (i.e., in order to meet the reasonable indication of need for services requirement in 1915 (c) waivers.

16. Temporarily authorize case management entities to provide direct services. Current safeguards authorized in the approved waiver will apply to these entities and the requirement to document in the participant’s record.

17. CMS has approved the following waiver transition plan to go into effect at the end of the COVID-19 emergency period as defined in the Appendix K:

The waivers ensure participants will transition to pre-emergency service status as soon as circumstances allow. At that time, individual needs will be reassessed, as necessary, on a case by case basis following the return to pre-emergency services.

Please contact your assigned CPO/RPO with any questions or concerns regarding this memo.