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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-23-0027-0000

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

July 19, 2023

Michael Randol
State Medicaid and CHIP Director
Montana Department of Public Health and Human Services
Post Office Box 4210
Helena, MT 59620

Dear Michael Randol:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) MT-23-0027-0000, submitted on June 8, 2023, has been approved. This SPA reinstates copayments for all CHIP benefits and removes a prior authorization (PA) requirement.

Through previously approved SPA MT-22-0025, Montana waived cost-sharing for all CHIP services during the COVID-19 public health emergency. Through this SPA, MT-23-0027-0000, the state continues to waive cost sharing for COVID-19 services through September 30, 2024, but reinstates copayments for all other CHIP benefits to pre-COVID levels. Additionally, this SPA removes the state's PA requirement for occupational, physical, and speech therapy services. These changes are effective July 1, 2023.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

Montana CHIP SPA for Coverage Required by the American Rescue Plan Act and Removal of the PA requirement for Occupational, Physical and Speech Therapies.

06/08/2023

State/Territory: Montana

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, Redacted

457.40(b)) _____
(Signature of Governor, or designee, of State/Territory)

5-8-23

(Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Michael Randol	Position/Title: Medicaid and Health Services Executive Director/ State Medicaid and CHIP Director
Name: Mary LeMieux	Position/Title: Interim Division Administrator, Health Resources Division Department of Public Health and Human Services

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA number: MT-23-0027

Purpose of SPA: Resume collecting cost sharing for services except for certain COVID-19 related services exempt from cost sharing through ARP. Remove the Prior Authorization Requirement for Occupational, Physical, and Speech Therapy services for Healthy Montana Kids.

Proposed effective date: July 1, 2023

Proposed implementation date: July 1, 2023

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

This topic was included in the next Medicaid and CHIP tribal consultation letter that was mailed on May 9, 2023.

6.2.22. ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

DPHHS does not require prior authorization for occupational, speech and physical therapy services.

6.2.28. Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.
- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
- The state assures that coverage includes all types of FDA authorized COVID-19 tests.

COVID-19 Treatment:

- The state assures that the following coverage of treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act:
 - The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies);
 - The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and
 - The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized

by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without amount, duration, or scope limitations, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

8.2.3. Coinsurance or copayments:

Copayments:

- No copayment is assessed for families with household incomes equal to or less than 100% of the federal poverty level.
- No copayment is assessed for families with at least one enrollee who is a Native American or Native Alaskan.
- Copayments do not exceed the maximum allowable cost-sharing charges in accordance with 42 CFR Part 457.555.
- Copayments for inpatient hospital services are in accordance with 42 CFR 457.555 (b)
- For families with household incomes above 100% of the federal poverty level, the following copayments will apply:

Benefit	Copayment
Inpatient hospital services (includes hospitalization for physical, mental and substance abuse reasons)	\$25 per visit
Emergency room visit	\$5 per visit
Outpatient hospital visit (includes outpatient treatment for physical, mental, and substance abuse reasons. Excludes outpatient visits for X-ray or laboratory services only)	\$5 per visit
Physician, mid-level practitioner, advanced-practice registered nurse, optometrist, audiologist, mental health professional, or substance abuse counselor services (excludes dental, pathology, radiology, or anesthesiology services)	\$3 per visit
Outpatient prescription drugs	No Copayment
No copayment applies to well-baby or well-child care, including age-appropriate immunizations.	
Copayments are capped at \$215 per family per benefit year (October 1 – September 30) for families with incomes up to 261% FPL. When the \$215 maximum copayment has been met, the TPA contractor issues new member cards indicating no copayment is required for the remainder of the benefit year.	

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of

the Act, and for all populations covered in the CHIP state child health plan, the state assures the following:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration without cost sharing, in accordance with the requirements of section 2103(c)(11)(A) and 2013(e)(2) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

COVID-19 Treatment:

- The state provides coverage of COVID-19-related treatments without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without cost sharing, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act. This coverage includes items and services, including drugs, that were covered by the state as of March 11, 2021.