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State/Territory Name: Montana

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Managed Care Group

May 3, 2024

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

Re: Montana State Plan Amendment (SPA) 24-0002

Dear Director Randol:

The Centers for Medicare & Medicaid Services (CMS) completed review of Montana's 1932(a) State Plan Amendment (SPA) Transmittal Number 24-0002 submitted on March 19, 2024. The purpose of this SPA is to move authority for the Tribal Health Improvement Program (T-HIP) from a 1915(b) waiver to a 1932(a) SPA, while further aligning the program design with primary care case management entity requirements found in 42 Code of Federal Regulations (CFR) § 438.2.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Montana's Medicaid SPA Transmittal Number 24-0002 is approved effective July 1, 2024.

If you have any questions regarding this amendment, please contact Sarah Abbott at (410) 786-8286 or Sarah.Abbott@cms.hhs.gov.

[redacted]

John Giles
Director
Managed Care Group (MCG)

cc: Mary Eve Kulawik, Mary LeMieux, Casey Peck
Bill Brooks, Lynn DelVecchio, Cynthia Garraway

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 24-0002	2. STATE: Montana
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: ✓ XIX XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2024	
5. FEDERAL STATUTE/REGULATION CITATION 1932(a)(1)(A) of the Social Security Act 1932(a)(1)(B)(ii) of the Social Security Act 42 CFR 438.2	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024- $0.00 impact b. FFY 2025- $0.00 impact	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Tribal Health Improvement Program (T-HIP), Pages 1-18 of 18	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)* Not Applicable	

SUBJECT OF AMENDMENT: The purpose of this State Plan Amendment is to move authority for this program from its current approval in a 1915(b) waiver into a 1932(a) SPA. While further aligning the program with PCCME requirements per 42 CFR 438.2.

10. GOVERNOR'S REVIEW *(Check One)* GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	X OTHER, AS SPECIFIED: Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601
11. SIGNATURE OF STATE AGENCY OFFICIAL [redacted]	15. RETURN TO: Montana Department of Public Health and Human Services Mike Randol 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: 3-19-2024	

FOR CMS USE ONLY

16. DATE RECEIVED 03/19/24	17. DATE APPROVED 05/03/24

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/24	19. SIGNATURE OF APPROVING OFFICIAL [redacted]
20. TYPED NAME OF APPROVING OFFICIAL John Giles	21. TITLE OF APPROVING OFFICIAL Director, Managed Care Group

22. REMARKS

4/8/24: State granted CMS permission to revise second citation in box 5 to 1932(a)(1)(B)(ii) of the Social Security Act.
4/22/24: State granted CMS permission to revise box 7 to 18 pages to reflect final page count of revised SPA.

State: Montana

Citation	Condition or Requirement

1932(a)(1)(A)

A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Montana enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization [MCOs], primary care case managers [PCCMs], and/or PCCM entities) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).

This authority may ***not*** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date. All applicable assurances should be checked, even when the compliance date is in the future. **Please see Appendix A of this document for compliance dates for various sections of 42 CFR 438.**

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.2
42 CFR 438.6
42 CFR 438.50(b)(1)-(2)

B. Managed Care Delivery System.

The State will contract with the entity(ies) below and reimburse them as noted under each entity type.

1. ☐ MCO
   a. ☐Capitation
   b. ☐The state assures that all applicable requirements of 42 CFR 438.6, regarding special contract provisions related to payment, will be met.

