

Medicaid & CHIP State Plan and Waiver Amendments Submitted to CMS after the August 2020 Medicaid Tribal Consultation

Since our August 25-26, 2020 virtual Medicaid Tribal Consultation, the Department of Public Health and Human Services sent individual Medicaid tribal consultation letters to Tribal Governments, Urban Indian Centers and Indian Health Service. These letters pertained to routine (not related to the COVID-19 Public health Emergency) Medicaid and Children's Health Insurance Program (CHIP) State Plan and Waiver amendments before their submittal to the Centers for Medicare and Medicaid Services (CMS).

This handout provides you with a summary of these submittals.

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Approved State Plan Amendments	Date of Notification Letter	Approved Effective Date
Inpatient Hospital Services adopted version 37 of the All Patient Refined Diagnosis Related Group (APR-DRG) grouper, which updates the relative weight values, and average national length of stay.	August 31, 2020	October 1, 2020
Montana integrated the state's 1115 Plan First Demonstration Waiver (family planning at 42 CFR 435.214) into the CHIMES eligibility system. The following question was added to the State Plan's single streamlined Medicaid application (HCS-256), the multi-program application (HCS-250), and the online application via the Self Service Portal at apply.mt.gov : "If you are female, not currently pregnant, and between the ages 19-44, are you able to bear children?"	November 12, 2020	January 1, 2021
Early Periodic Screening, Diagnostic and Treatment Services (EPSDT) updated the rates for Home Support Services and Comprehensive School and Community Treatment (CSCT) Services for Youth with Serious Emotional Disturbance. The change in the CSCT rate did not change the amount of money received by mental health centers that provide services to students in Montana public schools but more accurately reflects the rate in dollars that mental health centers receive for CSCT services.	November 12, 2020	January 1, 2021
Psychiatric Residential Treatment Facilities' (PRTF) fee schedule was updated because it shares a fee schedule with the EPSDT State Plan. PRTF reimbursement rates did not change.	November 12, 2020	January 1, 2021
Other Practitioners Services added Licensed Marriage and Family Therapists as an approved provider type for reimbursement to strengthen Montana's service array for child and adult mental health treatment services.	February 24, 2021	March 1, 2021
The Medicaid Recovery Audit Contractor Program was granted a second two-year waiver from 42 CFR 455.502, through April 30, 2023. The waiver was necessary because DPHHS received no bids on the Recovery Audit Contractor Request for Proposals to meet the requirements of Montana Code Annotated (MCA) 53-6-1402. The MCA adjusts the Medicaid review time frame from a four-year lookback, excluding the current year, to a six-month data review within a three-year lookback for an initial audit.	February 24, 2021	April 1, 2021

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Approved State Plan Amendments (continued)	Date of Notification Letter	Approved Effective Date
Most Medicaid State Plan services and provider types updated their fee schedule dates to reflect an approximate 1.00% rate increase passed by the 2021 Montana Legislature, except: Physicians, Inpatient Hospital, and Outpatient Hospital.	June 23, 2021	July 1, 2021
Home Health, Personal Care and Community First Choice Services received an approximate .3% increase.	June 23, 2021	July 1, 2021
Nursing Facilities revised nursing facility reimbursement rates for State Fiscal Year (SFY) 2022, to update the flat rate component for SFY 2021 to reflect a proposed .3% increase for SFY 2022. The flat rate component for SFY 2022 was set at \$208.71. Rate calculations included legislatively appropriated Montana House Bill 2 funding, annualized SFY 2021 Medicaid paid days to determine nursing facility providers' reimbursement according to the methodology outlined in Administrative Rule of Montana 37.40.307.	June 23, 2021	July 1, 2021
Community First Choice (CFC) and Personal Care Services (PCS) increased funding for Health Care for Health Care Workers and Direct Care Worker wages provides an additional \$37,470 in State Fiscal Year (SFY) 2022 and another \$37,470 in SFY 2023, to be distributed across the four Tribes currently billing for CFC and PCS services.	July 23, 2021	July 1, 2021

