

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 21-0005**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 17, 2022

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) 21-0005

Dear Mr. Randol:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0005. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Montana's Medicaid SPA Transmittal Number 21-0005 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing Montana to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 12, 2021 allowing Montana to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on February 2, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Barbara B. Prehmus at 303-844-7472 or by email at [Barbara.prehmus@cms.hhs.gov](mailto:Barbara.prehmus@cms.hhs.gov).



Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

Digitally signed by James  
Scott -S  
te: 2022.08.17 16:05:01  
5'00'

James G. Scott, Director  
Division of Program Operations

cc: Mary Eve Kulawik, MT DPHHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 21-0005	2. STATE Montana
		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 10/01/2020	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> X AMENDMENT <input checked="" type="checkbox"/>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: Total FFY 21 (12 months) \$0.00 FFY 22 (12 months) \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement to Attachment 3.1A and 3.1B, pages 1-7 of 7.  Attachment 4.19B, Medication Assisted Treatment Services, Page 1 of 1.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  New	
10. SUBJECT OF AMENDMENT:  The department is creating a new mandatory Medication Assisted Treatment (MAT) Medicaid state plan service to cover certain drugs and biological products, and related counseling services and behavioral therapy. In addition, the Medicaid agency is amending the Physicians' Services state plan to move the current MAT bundled rate to the new mandatory MAT state plan.			
11. 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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept. of Public Health and Human Services Mike Randol State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mike Randol			
14. TITLE: Medicaid & Health Services Executive Director/ State Medicaid Director			
15. DATE SUBMITTED: Original submittal 3/27/2021 Resubmittal 6/20/2022			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  3/27/2021		18. DATE APPROVED:  August 16, 2022	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  10/01/2020		20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2022.08.17 16:05:39 -05'00'	
21. TYPED NAME:  James G. Scott		22. TITLE:  Director, Division of Program Operations	
23. REMARKS:			

Enclosure \_\_\_\_

Supplement to Attachment 3.1-A  
Page 1 of 7

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(29) \_\_\_\_ MAT as described and limited in Supplement \_\_\_\_ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN 21-0005

Approval Date: 08/16/2022

Effective Date: 10/01/2020

Supersedes New

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

a. Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

The MAT program includes the assessment for enrollment into the MAT program and active enrollment in the MAT program. The MAT program includes the following components:

Assessment or Reassessment:

Assessments required to determine appropriateness for MAT services.

Drug Screening:

As clinically appropriate.

Urine Pregnancy Testing:

As clinically appropriate.

In addition to the service components above, beneficiaries enrolled in the MAT program must be referred to the following behavioral health services/therapies, as clinically indicated:

Individual Therapy:

SUD psychotherapy services include recovery or motivational enhancement therapies/strategies in which diagnosis, assessment, psychotherapy, and related services are provided. Individual psychotherapy is provided directly with the beneficiary.

Group Therapy

SUD psychotherapy services include recovery or motivational enhancement therapies/strategies in which diagnosis, assessment, psychotherapy, and related services are provided. Group psychotherapy is provided in a group setting of no more than 16 beneficiaries.

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Family Therapy

SUD psychotherapy services address mental health issues that specifically affect families' mental health and functioning and include recovery or motivational enhancement therapies/ strategies. Family psychotherapy is provided with the beneficiary and the appropriate family members. The service must actively involve the member in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

Multi-Family Group Therapy

SUD psychotherapy services include recovery or motivational enhancement therapies/ strategies in which diagnosis, assessment, psychotherapy, and related services are provided. Multi-family group psychotherapy is a combination of family and group psychotherapy in which several families meet simultaneously with a therapist present. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b. Please include each practitioner and provider entity that furnishes each service and component service.

Assessment or reassessment:

Assessments may be provided by a physician, a mid-level practitioner, a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice. Mid-level practitioners include licensed nurse practitioner and licensed physician assistance under the supervision of a physician.



**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Individual Therapy:

Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.

Group Therapy

Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.

Family Therapy

Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.

Multi-Family Group Therapy

Services can be provided by a licensed addictions counselor, licensed clinical social worker, licensed clinical professional counselor within the scope of their practice.

- c. Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Licensed Physician

Licensed Nurse Practitioner

Licensed Physician Assistant under supervision of a Licensed Physician

Licensed Clinical Social Worker

Licensed Clinical Professional Counselor

Licensed Addictions Counselor

Licensed Marriage and Family Therapist

Licensed Psychologist

Enclosure \_\_\_\_

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy

Preferred drug lists

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT Drugs

No limits on duration of use. Limited to max of 34-day supply through outpatient pharmacy. Daily quantity limits, clinical criteria, and preferred drug list requirements may apply. Substance Abuse and Mental Health Services Administration (SAMHSA) regulations regarding place of service apply.

Counseling and Behavioral Therapies

No limits on amount, duration, or scope for medically necessary counseling and behavioral therapies.

Enclosure \_\_\_\_

Supplement to Attachment 3.1-A  
Page 7 of 7

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN 21-0005  
Supersedes New

Approval Date: 08/16/2022

Effective Date: 10/01/2020

Enclosure \_\_\_\_

Supplement to Attachment 3.1-B  
Page 1 of 7

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy  
(Continued)

1905(a)(29) \_\_\_\_ MAT as described and limited in Supplement \_\_\_\_ to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

TN 21-0005  
Supersedes New

Approval Date: 08/16/2022

Effective Date: 10/01/2020

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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**State of Montana**

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**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

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Enclosure \_\_\_\_

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Enclosure \_\_\_\_

Supplement to Attachment 3.1-B  
Page 7 of 7

**State of Montana**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN 21-0005  
Supersedes New

Approval Date: 08/16/2022

Effective Date: 10/01/2020

## MONTANA

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B (12a), pages 1-3, for drugs that are dispensed or administered.

The reimbursement for counseling and behavioral health therapies used to treat opioid use disorder will be reimbursed using the same methodology as described for substance use disorder located in Attachment 4.19-B (13D), pages 1-16, for other rehabilitative services.

The reimbursement for counseling and behavioral health therapies used to treat opioid use disorder will be reimbursed using the same methodology as described for substance use disorder located in Attachment 4.19-B (6D), pages 1-2, for other licensed practitioners services.

The reimbursement for evaluation and management used to treat opioid use disorder will be reimbursed using the same methodology as described for substance use disorder located in Attachment 4.19-B (5a), pages 1-2, for physician services.

The reimbursement for bundled MAT services is determined using the State's Resource Based Relative Value System (RBRVS), using the same methodology as described for physician services located in Attachment 4.19-B (5a), page 2 for MAT rates. Montana Medicaid enrolled providers who meet the federal requirements for the provision of MAT services may bill the bundled rates. This includes Opioid Treatment Programs and Office-Based Opioid Treatment providers.

Any provider delivering services through a MAT bundle will be paid through that bundle's payment rate and cannot bill separately for the services in the bundle. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures. At least two of the services included in the bundle must be provided within the service payment unit for providers to bill the bundled rate. Room and board costs are excluded from all rates.