2. ☐ PCCM (individual practitioners)
   a. ☐ Case management fee
   b. ☐ Other (please explain below)

3. ☑ PCCM entity
   a. ☑ Case management fee
   b. ☐ Shared savings, incentive payments, and/or financial rewards (see 42 CFR 438.310(c)(2))
   c. ☐ Other (please explain below)

State: Montana

Citation	Condition or Requirement

If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as in 42 CFR 438.2), in addition to PCCM services:

☑ Provision of intensive telephonic case management
☑ Provision of face-to-face case management
☐ Operation of a nurse triage advice line
☑ Development of enrollee care plans.
☐ Execution of contracts with fee-for-service (FFS) providers in the FFS program
☐ Oversight responsibilities for the activities of FFS providers in the FFS program
☐ Provision of payments to FFS providers on behalf of the State.
☑ Provision of enrollee outreach and education activities.
☐ Operation of a customer service call center.
☐ Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement.
☑ Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers.
☐ Coordination with behavioral health systems/providers.
☐ Coordination with long-term services and supports systems/providers.
☐ Other (please describe): _____

The Tribal Health Improvement Program (T-HIP) is a partnership between the Tribal, State, and Federal governments to address factors that contribute to health disparities and a 20-year life expectancy difference in the American Indian population in Montana eligible for Medicaid and residing on a reservation. T-HIP is a three-tiered program focusing on enhanced care coordination. Services include guiding members through healthcare options, coordinating and implementing care plans, advocating on the member's behalf, and providing community resource information. T-HIP services are designed to help members maximize the benefits of their medical and other support systems; improve knowledge of their disease and self-management skills; and remove barriers to achieving better health and better quality of life. Tier one requires enhanced care coordination services to the top 10% of eligible members as identified by DPHHS. Tier two requires enhanced care coordination services to the top 25% of eligible members as identified by DPHHS. Tier three requires enhanced care coordination services to the top 40% of eligible members as identified by DPHHS.

42 CFR 438.50(b)(4) C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the managed care program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan managed care program has been implemented. *(Example: public meeting, advisory groups.)*

State: Montana

Citation	Condition or Requirement
	The State consulted with federally recognized tribes and Indian health programs through a two day in-person tribal consultation held October 25-26, 2023. The state also sent tribal consultation letters mailed on February 15, 2024. During the in-person tribal consultation there is an opportunity for public comment. The state also published an on-line public notice on March 18, 2024. The State also worked with a Tribal Subcommittee that was requested during the in-person consultation to work with the State on redesign details. Two meetings were held, the first on December 20, 2023, and the second on January 10, 2024. The State will continue to have further discussions and consultations with Tribes. Depending on the need, the State typically holds a Medicaid tribal consultation twice a year. At this time, the State is anticipating the need for a Medicaid tribal consultation in the fall. The State may look at including sub-committees for different needs in the future. The State holds regular meetings throughout the year with the T-HIPs. If the program will include long term services and supports (LTSS), please indicate how the views of stakeholders have been, and will continue to be, solicited and including plans for a member advisory committee (42 CFR 438.70 and 438.110) N/A
	D. <u>State Assurances and Compliance with the Statute and Regulations.</u> If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.
1932(a)(1)(A)(i)(I) 1903(m) 42 CFR 438.50(c)(1)	1. ☐ The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met. N/A
1932(a)(1)(A)(i)(I) 1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	2. ☑ The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts (including for PCCM entities) will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. ☐ The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring beneficiaries to receive their benefits through managed care entities will be met. N/A
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C) 42 CFR 438.10(g)(2)(vii)	4. ☑ The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A)	5. ☑ The state assures that it appropriately identifies individuals in the

State: Montana

Citation	Condition or Requirement
	mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438 1903(m)	6. ☑ The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs, PCCMs, and PCCM entities will be met.
1932(a)(1)(A) 42 CFR 438.4 42 CFR 438.5 42 CFR 438.7 42 CFR 438.8 42 CFR 438.74 42 CFR 438.50(c)(6)	7. ☐ The state assures that all applicable requirements of 42 CFR 438.4, 438.5, 438.7, 438.8, and 438.74 for payments under any risk contracts will be met. N/A
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	8. ☑ The state assures that all applicable requirements of 42 CFR 447.362 for payments under any non-risk contracts will be met.
45 CFR 75.326	9. ☑ The state assures that all applicable requirements of 45 CFR 75.326 for procurement of contracts will be met.
42 CFR 438.66	10. Assurances regarding state monitoring requirements: ☑ The state assures that all applicable requirements of 42 CFR 438.66(a), (b), and (c), regarding a monitoring system and using data to improve the performance of its managed care program, will be met. ☑ The state assures that all applicable requirements of 42 CFR 438.66(d), regarding readiness assessment, will be met. ☑ The state assures that all applicable requirements of 42 CFR 438.66(e), regarding reporting to CMS about the managed care program, will be met.
1932(a)(1)(A) 1932(a)(2)	E. <u>Populations and Geographic Area.</u> 1. **<u>Included Populations.</u>** Please check which eligibility groups are included, if they are enrolled on a **Mandatory (M)** or **Voluntary (V)** basis (as defined in 42 CFR 438.54(b)) or **Excluded (E),** and the geographic scope of enrollment. Under the **Geographic Area** column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the **Geographic Area** column. Under the **Notes** column, please note any additional relevant details about the population or enrollment.

