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State/Territory Name: MT

State Plan Amendment (SPA) MT: 23-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 20, 2023

Michael Randol
Montana Medicaid and Health Services Executive Director/State Medicaid Director
Montana Department of Public Health & Human Services
Attn: Mary Eve Kulawik
P.O. Box 4210
Helena, MT 59604

RE: Montana State Plan Amendment (SPA) Transmittal Number 23-0019

Dear Director Randol:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2023. This plan amendment updates the date of the fee schedule for state plan services on the Introduction Page.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 23-0019	2. STATE Montana
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	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <p style="text-align: right;">✓ XIX XXI</p>	
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TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/2023
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) Total <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">FFY 2024 Federal Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: right;">FFY 2025 Federal Funds</td> <td style="text-align: right;">\$0.00</td> </tr> </table>	FFY 2024 Federal Funds	\$0.00	FFY 2025 Federal Funds	\$0.00
FFY 2024 Federal Funds	\$0.00				
FFY 2025 Federal Funds	\$0.00				

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3
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9. SUBJECT OF AMENDMENT
The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for state plan services on the Introduction Page, effective October 1, 2023. This will allow the department to update Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule. The fiscal impact will be budget neutral.

10. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> Single Agency Review
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601
12. TYPED NAME Mike Randol	
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director	
14. DATE SUBMITTED 9-29-2023	

FOR CMS USE ONLY

16. DATE RECEIVED 09/29/2023	17. DATE APPROVED December 20, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/23	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services:

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page state plan amendment are effective for services provided on or after that date with two exceptions:

- 1) Medicaid reimbursement using Medicare rates are updated and effective on the 1st of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1st of each quarter based on the methodology specified in the Attachment 4.19B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, as referenced. Reimbursement rates/fee schedules are published on the Department’s website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	July 1, 2023
4b EPSDT	Attachment 4.19B, Pages 1-13	July 1, 2023
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6d Licensed Clinical Social Workers’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6d Licensed Marriage and Family Therapists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

Service	Attachment	Effective Date
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2023
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2023
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	October 1, 2023
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2023
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2023
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
12c Prosthetic Devices	Attachment 4.19B, Page 1	October 1, 2023
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2023
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2023
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2023
19 c. Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over	Attachment 4.19B, Pages 1 and 2	July 1, 2023

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

Service	Attachment	Effective Date
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2023
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2023
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2023
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2023
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)	Attachment 4.19B, Page 1	July 1, 2023
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2023
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2023
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	July 1, 2023
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2023

TN: 23-0019
Supersedes: 23-0004

Approved: December 20, 2023

Effective: 10/01/2023