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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-22-0024

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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

April 22, 2022

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

Dear Ms. Matthews:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), MT-22-0024, submitted on April 4, 2022, has been approved. This SPA has an effective date of April 1, 2022.

Through SPA MT-22-0024, Montana is removing the Nurse First Advice Line benefit from the Healthy Montana Kids (HMK) Program. The state has advised its members to contact their primary care provider if they have concerns or questions regarding their health.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
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 Amy Lutzky/

Amy Lutzky
Deputy Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

Montana CHIP Support Act State Plan Amendment
04/01/2022

State/Territory: Montana

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

457.40(b)) _____

(Signature of Governor, or designee, of State/Territory, 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: Marie Matthews

Position/Title: State Medicaid and CHIP Director

Name: Darci Wiebe

Position/Title: 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 22-0024

Purpose of SPA: This SPA removes the Nurse Advice Line language from section 6.2.28.

Proposed effective date: 04/01/2022

Proposed implementation date: 04/01/2022

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.

The Tribal Consultation was done by letter as there were no in person tribal meetings due to COVID.

TN No: 22-0024 Approval Date: Effective Date: April 1, 2022

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

9.10 Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
 - All cost sharing, benefit, payment, and eligibility need to be reflected in the budget.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage
 - Estimate of unborn children covered in year 1

CHIP Budget

STATE:	FFY Budget
Federal Fiscal Year 2023	
State's enhanced FMAP rate	75.55%
Benefit Costs	
Insurance payments	
Managed care	0
per member/per month rate	
Fee for Service	103,601,123
Health Services Initiatives	
Cost of Proposed SPA changes	-1,710
Total Benefit Costs	103,602,833
(Offsetting beneficiary cost sharing payments)	0
Net Benefit Costs	103,602,833
Administration Costs	
Personnel	192,868
General administration	48,725
Contractors/Brokers	0
Claims Processing	1,587,627
Outreach/marketing costs	0
Other (e.g., indirect costs)	4,158,382
Total Administration Costs	5,987,602
10% Administrative Cap	11,511,426
Federal Share	82,662,775
State Share	26,925,950
Total Costs of Approved CHIP Plan	109,590,435
NOTE: Include the costs associated with the current SPA.	
The Source of State Share Funds: General Fund and State Special Revenue Funds (see Funding, below)	