State: Montana

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
2. Pregnant Women	§435.116		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
4. Former Foster Care Youth (up to age 26)	§435.150		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
7. Extended Medicaid Due to Spousal Support Collections	§435.115		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
8. Individuals Receiving SSI age 19 and over only (See E.2. below regarding age <19)	§435.120		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
9. Aged and Disabled Individuals in 209(b) States	§435.121					N/A
10. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increase since April, 1977	§435.135		✓		The eligibility group can enroll in T-HIP if the member lives within	The eligibility group can enroll in T-HIP if the

State: Montana

					the exterior reservation boundaries.	member is AI/AN and IHS eligible.
11. Disabled Widows and Widowers Ineligible for SSI due to an increase of OASDI	§435.137		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
12. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	§435.138		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
13. Working Disabled under 1619(b)	1619(b), 1902(a)(10)(A)(i)(II), and 1905(q) of SSA		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
14. Disabled Adult Children	1634(c) of SSA		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.

B. Optional Eligibility Groups

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
2. Optional Targeted Low-Income Children	§435.229		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
3. Independent Foster Care Adolescents Under Age 21	§435.226					N/A
4. Individuals Under Age 65 with Income Over 133%	§435.218					N/A
5. Optional Reasonable Classifications of Children Under Age 21	§435.222		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10)(F) of SSA		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.

State: Montana

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
8. Individuals eligible for Cash except for Institutionalized Status	§435.211		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217			✓		
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
11. Optional State Supplemental Recipients-209(b) States and SSI criteria States without 1616 Agreements	§435.234					N/A
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236					N/A
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA					N/A
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii)(VII) and 1905(o) of the SSA		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii)(X) and 1902(m)(1) of the SSA					N/A
16. Work Incentive Group	1902(a)(10)(A)(ii)(XIII) of the SSA		✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii)(XV) of the SSA					N/A
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii)(XVI) of the SSA					N/A
19. Family Opportunity Act Children with Disabilities	1902(a)(10)(A)(ii)(XIX) of the SSA					N/A
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219					N/A

3. Partial Benefits

State: Montana

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
21. Family Planning Services	§435.214			✓		
22. Individuals with Tuberculosis	§435.215					N/A
23. Individuals Needing Treatment for Breast or Cervical Cancer (under age 65)	§435.213			✓		

C. Medically Needy

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Medically Needy Pregnant Women	§435.301(b)(1)(i) and (iv)			✓		
2. Medically Needy Children under Age 18	§435.301(b)(1)(ii)			✓		
3. Medically Needy Children Age 18 through 20	§435.308			✓		
4. Medically Needy Parents and Other Caretaker Relatives	§435.310					N/A
5. Medically Needy Aged	§435.320			✓		
6. Medically Needy Blind	§435.322			✓		
7. Medically Needy Disabled	§435.324			✓		
8. Medically Needy Aged, Blind and Disabled in 209(b) States	§435.330					N/A

2. **Voluntary Only or Excluded Populations.** Under this managed care authority, some populations cannot be subject to mandatory enrollment in an MCO, PCCM, or PCCM entity (per 42 CFR 438.50(d)). Some such populations are Eligibility Groups separate from those listed above in E.1., while others (such as American Indians/Alaskan Natives) can be part of multiple Eligibility Groups identified in E.1. above.

