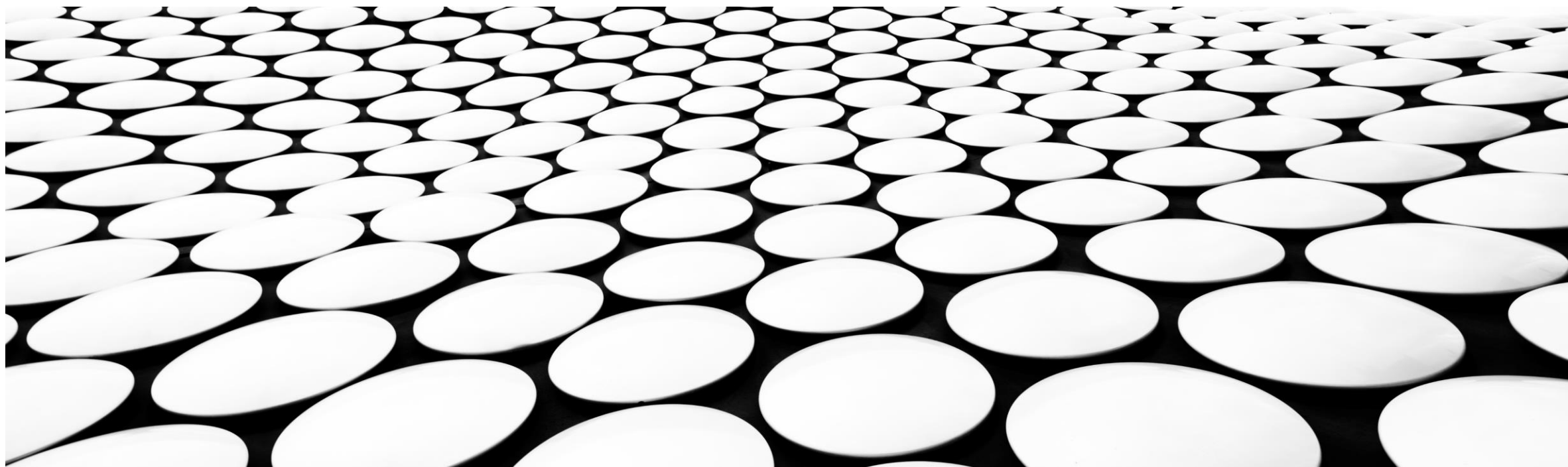


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# HOME AND COMMUNITY BASED SUPPLEMENTAL PAYMENTS

A MONTANA MEDICAID PROJECT





## **TODAY'S OBJECTIVES**

- Highlights of the program
- Phases and conditions of the program
- Length of the program
- Discussion and program refinement

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## HIGHLIGHTS OF THE PROGRAM

### Additional Funds

- Supplemental payments above and beyond your standard Medicaid payments

### For Specialty Providers

- For providers who deliver physical and behavioral health services in homes and in the community

### For up to 2 years

- Starting immediately
- Continuing until 03/31/2023



# PHASES AND CONDITIONS OF THE PROGRAM – ELIGIBLE PROVIDERS

The program is available to the following Medicaid home and community-based provider groups:

- HCBS Waiver for Developmental Disabilities
- Developmental Disabilities Targeted Case Management
- HCBS Waiver for the Aged and Physically Disabled
- Community First Choice
- Home Health
- Private Duty Nursing
- HCBS Waiver for Individuals with a Severe and Disabling Mental Illness
- Adult Substance Use Disorder Clinics
- Adult Mental Health Centers
- Adult SUD/MH Targeted Case Management
- Children’s MH Targeted Case Management
- Children’s Mental Health Centers



# PHASES AND CONDITIONS OF THE PROGRAM – PHASE 1

## **Phase 1: 04/01/2021-09/30/2021**

Supplemental payments of 15% will be made for allowable services to Medicaid members by Eligible Providers *paid* between 04/01/2021-09/30/2021.

### **Phase 1 Process:**

- DPHHS staff will perform the necessary data extracts and calculations for this payment.
- Nothing is required from participating providers.



## **PHASES AND CONDITIONS OF THE PROGRAM – PHASE 2**

### **Phase 2: 10/01/2021-03/31/2023**

Supplemental payments will be available to providers that

- (1) report that the costs of delivering Medicaid services exceed standard Medicaid payments; and
- (2) commit to using the additional funds to support service delivery and workforce recruitment and retention.

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## PHASES AND CONDITIONS OF THE PROGRAM – PHASE 2

### Phase 2 Process:

- DPHHS will supply eligible providers with a simple participation form allowing providers to: a) opt into the receipt of phase 2 supplemental payments, and b) agree to the associated conditions.
- Quarterly, providers who have opted into phase 2 will be issued a supplemental payment according to the schedule provided in Appendix B.
- Bi-annually, providers will provide DPHHS with a schedule demonstrating that the cost of delivery Medicaid services for the applicable phase and period has exceeded the standard Montana Medicaid reimbursement. Providers who do not meet this condition will be asked to return funds or have future Medicaid payments reduced.

# LENGTH OF THE PROGRAM

Phase, Period	Claim Dates of Payment	Maximum Supplemental Payment
Phase 1, period 1	April 1, 2021 - September 30, 2021	15%
Phase 2, period 1	October 1, 2021 - March 31, 2022	12%
Phase 2, period 2	April 1, 2022 - September 30, 2022	8%
Phase 2, period 3	October 1, 2022 - March 31, 2023	4%



# **DISCUSSION AND PROGRAM REFINEMENT**

