

Maternal Opioid Misuse (MOM) Model

Six-Month Delay Frequently Asked Questions (FAQs)

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Q1: How does the six-month delay affect the different phases of the Maternal Opioid Misuse (MOM) Model?

A: The MOM Model continues to include three distinct periods: Pre-Implementation, Transition, and Full Implementation.

The new dates for each phase are:

Model Period	Updated Start Date	Updated End Date	Length of Period
Pre-Implementation Period	January 1, 2020 (unchanged)	June 30, 2021	18 months
Transition Period	July 1, 2021	June 30, 2022	12 months (unchanged)
Full Implementation Period	July 1, 2022	December 31, 2024 (unchanged)	30 months
No-cost Extension Period (optional, not guaranteed)	January 1, 2025	Up to December 31, 2025	Up to 12 months

Q2: If model implementation is delayed for six months, will there be an additional six months added to Year 5? If so, will there be additional funds available for personnel/sub-recipient salaries since they will be on the job for an additional six months?

A: At this time, the Centers for Medicare & Medicaid Services (CMS) is not extending the length of the five-year MOM Model Performance Period. Awardees will have the flexibility to request carry-over funding to apply unused funding from one Budget Period to the next Budget Period, with adequate justification. Additionally, all awardees will be eligible to request a no-cost extension of up to 12 months, although this is not guaranteed. The Grants Management Specialist will provide additional information about no-cost extension applications later in the Performance Period. Given the public health emergency (PHE), CMS will consider additional funding flexibilities throughout the five-year Performance Period. Please reach out to your Project Officer with related questions.

Q3: May we begin enrolling women on January 1, 2021, if we are able?

A: No. All awardees will begin beneficiary enrollment on the same date.

Q4: What effect does this have on the deadlines for quarterly reports, etc.?

A: The Innovation Center issued a memo on Thursday, April 2, 2020 to notify all MOM Model awardees that due dates for the Year 1, Quarter 1 Quarterly Progress Reports (QPRs) and Federal Cash Transaction Reports (FCTRs) have been extended by up to 90 days. The Year 1, Quarter 1 QPR is now due on August 1, 2020. This report should be cumulative, meaning that it should combine reporting for the first two quarters of Year 1. See Section 19.a (Required Cooperative Agreement Programmatic Reporting – Quarterly Progress Reports) to review the requirements for QPRs. QPRs should be uploaded to the MOM Model Portal as well as submitted via GrantSolutions. The deadline for the FCTR for Year 1, Quarter 1 has been

extended to July 31, 2020. The Year 1, Quarter 1 FCTR must be submitted separately from the Year 1, Quarter 2 FCTR. Please review the April 2 memo and reach out to your Project Officer with additional questions about the Year 1, Quarter 1 QPR and FCTR.

The MOM Model team is carefully reviewing all Model requirements. We anticipate that due dates for a number of programmatic reports will be extended during Years 1 and 2 to align requirements with the six-month delay in screening and enrolling MOM Model Beneficiaries, which will likely require amendments to the Program Terms and Conditions of Award and issuance of new Notices of Award. The Innovation Center will reach out to all awardees when an updated schedule is finalized.

Q5: What effect does this have on our deadline for finalizing the coverage and payment strategy?

A: States must have in place Medicaid coverage authority (or identify the non-Medicaid source of payment for each non-covered service) for all physical and behavioral healthcare services covered in the Model Implementation Plan by July 1, 2021, to align with the delayed start of beneficiary enrollment. Beginning on July 1, 2021, up to one year of Transition Funding will be available to support the costs of defined Model Services (intake, assessment, creation of a treatment plan, care coordination, engagement, and referral services) that are not otherwise covered by the state Medicaid program. All awardees must take over the costs of Model Services by July 1, 2022, the new start of the Full Implementation Period. During the Pre-Implementation and Transition Periods, each state will continue to be required to demonstrate progress toward achieving these milestones, in the form of programmatic reporting and ongoing communications with its Project Officer. To the extent that CMS determines that a state is at risk of being unable to screen and enroll beneficiaries by July 1, 2021 or to implement its coverage and payment strategy including for all Model Services by July 1, 2022, it may be appropriate to initiate technical assistance or corrective action, but these determinations will be made case by case.