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Approved State Plan Amendments (continued)	Date of Notification Letter	Approved Effective Date
<p>Preventive Services-Autism Treatment Services was amended to:</p> <ul style="list-style-type: none"> • Change the State Plan name to “Applied Behavior Analysis (ABA) Services” and moved ABA to the EPSDT section of the State Plan. • Add language to the Service Components section to define the two distinct components of service and their requirements. • Remove language in the Provider Qualifications and Billing Requirements section that defines specific services each provider can perform that is now indicated by the billable Current Procedural Terminology (CPT) codes for ABA services. • Remove the intermediate Family Support Specialist with an Autism Endorsement, which has become a discontinued certification. <p>Expand the Autism Treatment CPT Category 1 codes, and add the rates established for the additional codes. Language is being added that the allowable CPT code range includes treatment of the diagnoses of Serious Emotional Disturbance (SED), including Autism Spectrum Disorder, or Developmental Disability diagnosis, that meets Functional Impairment Criteria.</p>	June 23, 2021	August 1, 2021
<p>The Early Periodic Screening, Diagnosis and Treatment (EPSDT) State Plan was amended with the following programmatic changes to the Comprehensive School and Community Treatment (CSCT) benefit to enhance the quality of services provided to youth and families:</p> <ol style="list-style-type: none"> 1. Medical necessity criteria. A youth is eligible for CSCT services based on severity of need as indicated by a score of moderate or higher in their functioning and/or family relationships as determined by a standardized assessment tool. 2. Increased reimbursement rates for providers of CSCT services. DPHHS proposes to adopt and incorporate by reference a revised fee schedule, dated September 1, 2021, which reflects a reimbursement rate of a \$96 daily rate. In order to promote increased statewide access to the CSCT service and address the additional costs a provider incurs when serving remote communities, the revised fee schedule includes a frontier differential payment of 115% of the proposed rate, resulting in a rate of \$110.40 daily. Providers rendering CSCT services to a youth residing in a Montana county with a per capita population of fewer than six people per square mile will be eligible to receive the frontier differential. Forty-six of Montana’s 56 counties will qualify for the frontier differential. 	July 23, 2021	September 1, 2021

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Approved State Plan Amendments (continued)	Date of Notification Letter	Approved Effective Date
<p>In addition, the EPSDT State Plan updated:</p> <ol style="list-style-type: none"> Reimbursement limits. One CSCT team will be limited to reimbursement for no more than 360 service days each month. Service requirements. DPHHS proposes eliminating the requirement for the CSCT clinician to provide 40% of the billable service. Three core services must be provided to each youth by a CSCT clinician per month. Core service requirements. DPHHS proposes to implement core service requirements for daily rate. A youth must receive service from a CSCT provider for a minimum of 30 minutes to be eligible for billing the daily rate. Core services include intake and/or annual assessment, individual therapy, family therapy, group psychotherapy or psychoeducation, behavioral interventions, crisis response during typical working hours, and care coordination. Care coordination may only be considered a core service and be billable if two other core services are provided within that week (Monday-Sunday). Care coordination does not include documentation time. CSCT team structure. One team of up to three staff may work between two schools. The CSCT team must consist of one clinician and up to two behavioral aides. The behavioral aides must be assigned to one school while the clinician may work between two buildings, except for non-school days or crisis situations. School collaboration. The expectation that provider leadership meets with school administration will be adjusted from every 90 days to four times annually. Continuous treatment. During the summer, the provider will document in the youth's medical record the reason why the youth did not receive services as well as an overview of attempts to engage the youth and family. Personnel training. The training requirements will be adjusted to include trauma-informed practices and topics supportive of staff increasing competency in working with youth with serious emotional disturbance. Funding Mechanism. State match for the CSCT service will be provided by Local Education Agencies (LEAs). LEAs will be notified of required match monthly, submit required state match to the Office of Public Instruction (OPI). At this time, the OPI will transfer the state match funds to the State's Medicaid agency, DPHHS, to draw down Medicaid match and pay claims to LEAs. 	July 23, 2021	September 1, 2021

