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Montana Medicaid Amendments Effective May 12, 2023, and Children's Health Insurance Program (CHIP) State Plan Amendment Effective July 1, 2023

On or before June 30, 2023, the Montana Department of Public Health and Human Services (DPHHS) is submitting the following Medicaid State Plan Amendments (SPAs), effective May 12, 2023, to the Centers for Medicare and Medicaid Services (CMS). These SPAs make permanent select flexibilities approved during the COVID-19 Public Health Emergency that ends May 11, 2023.

Effective May 12, 2023, the Home Health State Plan will be amended to include the following changes:

1. Patients may be under the care of a nurse practitioner, clinical nurse specialist, or a physician assistant, who are now able to order home health services and are allowed to establish and periodically review a plan of care for home health services;
2. Non-physician practitioners are allowed to order medical equipment, supplies and appliances, home health nursing and aide services, and physical, occupational, and speech therapies in accordance with state scope of practice laws; and
3. Home health services may be provided through telehealth.

This amendment is budget neutral.

Effective May 12, 2023, the Community First Choice (CFC) State Plan will be amended to:

1. Make the use of Legally Responsible Individuals (LRI), for CFC, a permanent flexibility for members who require extraordinary care. Extraordinary care means care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization.

The proposed change is budget neutral.

2. Apply the spousal impoverishment (SI) rules in determining eligibility for married applicants who are eligible for CFC services under the 1915(k).

The total estimated annual cost of the proposed change is \$3,339,514.

3. Establish CFC Residential Criteria to ensure services are only provided in residences which meet the setting requirements outlined in CFR 441.530. This will ensure there are no regulatory barriers that would prevent the consumer from accessing and integrating into their community and will protect a member's personal rights and independence in making life choices.

The proposed change is budget neutral.

Effective May 12, 2023, the Other Rehabilitative Services State Plan will be amended to make permanent updates to face-to-face service delivery requirements for the following services:

1. Community Based Psychiatric Rehabilitation Services (CBPRS)
2. Intensive Outpatient for Substance Use Disorder (SUD IOP)
3. Peer Support Services for Mental Health and Substance Use Disorders
4. Program for Assertive Treatment (PACT)
5. Montana Assertive Community Treatment (MACT)

Face-to-face service delivery is preferred. Telehealth may be substituted if clinically indicated or if the member does not have access to face-to-face services. Case notes must include reason, including documentation of attempts to identify local supports, if related to access.

Additionally, the Other Rehabilitative Services State Plan will be amended to give all Assertive Community Treatment (PACT) and Montana Assertive Community Treatment (MACT) teams up to 120 days to fill vacant positions. If vacancies persist beyond 120 days, teams will be expected to work monthly with DPHHS on a plan to meet staffing requirements.

This amendment is budget neutral.

Effective May 12, 2023, the Skilled Nursing Facilities State Plan will be amended to reimburse for all Montana Medicaid covered services delivered via telemedicine/ telehealth originating site fees as long as such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth, comply with the guidelines set forth in the applicable Montana Medicaid provider manual, and are not a service specifically required to be face-to-face.

This amendment is budget neutral.

On or before June 30, 2023, DPHHS is submitting a Healthy Montana Kids (HMK)/CHIP SPA, effective July 1, 2023, to resume normal cost sharing for HMK members except for certain COVID-19 related services and treatment as required by the American Rescue Plan Act (ARPA), and requesting to remove the prior authorization (PA) requirement for occupational (OT), physical (PT) and speech therapy (ST) services.

States had two options for demonstrating compliance with the ARPA provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in HMK/CHIP. Option 1 was to waive cost sharing for only those specific services through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period (September 30, 2024). Option 2 was to waive cost sharing for all CHIP services, for the same duration of time. Although Montana elected Option 2 through an earlier ARPA SPA, the state is able to now select Option 1, by submitting a new SPA.

Removing the CHIP PA requirement for OT, PT and ST services allows members to receive the needed services more quickly, places less burden on providers, and aligns more closely with the Montana Medicaid program.

The CHIP amendment is budget neutral.

We invite your public comments and questions postmarked **through May 31, 2023**. You may direct comments 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.