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**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-09-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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January 29, 2010

Mary Dalton, Medicaid & Health Services Manager  
Montana Department of Health & Human Services  
1400 Broadway  
PO Box 202951  
Helena, MT 59620

Re: SPA 09-010

Dear Ms Dalton:

Please be advised CMS has approved Montana State Plan Amendment (SPA) 09-010,  
“Preventive Services, Disease Management Program with an effective date of July 31, 2009.

We appreciate the cooperation extended by your staff in the review and approval of this state  
plan amendment.

If you have any questions regarding this SPA please contact Cindy Smith at 303-844-7041.

Sincerely,

/s/

Richard C. Allen  
Acting Associate Regional Administrator  
Division for Medicaid and Children’s Health Operations

Cc: Duane Preshinger  
Jo Thompson



## MONTANA

### Reimbursement for Other Preventive Services

- I. Reimbursement for Other Preventive Services shall be:
  - a. For physicians and public health clinics, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 5(a) Physician Services;
  - b. For mid-level practitioners, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 6 (d) Other Practitioner Services;
  - c. Reimbursement for Nurse Advice Line Services provided:

Starting May 1, 2009, the State of Montana will pay a Fee For Service rate per eligible beneficiary call for symptomatic, non-symptomatic, and alternative electronic call.

Symptomatic calls – caller presents symptoms to receive direction of care from a nurse (examples not exclusive, skin rash, vomiting, diarrhea, pain and respiratory).

Non-symptomatic calls – caller has questions about medications they received, tests performed, or doctor instructions.

Alternative electronic communication – caller states they would like more information about nutrition, a chronic disease, or other medical condition. The caller is transferred to an audio health library, email or directed to the website.

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The following limitations apply to preventive services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to questions but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

The following limitations apply to Preventive Services Disease Management

The State of Montana will provide a statewide disease management program as described in their 1915(b) waiver to Medicaid clients eligible for Title XIX Medicaid coverage. The State of Montana will provide a confidential, statewide, 24-hour a day, seven days a week Nurse Advice Line. The Nurse Advice Line will provide assessment of symptoms, general medical information, education, and referral to appropriate interventions.

### Individuals Eligible for Services

Target Group: The target group of Medicaid clients to receive statewide Disease Management Nurse Advice Line services is clients who:

- Are eligible for our PCCM and EPCCM programs and all current Medicaid eligible clients.

### Components of Disease Management

The contracted Nurse Advice Line will provide the following services to all Medicaid eligible clients:

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- Services will be performed using clinically sound algorithms that are based on physician developed criteria.
- Notification to Primary Care Provider when their client has called the nurse line and what care or appropriate intervention was recommended.
- Appropriate interventions include self care, provider visit, or emergency room.
- Registered Nurses will triage all calls.

### Choice of Providers

The State assures that there will be no restrictions on clients' freedom of choice of providers in violation of Section 1902(a) (23) of the Act. Eligible clients have free choice to receive or not receive disease management services through contracted Nurse Advice Line vendor. The state has a 1915(b) (4) approved waiver to selectively contract with a Nurse Advice Line Vendor to provide these services. Eligible clients also have free choice of providers of other medical care under the program.

### Criteria for Disease Management Nurse Advice Line Services

1. Provides access to a call center 24 hours per day, seven days per week staffed by Registered Nurses. All staff must be trained in at least the areas of establishing rapport, cultural sensitivity, and stages of change. The call center must also be equipped with appropriate technology to accept calls from all members, ensuring program responsiveness and access to all services for people with limited English proficiency.
2. Provides alternative electronic forms of communication for clients who would like more information about nutrition, a chronic disease, or other medical conditions. The call center must be able to transfer caller to an audio health library, email or be directed to a web site.
3. Every call will be triaged by a Registered Nurse.

### Comparability of Services

All Medicaid eligible clients are able to participate in the Nurse Advice Line and will receive comparable services. All clients will be triaged for symptomatic, non-symptomatic

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calls and can receive alternative forms of communication about chronic diseases, nutrition, or other medical conditions.

Enrollment/Disenrollment Process

Enrollment/Disenrollment Process is not applicable to Nurse Advice Line Services.

Payment Methodology for the Program

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