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Approved State Plan Amendments (continued)	Date of Notification Letter	Approved Effective Date
<p>The DPHHS State Fiscal Year (SFY) 2022 budget included a reduction of \$2,539,275 in available funding for Medicaid Inpatient Hospital and Outpatient Hospital services. To achieve the expected cost reduction, reduced Inpatient and Outpatient Hospital rates by 1.33% for nine months, from October 1, 2021 – June 30, 2022. At the same time, hospital rates are updated in October to align with the effective dates of the APR-DRG grouper.</p>	November 23, 2021	October 1, 2021
<p>Montana adopted Section 209 of the Consolidated Appropriations Act, 2021, and will require personal and commercial providers of Nonemergency Medical Transportation Services to self-attest to the below requirements:</p> <ul style="list-style-type: none"> • Each provider and the individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services; • Each such individual driver has a valid driver's license; • Each such provider has in place a process to address any violation of a state drug law; and <p>Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.</p>	November 23, 2021	December 1, 2021

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Approved 1915(c) HCBS Waiver Amendments	Date of Notification Letter	Approved Effective Date
All Big Sky Waiver for the Elderly and Adults with Physical Disabilities (Big Sky Waiver) services received an approximate .3% rate increase.	June 23, 2021	July 1, 2021
<p>Most services in the Comprehensive Waiver for Individuals with Developmental Disabilities (Comprehensive Waiver) received an approximate 1.00% legislatively appropriated rate increase, except: Individual Goods and Services; Remote Monitoring Equipment; Specialized Medical Equipment & Supplies; Environmental Modifications; Personal Emergency Response System; and Community Transition Services. Additional recruitment and retention funding of \$0.24/hour for Direct Care Workers was approved for the following services:</p> <ul style="list-style-type: none"> • Residential Habilitation • Adult Foster Support • Residential Training Supports • Personal Care • Companion • Respite • Supported Employment - Small Group Employment Support • Retirement Services • Day Supports and Activities • Personal Supports • Assisted Living 	June 23, 2021	July 1, 2021
All Waiver for Adults with Severe Disabling and Mental Illness (SDMI Waiver) services received an approximate 1.00% legislatively appropriated rate increase.	June 23, 2021	July 1, 2021

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Approved 1115 Demonstration Waiver Amendments	Dates of Notification Letter and In-Person Tribal Consultation	Approved Extension Date
<p>The Montana 1115 Health and Economic Livelihood Partnership (HELP) Demonstration Waiver amends the current HELP Waiver's Special Terms and Conditions that provide expenditure authority to enable 12-month continuous coverage for Medicaid expansion adults. Montana's currently approved HELP Waiver authorized expenditures for health care-related costs for individuals in the new adult population determined financially eligible under the Modified Adjusted Gross Income (MAGI)-based eligibility methods. That population received continued benefits during any periods within a twelve-month eligibility period regardless of a change of circumstances, with some exceptions. The state made a downward adjustment claiming 2.6 percent of expenditures at the standard federal matching rate instead of the enhanced new adult population federal matching rate.</p> <p>As directed by statute, DPHHS seeks the removal of this expenditure authority from its HELP Waiver. DPHHS understands that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance Program (FMAP) increase under the Families First Coronavirus Response Act. If the national public health emergency is extended beyond the date of this amendment approval, DPHHS will maintain continuous enrollment through the end of the public health emergency.</p> <p>Additional CMS Requirement, post-submittal, for approval of the HELP Waiver amendment: CMS approval of the HELP amendment and temporary extension authorizes a one-year period for the state to phase out its requirement for Medicaid beneficiaries to pay monthly premiums beyond those authorized under the Medicaid statute; the state's section 1115 authority for charging premiums will not extend past December 31, 2022. CMS does not intend to renew the authority to charge premiums to the adult group after this extension period. The time-limited temporary extension of the premium authority is intended to give the state a reasonable period to implement necessary changes to wind down the premium requirement, as further discussed below. The intention not to approve such premium requirements in the future is based on CMS's determination that premiums can present a barrier to coverage, and therefore, charging premiums beyond those specifically permitted in the Medicaid statute are not likely to promote the objectives of Medicaid.</p>	<p>Letter - July 2, 2021</p> <p>In-Person Consultation – August 24, 2021</p>	<p>Extension through December 31, 2022</p>