Please indicate if any of the following populations are excluded from the program or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
Medicare Savings Program – Qualified Medicare Beneficiaries, Qualified Disabled Working Individuals, Specified Low Income Medicare Beneficiaries, and/or Qualifying Individuals	1902(a)(10)(E), 1905(p), 1905(s) of the SSA		✓		
"Dual Eligibles" not described under Medicare Savings Program - Medicaid beneficiaries enrolled in an eligibility group other than one of the Medicare Savings Program groups who are also eligible for Medicare			✓		

State: Montana

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
American Indian/Alaskan Native— Medicaid beneficiaries who are American Indians or Alaskan Natives and members of federally recognized tribes	§438.14	✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
Children Receiving SSI who are Under Age 19 - Children under 19 years of age who are eligible for SSI under title XVI	§435.120	✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
Qualified Disabled Children Under Age 19 - Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	§435.225 1902(e)(3) of the SSA				N/A
Title IV-E Children - Children receiving foster care, adoption assistance, or kinship guardianship assistance under title IV-E *	§435.145	✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
Non-Title IV-E Adoption Assistance Under Age 21*	§435.227	✓		The eligibility group can enroll in T-HIP if the member lives within the exterior reservation boundaries.	The eligibility group can enroll in T-HIP if the member is AI/AN and IHS eligible.
Children with Special Health Care Needs - Receiving services through a family-centered, community-based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the State in terms of either program participation or special health care needs.			✓		

* = Note – Individuals in these two Eligibility Groups who are age 19 and 20 can have mandatory enrollment in managed care, while those under age 19 cannot have mandatory enrollment. Use the Notes column to indicate if you plan to mandatorily enroll 19- and 20-year-olds in these Eligibility Groups.

3. **(Optional) Other Exceptions.** The following populations (which can be part of various Eligibility Groups) can be subject to mandatory enrollment in managed care, but states may elect to make exceptions for these or other individuals. Please indicate if any of the following populations are excluded from the

program or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

Population	V	E	Notes
Other Insurance--Medicaid beneficiaries who have other health insurance		✓	This population is excluded if their primary insurance is a managed care plan.
Reside in Nursing Facility or ICF/IID-- Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		✓	
Enrolled in Another Managed Care Program--Medicaid beneficiaries who are enrolled in another Medicaid managed care program	✓		T-HIP members can also be enrolled in the Passport to Health PCCM program. MT ensures no duplication between the programs. The Passport to Health program is implemented in a primary care setting by either a physician or mid-level who focuses on medical services and necessary medical referrals for optimal medical care coordination. T-HIP is based outside of the clinic setting and has a broader focus on community resources implemented by care coordinators. T-HIP care coordinators do not provide medical services and focus on guiding members through understanding their healthcare options, coordination and implementing of care plans, advocating on the member's behalf, and providing community resource information. Medicaid members are required to have a Passport to Health PCP but may choose to not participate in the T-HIP.
Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program		✓	
Participate in HCBS Waiver--Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).		✓	
Retroactive Eligibility–Medicaid beneficiaries for the period of retroactive eligibility.		✓	
Other (Please define):			

State: Montana

Citation	Condition or Requirement

1932(a)(4)
42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
   a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

      State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

   b. ☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.
      i. Please indicate the length of the enrollment choice period: _____

   c. ☑ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(c)(1)(ii) and 438.54(c)(2)(ii), for individuals who are subject to voluntary enrollment.
      i. If so, please describe the algorithm used for passive enrollment and how the algorithm and the state's provision of information meets all of the requirements of 42 CFR 438.54(c)(4),(5),(6),(7), and (8).
      ii. Please indicate how long the enrollee will have to disenroll from the plan and return to the fee-for-service delivery system:

The Department identifies Medicaid members who meet the eligibility criteria for T-HIP through GIS mapping of the member's address to a corresponding reservation. The members are then attributed to the appropriate T-HIP. In the welcome letter sent by the T-HIP, it identifies the members right to Opt-Out of T-HIP if they do not want to participate. A member may disenroll from T-HIP at any time. T-HIP's must provide PCCMe services to either the top 10%, 20%, or 40% based on the Tier the program is operating in. The percentages reflect the members with the highest risk score as identified by the Department's predictive modeling software that incorporates Medicaid claims data.

