



HCBS SUPPLEMENTAL PAYMENTS PHASE 2

A MONTANA MEDICAID PROJECT



TODAY'S OBJECTIVES

- Phase 1 Update
- Phase 2 Conditions and Process Review
- Resources Reminder

SUMMARY 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



PHASE 1

04/01/2021- 12/31/2021

- Nothing required from Providers in Phase 1
- DPHHS staff performed the necessary data extracts and calculations for Phase 1 payments
- Approximately **\$32,900,000.00** in Supplemental Payments paid out to providers in Phase 1



PHASE 2

01/01/2022- 3/31/2023

Phase 2, Period 1: 01/01/2022-03/31/2022

Supplemental payments of 12% will be made for *allowable services* to Medicaid members by Eligible Providers for dates of service between 01/01/2022-03/31/2022 and billed by 04/30/2022.

Phase 2, Period 2: 04/01/2022-09/30/2022

Supplemental payments of 8% will be made for *allowable services* to Medicaid members by Eligible Providers for dates of service between 04/1/2022 and 09/30/2022.

Phase 2, Period 3: 10/01/2022-03/31/2023

Supplemental payments of 4% will be made for *allowable services* to Medicaid members by Eligible Providers for dates of service between 10/1/2022 and 03/31/2023.

PHASE 2

01/01/2022- 3/31/2023

Phase/Period	Services Delivered Date Span	Services Billed By	Attestation/Quarterly Schedule Submitted By	Percentage Payment
Phase 2, Period 1	01/01/2022-3/31/2022	04/30/2022	5/16/2022	Up to 12%
Phase 2, Period 2, Quarter 1	04/01/2022-6/30/2022	07/31/2022	07/31/2022	Up to 8%
Phase 2, Period 2, Quarter 2	07/01/2022-09/30/2022	10/31/2022	10/31/2022	Up to 8%
Phase 2, Period 3, Quarter 1	10/01/2022-12/31/2022	01/31/2023	01/31/2023	Up to 4%
Phase 2, Period 3, Quarter 2	01/01/2023-03/31/2023	04/30/2023	04/30/2023	Up to 4%

PHASE 2 CONDITIONS

Supplemental payments will be available to HCBS providers that:

- Report that the costs of delivering Medicaid services exceed standard Medicaid payments;
- Commit to using the additional funds to support service delivery and workforce recruitment and retention; and
- Maintain or increase level of service delivery.
 - *This means that while providers may experience normal operating fluctuations in service delivery, providers will maintain service lines and service locations, and not have significant reductions in members served.*

PHASE 2 PROCESS

- DPHHS will supply eligible HCBS providers with a provider agreement allowing providers to: a) opt into the receipt of Phase 2 supplemental payments, and b) agree to the associated conditions.
- Quarterly, HCBS providers will provide DPHHS with the quarterly attestation signed by agency CEO, Executive Director or Chief Financial Officer.
- Quarterly, HCBS providers will provide DPHHS with a schedule* demonstrating that the cost of delivery of HCBS Medicaid services for the applicable phase and period has exceeded the standard Montana Medicaid reimbursement.
- DPHHS staff will review information and distribute quarterly supplemental payments for those providers that meet the Phase 2 conditions per quarter.

*Although not required, DPHHS prefers providers utilize template available on HCBS Supplemental Payment website.

RESOURCES

- [Supplemental Payment Website](#)

Phase 2 Materials

- [Quarterly Schedule Attestation](#)
- [Supplemental Payment Provider Agreement - Phase 2](#)
- [Supplemental Payment- Phase 2 Quarterly Schedule Example](#)

- [Approved HCBS Spending Plan](#)

- [Approved Appendix K](#)

- [Approved Disaster Spa](#)

Questions?

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