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Approved 1115 Demonstration Waiver Amendments (continued)	Dates of Notification Letter and In-Person Tribal Consultation	Approved Extension Date
<p>The Montana 1115 Waiver for Additional Services and Populations (WASP) Demonstration Waiver amends the current 1115 WASP Waiver's Special Terms and Conditions that provide expenditure authority to enable 12-month continuous coverage for WMHSP enrollees and Medicaid-eligible parent and caretaker relative adults. Montana's currently approved WASP Waiver authorized expenditures for health care-related costs for WMHSP enrollees and non-expansion Medicaid-covered individuals whose eligibility is based on Modified Adjusted Gross Income (MAGI). These populations received continued benefits during any periods within a twelve-month eligibility period regardless of a change of circumstances, with some exceptions.</p> <p>As directed by statute, DPHHS is seeking the removal of this expenditure authority from its 1115 WASP Waiver. The removal of this authority for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI (namely, parent and caretaker relatives) removes this population from any coverage under WASP. This population remains eligible for Medicaid as before; the only change for this population is that they will no longer have 12-month continuous eligibility.</p> <p>This amendment also seeks the removal of cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This will apply to WMHSP enrollees as well as the categorically eligible Aged, Blind or Disabled individuals who receive expanded dental treatment services through the WASP waiver.</p> <p>DPHHS understands that it is required to maintain continuous Medicaid coverage during the public health emergency as a condition of receiving a temporary 6.2 percent Federal Medical Assistance Program (FMAP) increase under the Families First Coronavirus Response Act. If the national public health emergency is extended beyond the date of this amendment approval, DPHHS will maintain continuous enrollment through the end of the public health emergency.</p>	<p>Letter – July 2, 2021</p> <p>In-Person Consultation – August 24, 2021</p>	<p>Extension through December 31, 2022</p>

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Pending Approval - Medicaid and CHIP State Plan Amendments	Date of Notification Letter	Proposed Effective Date
<p>CMS requires states to implement a new 1905(a)(29) benefit called Medication-Assisted Treatment (MAT) for Opioid Use Disorders (OUD). Section 1006(b) of the SUPPORT Act requires states to provide mandatory Medicaid coverage of certain drugs and biological products, and related counseling services and behavioral therapy for all eligible to enroll in the Medicaid State Plan or waiver of state plan. The new required benefit will be in effect for the period beginning October 1, 2020 and ending September 30, 2025. Mandatory coverage includes all forms of drugs and biologicals that the Food and Drug Administration (FDA) has approved or licensed for MAT to treat OUD. Currently, the FDA has approved the following drugs used for MAT to treat OUD: methadone, buprenorphine, and naltrexone.</p>	February 24, 2021	October 1, 2020
<p>Physicians Services was submitted as a companion SPA to move coverage to the new mandatory MAT benefit SPA.</p>	February 24, 2021	October 1, 2020
<p>DPHHS submitted a SPA to meet the Consolidated Appropriations Act requirement to add new mandatory 1905(a)(30) coverage of routine patient costs related to Medicaid members' participation in Qualifying Clinical Trials.</p>	March 2, 2022	January 1, 2022
<p>The 2021 Montana Legislature allocated \$2.8 million for a spend down change in the Medically Needy "Spend Down" Program income eligibility limit: the limit increased by \$169 per month – from \$100 to \$269. The Medically Needy Program covers the aged, blind, disabled, pregnant women, and children whose income exceeds the income limits of Medicaid, but have significant medical expenses. DPHHS is also leveraging state savings resulting from enhanced federal match for Medicaid – provided through the American Rescue Plan Act – to ensure even more impact to eligible Montanans.</p>	March 2, 2022	January 1, 2022