Q6: Should I continue to work with the Center for Medicaid and CHIP Services (CMCS) on any State Plan Amendment/Medicaid waiver applications for authorities needed to implement my coverage and payment strategy?

A: As explained in our memo to all awardees on 4/2/2020, the first quarterly State Plan Amendment (SPA)/Medicaid Waiver Timeline remains due on May 1, 2020. This should include an overview of actions that the awardee has taken during the first quarter (January 1 – March 31, 2020) to gain the necessary authorities for their proposed MOM Model coverage and payment strategy, anticipated next steps, and an updated timeline for submitting their SPA/Waiver applications. For more information about the quarterly SPA/Medicaid Waiver Timeline, see page 8 of this FAQ.

All Medicaid authorities that need to be in place in order to execute the Model Implementation Plan must be finalized by the *new* start of the Transition Period, July 1, 2021. Any additional changes to the state Medicaid program that must be in place to ensure that the state can support the costs of Model Services must be finalized by the new start of the Full Implementation Period, July 1, 2022.

CMS is reviewing all other MOM Model requirements in Section 10 of the Program Terms and Conditions (Implementing Necessary Changes to the Medicaid Program). CMS recognizes that changes to state Medicaid programs are time intensive, regardless of external circumstances. It is CMS's goal that the six-month extension will provide awardees and CMS the space to prioritize other activities as needed without jeopardizing implementation of the MOM Model.

Q7: What if our state decides we will be unable to continue with the Model due to the pressures of the PHE?

A: CMS understands that states are facing unprecedented challenges with potentially far-reaching consequences for state economies, healthcare systems, and state Medicaid programs. As noted elsewhere in this document, CMS is reviewing all MOM Model requirements to determine what additional flexibilities are appropriate, and will share additional extensions and changes as soon as those decisions are finalized. CMS is committed to substantial involvement with each of its cooperative agreement awardees. If your state is concerned that it will be unable to meet MOM Model requirements, please reach out to your Project Officer as soon as possible.

Q8: What official documentation will CMS provide to awardees substantiating the delay?

CMS will issue new Program Terms and Conditions when delay decisions, including new due dates for reporting requirements, are finalized.

Q9: How does the delay affect availability of Transition Funding?

A. The beginning of the Transition Period will coincide with the delayed enrollment start date of July 1, 2021. Transition Funding is restricted and not guaranteed. To draw down Transition Funding, Recipients must submit data that demonstrates that they have provided Model Services to MOM Model Beneficiaries, and CMS provides prior approval. CMS will review beneficiary data as it is submitted, on a quarterly basis. Transition Funding will still be available for a full year, from July 1, 2021 through June 30, 2022.

Q10: How does the delay affect availability of Milestone Funding?

A: Milestone Funding will now be available on July 1, 2022. All Milestone Funding is still restricted, and awardees cannot not draw down Milestone Funding until they have provided information about each Performance Milestone to CMS in the required format, and CMS grants approval. In order to draw down Milestone Funding for a full three-year period, the Recipient must apply for a no-cost extension. The Grants Management Specialist will provide additional information about applying for a no-cost extension later in the Performance Period.

Q11: How does the delay affect Implementation Funding during Year 2?

A: The total amount of Implementation Funding remains unchanged. Each Recipient may receive up to \$750,000 in Implementation Funding during Year 2. However, because Year 2 now includes six months of additional pre-implementation activity before the Transition Period begins on July 1, 2021, CMS anticipates that Recipient budgets for Year 2 may differ from the original Budget Narratives submitted in response to the MOM Model Notice of Funding

Opportunity and finalized prior to the initial Notice of Award in December 2019. Updated budget requests will be submitted through the non-competing continuation of funding (NCC) application process during fall 2020, and should reflect anticipated Year 2 activities aligned with the extended timeline and as described in the Recipient's Updated Model Implementation Plan. Awardees should begin planning their budgets for the NCC period in summer 2020 to ensure that their NCC applications are submitted timely.

Q12: Can model funds be diverted to COVID-19 related costs?