2. For **mandatory** enrollment: (see 42 CFR 438.54(d))
   a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(d)(3).
   b. ☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan, or will

Citation	Condition or Requirement

otherwise, be enrolled in a plan selected by the State's default enrollment process.

i. Please indicate the length of the enrollment choice period: _____

c. ☐ If applicable, please check here to indicate that the state uses a **default** enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).

d. ☐ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8).

1932(a)(4)
42 CFR 438.54

3. State assurances on the enrollment process.

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

42 CFR 438.52

a. ☐ The state assures that, per the choice requirements in 42 CFR 438.52:

i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3);

ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State;

iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a choice of at least two PCCMs employed by or contracted with the PCCM entity.

State: Montana

Citation	Condition or Requirement
42 CFR 438.52	b. ☐ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties: ☑ This provision is not applicable to this 1932 State Plan Amendment.
42 CFR 438.56(g)	c. ☑ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less. ☐ This provision is not applicable to this 1932 State Plan Amendment.
42 CFR 438.71	d. ☑ The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.
1932(a)(4) 42 CFR 438.56	G. <u>Disenrollment.</u> 1. The state will☐/ will not☑ limit disenrollment for managed care. 2. The disenrollment limitation will apply for _____(up to 12 months). 3. ☑The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56. 4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. *(Examples: state generated correspondence, enrollment packets, etc.)* 5. Describe any additional circumstances of "cause" for disenrollment (if any). No specific cause is needed on the part of the Medicaid member to disenroll from T-HIP. Members are notified of disenrollment rights once attributed to a T-HIP. The T-HIPs are required to include the disenrollment information in the T-HIP welcome letter, which must be sent within 1 week of attribution. T-HIP may request the member's disenrollment if the member indicates they do not want to participate but does not sign an opt-out form within 30 days or if the member cannot be contacted after 3 months as unresponsiveness impairs the T-HIP provider's ability to furnish services to its enrollees.

State: Montana

Citation	Condition or Requirement

H. Information Requirements for Beneficiaries.

1932(a)(5)(c)
42 CFR 438.50
42 CFR 438.10

☑ The state assures that its state plan program is in compliance with 42 CFR 438.10 for information requirements specific to MCOs, PCCMs, and PCCM entity programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)(b)
1903(m)
1905(t)(3)

I. List all benefits for which the MCO is responsible.

N/A

Complete the chart below to indicate every State Plan-Approved services that will be delivered by the MCO, and where each of those services is described in the state's Medicaid State Plan. For "other practitioner services", list each provider type separately. For rehabilitative services, habilitative services, EPSDT services and 1915(i), (j) and (k) services list each program separately by its own list of services. Add additional rows as necessary.

In the first column of the chart below, enter the name of each State Plan-Approved service delivered by the MCO. In the second – fourth column of the chart, enter a State Plan citation providing the Attachment number, Page number, and Item number, respectively.

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
Ex. Physical Therapy	*3.1-A*	*4*	*11.a*

1932(a)(5)(D)(b)(4)