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Pending Approval - Medicaid and CHIP State Plan Amendments (continued)	Date of Notification Letter	Proposed Effective Date
<p>The Comprehensive Primary Care Plus (CPC+) Program amends the Primary Care Case Manager enrollment in the CPC+ Program to allow Montana Medicaid to assume responsibility for provider enrollment. Practices other than federally qualified health centers or rural health clinics may participate in CPC+. The Northern Cheyenne IHS Service Unit in Lame Deer will be positively impacted.</p> <ul style="list-style-type: none"> Track 1 providers must meet at least one of the following qualification criteria: <ul style="list-style-type: none"> Certification as a Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA); Designation as a Primary Care Medical Home by the Joint Commission; Certification for Patient Centered Medical Home by the Accreditation Association for Ambulatory Health Care; Certification for Patient-Centered Medical Home by URAC; or Previous CMS selection of practice into CPC+. In addition to the above criteria, practices selected for Track 2 must meet the following qualification criteria: <ul style="list-style-type: none"> Provide integrated behavioral health services to include assessments of a member's psychosocial needs using evidence-based tools and provide referrals to resources and supports to meet the identified needs; Conduct care team meetings weekly to review patient-level data and internal monitoring; and Provide alternative access to healthcare including e-visits, phone visits, group visits, and alternative location visits. 	March 2, 2022	March 2, 2022
<p>DPHHS is adding language to the Payment of Medicare Part A and Part B Deductible/ Coinsurance State Plan to reflect reimbursement for services a Medicaid Member with dual eligible benefits receives at an Indian Health Service or Tribal 638 provider. The Medicare payment will be treated as a third-party payment and be offset against the all-inclusive Medicaid payment.</p>	March 2, 2022	April 1, 2022
<p>Due to decreased utilization and the current contractor exiting the nurse advice line marketplace, the Medicaid and CHIP Nurse First Advice Line will no longer be available to Montana Healthcare Program members. DPHHS will be mailing Medicaid members and families of CHIP members a notification regarding this change. If members have any questions or concerns regarding their health, they should contact their primary care provider. If it is an emergency, as always, members should dial 911.</p>	March 2, 2022	April 1, 2022
<p>The reimbursement Introduction Page updates the date of the fee schedule to update quarterly Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule.</p>	One-time letter- November 25, 2014	April 1, 2022

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Pending Approval – 1915(b) Waiver Renewal	Dates of Notification Letter and In-Person Tribal Consultation	Proposed Extension Date
<p>Montana DPHHS requests an extension to the 1915(b) Passport to Health Waiver with no substantial changes through September 30, 2023.</p> <p>The Passport Waiver includes:</p> <ul style="list-style-type: none"> • Passport Program, which is Montana Medicaid’s Primary Care Case Management program; • Team Care, which is a sub-program of Passport that reduces inappropriate or excessive utilization of Medicaid healthcare services; • Nurse First Program, which allows access for all members to a free nursing advice line operating 24 hours a day; and • Tribal Health Improvement Program (T-HIP), the partnership between the Tribal, State and Federal governments to address factors that contribute to health disparities among American Indians eligible for Medicaid residing on a reservation. 	<p>Letter – May 26, 2021</p> <p>In-Person Consultation – May 18-19, 2021</p>	<p>Extension through September 30, 2023</p>

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Pending Approval - 1915(c) Home and Community-Based Services Waivers	Date of Notification Letter	Proposed Effective Date
<p>After receiving stakeholder feedback, the SDMI Waiver was amended to:</p> <ul style="list-style-type: none"> • Add a self-direct option with a corresponding rate for Behavioral Intervention Assistant to allow an additional service delivery option for Montanans statewide, particularly in frontier and rural areas. The option for self-direction and a corresponding rate were also added to Life Coach services to ensure equality of service options for individuals in agency-based services and self-directed services. • Increase the daily rate for Assisted Living Facility and Adult Foster Homes to address and remedy identified barriers to access and quality service delivery for Montanans across the state. The congregate care services identified are necessary to serve the high needs of Montana Medicaid residents in the least costly setting. • Increase the rate of SDMI Residential Habilitation - Assisted Living Facilities and Adult Foster Homes to \$104.00 per day from a \$80.24 maximum rate per day. 	November 12, 2020	January 27, 2021
<p>The Comprehensive Waiver:</p> <ul style="list-style-type: none"> • Added language regarding the availability of retainer payments for providers of Day Supports and Activities services. • Revised the reserve capacity to increase the number of slots for emergency capacity available to members. • Revised the reserve capacity to reduce the number of slots reserved for individuals transitioning from institutional settings, due to the closure of Montana's Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). • Changed the access and eligibility of the Child Family Services reserve capacity by replacing the verbiage "aging out" to children who "are 16 years of age or older," and adding "youth at risk of out-of-home placement" as eligibility criteria. • Removed the term "institutional care" from the choices of waiver services, to align with Freedom of Choice language. • Updated Freedom of Choice procedures to align with the Freedom of Choice Form. • Removed references and requirements of Family Support Specialist-Autism Endorsement (FSS-AE), as this is no longer an available provider type. • Removed reference and requirements of "Behavior Consultation Team," as the funding has ended for this service. • Revised the Remote Monitoring services definition to ensure members' privacy by including the statement: "Cameras are not permitted in bathrooms or bedrooms." 	August 27, 2021	January 1, 2022