A: CMS seeks to provide as much flexibility as possible to support MOM Model programs with meeting unanticipated needs. MOM Model grantees have flexibility to transfer up to 10% of MOM Model grant funds between budget line items in accordance with 45 CFR 75.308(e). MOM Model funds must be used to further the purpose of the MOM Model award, and cannot be diverted to cover the costs of expenses unrelated to the model. In keeping with the provisions of 45 CFR 75.308(j), a transfer of funds request shall not be valid unless it is in writing. Budget transfers are for activities that support the goals and intent of the MOM program and that directly support MOM Model participants. Any transfers of funds need to comply with grant regulations, the terms and conditions of your grant award, and CMS policy guidance on the use of administrative funding. CMS leadership is currently negotiating expedited procedures so that these types of requests may be processed efficiently. At this time, please complete the attached form in Appendix 1 and the CMS MOM Model Grants Management Specialist will follow up with you to discuss the request.

Q13: The evaluation contractor said they would be visiting us in the fall—will that still happen? What if we aren't ready?

A: Much of what the evaluation contractor hopes to learn on the initial site visit is what things are like in the community before the MOM Model is implemented. As long as the visit can occur before you move into the Transition Period and begin serving beneficiaries, the contractor can work with you on timing.

Q14: The people who we thought would be working on T-MSIS and managing data for our program are overwhelmed with other tasks. How much time will we have to catch up?

A: Because T-MSIS data can be assessed retrospectively, CMS can adjust so long as the state does not anticipate an indefinite delay. The evaluation will follow the policies of the program team regarding any data collected directly from awardees.

Q15: My state is unable to develop an updated Implementation Plan or coverage and payment strategy during Year 1 because we do not know how the ongoing PHE will affect our ability to implement the model as designed in our application. What should we do to meet those requirements?

A: CMS recognizes that it may be challenging to anticipate the state's capacity or what changes, if any, may be needed to implement the MOM Model program given the PHE. While states are required to provide an Updated Model Implementation Plan during Year 1, CMS encourages

states to incorporate potential impacts of the PHE on the MOM Model program as originally described in the application. Each state's Project Officer will work with the state to refine the Updated Model Implementation Plan proposal as set forth in the Program Terms and Conditions.

Q16: The state Medicaid agency is prepared to meet MOM Model requirements, but we are unsure about the capacity of our care delivery partners to do so. What are our obligations with respect to care delivery partners and other sub-recipients?

A: As the Recipient of the MOM Model cooperative agreement, the state Medicaid agency bears ultimate responsibility for all Model requirements, and is the only entity with whom CMS has executed a legal agreement. If the state has delegated certain tasks to a sub-recipient (including a care delivery partner) or a sub-contractor, the state is still accountable to CMS for ensuring that those tasks are completed. We encourage all awardees to engage their sub-recipients and sub-contractors now to determine whether their partners will be able to continue to meet their obligations under the terms of their independent sub-recipient agreements or sub-contracts, to which CMS is not a party.

To the extent that the state determines that an entity with whom it previously executed a care delivery partner agreement is no longer able to serve in that role, the state may select a new care-delivery partner that meets all Model requirements set forth in the Notice of Funding Opportunity and Terms and Conditions of Award in order to continue to implement its Model Implementation Plan. Material changes to care delivery partner agreements, or the addition or removal of a care delivery partner from the Model Implementation Plan, require CMS prior approval as set forth in Section 13 of the Program Terms and Conditions.

Q17: Can the Model team share additional PHE guidance issued by CMS?

A: For a complete list of CMS actions related to the PHE, please visit the [Current Emergencies Website](#). Additionally, CMS has launched a dedicated, [Medicaid.gov, COVID-19 resource page](#) that will be continually updated with relevant information. If you have additional questions, please reach out to your Project Officer.

Q18: Will CMS consider requests by individual states to waive specific requirements?

A: To ensure the integrity of the MOM Model test, CMS is unable to enforce programmatic requirements differently for individual awardees. If a state is subject to particular Special Terms and Conditions that present a hardship, that awardee should reach out to its Project Officer to discuss potential flexibilities.

Q19: My state is prepared to move forward with July 2021 implementation, but we are concerned that we will not have final approval from CMCS for SPAs, waivers, or other changes to our state Medicaid program. What happens if those are delayed for reasons outside of our control?