J. ☐ The state assures that each MCO has established an internal grievance and

State: Montana

Citation	Condition or Requirement
42 CFR 438.228	appeal system for enrollees.
1932(a)(5)(D)(b)(5) 42 CFR 438.62 42 CFR 438.68 42 CFR 438.206 42 CFR 438.207 42 CFR 438.208	K. Services, including capacity, network adequacy, coordination, and continuity. ☑ The state assures that all applicable requirements of 42 CFR 438.62, regarding continued service to enrollees, will be met. ☐ The state assures that all applicable requirements of 42 CFR 438.68, regarding network adequacy standards, will be met. N/A ☐ The state assures that all applicable requirements of 42 CFR 438.206, regarding availability of services, will be met. N/A ☐ The state assures that all applicable requirements of 42 CFR 438.207, regarding assurances of adequate capacity and services, will be met. N/A ☐ The state assures that all applicable requirements of 42 CFR 438.208, regarding coordination and continuity of care, will be met. N/A
1932(c)(1)(A) 42 CFR 438.330 42 CFR 438.340	L. ☐ The state assures that all applicable requirements of 42 CFR 438.330 and 438.340, regarding a quality assessment and performance improvement program and State quality strategy, will be met. N/A
1932(c)(2)(A) 42 CFR 438.350 42 CFR 438.354 42 CFR 438.364	M. ☐ The state assures that all applicable requirements of 42 CFR 438.350, 438.354, and 438.364 regarding an annual external independent review conducted by a qualified independent entity, will be met. N/A
1932 (a)(1)(A)(ii)	N. Selective Contracting Under a 1932 State Plan Option. To respond to items #1 and #2, place a check mark. The third item requires a brief narrative. 1. The state will ☐/will not ☑ intentionally limit the number of entities it contracts under a 1932 state plan option.

State: Montana

Citation	Condition or Requirement

2. ☐ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.

3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees.)*

4. ☑ The selective contracting provision in not applicable to this state plan.

State: Montana

Citation	Condition or Requirement

Appendix A: Compliance Dates (from Supplementary Information in 81 FR 27497, published 5/6/2016)

States must comply with all provisions in effect as of the issuance of this preprint. Additionally, the following compliance dates apply:

Compliance Dates	Sections
For rating periods for Medicaid managed care contracts beginning before July 1, 2017, States will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in 42 CFR parts 430 to 481, edition revised as of October 1, 2015. **States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2017.**	§§ 438.3(h), 438.3(m), 438.3(q) through (u), 438.4(b)(7), 438.4(b)(8), 438.5(b) through (f), 438.6(b)(3), 438.6(c) and (d), 438.7(b), 438.7(c)(1) and (2), 438.8, 438.9, 438.10, 438.14, 438.56(d)(2)(iv), 438.66(a) through (d), 438.70, 438.74, 438.110, 438.208, 438.210, 438.230, 438.242, 438.330, 438.332, 438.400, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.416, 438.420, 438.424, 438.602(a), 438.602(c) through (h), 438.604, 438.606, 438.608(a), and 438.608(c) and (d)
For rating periods for Medicaid managed care contracts beginning before July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015. **States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2018.**	§§ 438.4(b)(3), 438.4(b)(4), 438.7(c)(3), 438.62, 438.68, 438.71, 438.206, 438.207, 438.602(b), 438.608(b), and 438.818
States must be in compliance with the requirements at § 438.4(b)(9) no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2019.	§ 438.4(b)(9)
States must be in compliance with the requirements at § 438.66(e) no later than the rating period for Medicaid managed care contracts starting on or after the date of the publication of CMS guidance.	§ 438.66(e)
States must be in compliance with § 438.334 no later than 3 years from the date of a final notice published in the Federal Register.	§ 438.334
Until July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42	§§ 438.340, 438.350, 438.354, 438.356, 438.358, 438.360, 438.362, and 438.364

State: Montana

Citation | Condition or Requirement

Compliance Dates	Sections
CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015.	
States must begin conducting the EQR-related activity described in § 438.358(b)(1)(iv) (relating to the mandatory EQR-related activity of validation of network adequacy) **no later than one year from the issuance of the associated EQR protocol.**	§ 438.358(b)(1)(iv)
States may begin conducting the EQR-related activity described in § 438.358(c)(6) (relating to the optional EQR-related activity of plan rating) **no earlier than the issuance of the associated EQR protocol.**	§ 438.358(c)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0933. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

CMS-10120 (exp. TBD – currently 4/30/17)