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Pending Approval - 1915(c) Home and Community-Based Services Waivers (continued)	Date of Notification Letter	Proposed Effective Date
<p>In addition, the Comprehensive Waiver:</p> <ul style="list-style-type: none"> Added language that allows a 30-day grace period for first aid and CPR certifications of all applicable provider types and clarifies those certifications must then be maintained. Removed a case manager's qualification requirement of having at least one year experience in the field of developmental disabilities to align with Montana's approved Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over State Plan. Revised language for Case Management Crisis Intervention to align with the approved Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over State Plan. Updated language to identify the process for centralized tracking of Quality Assurance Observation Sheets. Revised the Procedures for Offering Opportunity to Request a Fair Hearing to include a statement that an individual being denied services will be given a written notice, "by mail, within 30 calendar days." Updated information regarding the eligibility groups served in the Comprehensive Waiver and Montana's post-eligibility treatment of income. 	August 27, 2021	January 1, 2022
<p>The Big Sky Waiver Adult Residential Rate was increased as follows:</p> <ul style="list-style-type: none"> Residential Habilitation - Assisted Living Facilities and Adult Foster Homes (billing code T2031) will increase to \$104.00 maximum per day from \$78.80 maximum rate per day. Residential Habilitation - TBI/Adult Residential (code T2016) will increase to \$165.77 per day from \$109.78 per day. Residential Habilitation - Elderly Disabled Group Home (code T2016) will increase to \$206.58 per day from \$158.91 per day. DPHHS also determined residents exhibiting adverse behaviors, or in need of enhanced memory care, prompts the need for the establishment of a new Big Sky Waiver service. The name and requested rate for this new service are: Residential Habilitation - Assisted Living Facilities and Adult Foster Homes - Behavior Management (code T2031), reimbursed at \$141.00 per day. 	August 27, 2021	April 1, 2022

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Pending Approval – 1115 Demonstration Waivers	Dates of Notification Letter and In-Person Tribal Consultation	Proposed Effective Date
<p>New Montana 1115 Healing and Ending Addiction through Recovery and Treatment (HEART) Demonstration Waiver</p> <p>DPHHS is requesting the new 1115 HEART Demonstration Waiver to build upon the strides made by the state over the last decade to establish a comprehensive continuum of behavioral health - mental health and Substance Use Disorder (SUD) - services for its Medicaid members. This Demonstration is a critical component of the state's commitment to expand coverage and access to prevention, crisis intervention, treatment and recovery services through Governor Gianforte's HEART Initiative. The HEART Initiative, included in the recently passed Montana H.B. 701, will invest significant state and federal funding to expand the state's behavioral health continuum. The demonstration will support the state's broader efforts to strengthen its evidence-based behavioral health continuum of care for individuals with SUD, SMI and SED; enable prevention and earlier identification of behavioral health issues; and monitor the quality of care delivered to members with behavioral health needs across outpatient, residential and inpatient settings through improved data collection and reporting.</p> <p>Montana is seeking through this demonstration:</p> <ul style="list-style-type: none"> • To add new Medicaid services that are described in greater detail below including: <ul style="list-style-type: none"> ○ Evidence-based stimulant use disorder treatment models, including contingency management; ○ Tenancy support; and ○ Pre-release care management and limited Medicaid services to be provided to inmates in the 30 days pre-release. • Expenditure authority allowing federal reimbursement for Medicaid services provided to short-term residents of IMDs obtaining treatment for SUD and SMI. 	<p>Letter - July 8, 2021 In-Person – August 26, 2021</p>	<p>January 1, 2022, to December 31, 2026</p>