A: CMS recognizes that changes to state Medicaid programs are time intensive, regardless of external circumstances. It is CMS's goal that the six-month extension will provide awardees and

CMS the space to prioritize other activities as needed without jeopardizing implementation of the MOM Model. States must obtain all authorities necessary to execute their Model Implementation Plans and have the capacity to enroll MOM Model Beneficiaries by July 2021. To track this progress, states must continue to communicate regularly with their Project Officer through scheduled calls, Quarterly Progress Reports, and regularly updated Medicaid SPA/Waiver Timelines. The Medicaid SPA/Waiver timeline due on May 1, 2020 should include: an overview of actions that the awardee has taken during the first quarter (January 1 – March 31, 2020) to gain the necessary authorities for their proposed MOM Model coverage and payment strategy, anticipated next steps, and an updated timeline for submitting their SPA/Waiver applications. The Model team and CMCS will remain in close contact regarding each state's progress. These monitoring measures are intended to ensure that states and CMS are able to identify risks quickly, in order to develop and implement appropriate mitigation strategies. To the extent that CMS determines that a state's ability to implement the Model according to the updated timeline is at risk for any reason, it may initiate technical assistance or corrective action, but these determinations will be made case by case.

Q20: Will Learning Events continue during the model delay? Can I continue to communicate with fellow awardees on Connect?

A: Learning Events will be delayed to align with revised model goals and timelines. You will be able to use Connect to communicate with fellow awardees, and we will be debuting the Chatter feature on Connect soon. Chatter is a feature that enables awardees to participate in targeted affinity groups, ask questions, and share best practices in a chat-style social thread. Awardees will receive an email with a training resource when the feature is available. MOM Model Connect users can collaborate with others by posting ideas, comments, questions, resources, and tools within Chatter.

Q21: Should I expect to stay in touch with my Project Officer during the Model delay? What support will Project Officers provide during this time?

A: It is CMS's expectation that awardees remain in contact with their Project Officer, including regular meetings and email communication to ensure your Project Officer remains updated on your state's activities and capacity. Our Implementation and Monitoring Contractor, Mathematica, is also available to address technical assistance requests during the Model delay.

Q22: Will we still receive information about data submission requirements during the delay to be able to prepare for enrolling beneficiaries in July 2021?

A: Yes, the timeline for sharing information regarding data submission requirements will remain unchanged despite the Model delay. We are working with Mathematica to provide guidance and information about the Model data reporting requirements. By the end of July 2020, we will provide guidance including a data dictionary, descriptions of the data elements that awardees and their care delivery partners will be required to submit, and information about the required format for submitting these beneficiary-level data. Later in 2020 we will provide a manual with details on the Milestones and measures of awardee performance, as well as a data-submission template that you can use to collect Model data.

Appendix 1: COVID-19 Recipient Request Form

Office of Acquisitions and Grants Management (OAGM)

Division of Grants Management (DGM)

COVID-19 Recipient Request Form

Program/Funding Opportunity Name		
Recipient Name		
Grant #		Date of Request:

Summary of Request for Change

Current Budget Cost Category	New Budget Cost Category	Statement of Change
<i>e.g., Personnel</i>	<i>Supplies</i>	<i>There are two Community Health Workers who have not been hired for a total of \$20,000 in Personnel costs. We would like to reallocate \$20,000 to the Supplies Cost Category to purchase protective supplies for front-line healthcare workers.</i>

Cost Estimation

Item/Contract	Rate	Total Cost	Notes
<i>e.g., Community Health Worker</i>	<i>\$15/hour</i>	<i>\$15,000</i>	<i>Hiring 5 new CHWs at \$15/hr. for 20 hours per week for 10 weeks.</i>

Authorized Organizational Representative and/or Project Director Signatures

By signing this document, the recipient agrees and confirms that all budget transfers are for activities that support the goals and intent of the MFP program and support MFP participants. After signing, the form should then be uploaded as a grant note in GrantSolutions.

Authorized Organizational Representative (AOR): Type Name	Signature:	Date:
Project Director (PI/PD): Type Name	Signature:	Date: