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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-13-0048-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Superseding Pages Notice
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan

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



Region VIII

November 26, 2013

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

Re: SPA MT-13-0048-MM

Dear Ms. Dalton:

Enclosed is an approved copy of Montana's state plan amendment (SPA) 13-0048-MM, which was submitted to CMS on August 28, 2013. SPA 13-0048-MM incorporates the MAGI-based Single State Agency Delegation of Authority requirements into Montana's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Enclosed is a copy of the following A1-A3 state plan pages and attachments to be incorporated within a separate section at the end of Montana's approved state plan:

- A1-A3, pages 1-13
- Attorney General's Statement
- Organizational Chart

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0048-MM, which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0048-MM.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Cindy Smith of my staff at (303) 844-7041 or by email at Cindy.Smith@cms.hhs.gov.

Sincerely,



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

Cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Montana

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MT13-048MM

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10, .11 and .12; 42 CFR 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Implementation of ACA and update of designation and authority of the State Agency and use of Federal funds. Also includes the designation of the Federal Facilitated Marketplace (FFM) as a determiner of eligibility for ACA programs. The FFM will also will be designated to conduct fair hearings on the ACA decisions made. The SPAs indicate the State and any other agencies in Montana that determine eligibility and conduct fair hearings on Medicaid decisions.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Single State Agency Review

Signature of State Agency Official

Submitted By: Jo Thompson

Last Revision Date: Nov 25, 2013

Submit Date: Aug 28, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

MT13-048MM

STATE:

Montana

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

A1 – A3

**COMPLETE PAGES
SUPERSEDED:**

Page 1
Section 1.1 (pages 2-6)
Section 1.2 (page 7)
Section 1.3 (page 8)
Attachment 1.1-A (Attorney
General certification)
Attachment 1.2-A
(Organizational chart)
Attachment 1.2-B (Description
of the functions of the single
state agency)
Attachment 1.2-C (Description
of professional medical and
supporting staff)
Attachment 1.2-D

**PARTIAL PAGES
SUPERSEDED:**

Section 1.4 (page 9)(State
Medical Care Advisory
Committee only. Tribal
consultation will remain in the
state plan.)



Medicaid Administration

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority A1

42 CFR 431.10

Designation and Authority

State Name:

Montana

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Montana Department of Public Health and Human Services

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

53-6-101 Montana Code Annotated

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration A2 Organization and Administration

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

See attached organizational chart. Montana State Medicaid Organization and Functions of the Single State Agency



Medicaid Administration

Montana Department of Public Health and Human Services (DPHHS)

Director's Office

The Director was appointed by the Governor to oversee the agency's employees, contracts and major programs. DPHHS is the largest agency of state government. He is responsible for overall department policy development, management, and coordination of programs.

The Director's Office of the DPHHS provides professional support to the agency's three branches and 12 divisions. The three branches are Operations Services, Medicaid and Health Services and Economic Security Services.

The Director's Office is made up of the Department Director; the Office of Legal Affairs; the Human Resources Office; the Prevention Resource Center; Office of Governmental Support; and the Public Information Office.

Office of Legal Affairs

The Office of Legal Affairs is part of the Director's Office of the Montana Department of Public Health and Human Services (DPHHS), which is an executive agency of the State of Montana and Montana's single Medicaid and CHIP agency. The Office of Legal Affairs is staffed by attorneys licensed to practice in Montana and support staff. It provides legal services to DPHHS' three branches and 12 divisions.

Medicaid and Health Services

Addictive and Mental Disorders Division (AMDD)

The division provides chemical dependency and adult mental health services by contracting with behavioral health providers throughout Montana. It also provides services through three inpatient facilities-the Montana State Hospital in Warm Springs, Montana Chemical Dependency Center in Butte, and Montana Mental Health Nursing Care Center in Lewistown.

Through the Chemical Dependency Bureau, AMDD assesses the need for chemical dependency treatment and prevention services throughout Montana. Those services are available through contracts with 18 state-approved programs. The bureau reimburses for a full range of outpatient and inpatient services, as well as an education program for DUI offenders. The bureau also organizes and funds activities designed to prevent the use of alcohol, tobacco, and other drugs by youth and the abuse of those substances by adults. People with substance abuse disorders who have family incomes below 200 percent of the federal poverty level are eligible for public funding of treatment services. In addition, the Medicaid program funds outpatient and residential chemical dependency treatment for adolescents who are Medicaid eligible.

The Mental Health Services Bureau is responsible for the development and oversight of the state's system for delivering and reimbursing publicly funded Adult Mental Health Services. The bureau ensures the availability and efficient delivery of appropriate and effective services. The bureau also provides extensive monitoring of program implementation and operation as well as analysis and reporting of program operations, costs, and outcomes. Consumers eligible for services include adult Medicaid recipients and other low-income Montanans with severe disabling mental illness.

Developmental Services Division

The Developmental Disabilities Program contracts with private, non-profit corporations to provide services across the lifespan for individuals who have developmental disabilities and their families. The focus of the program is to tailor care to the individual and provide it in as natural environment as possible.

The Montana Developmental Center is administered by the Developmental Disabilities Program and is the State's only residential facility for individuals with developmental disabilities that provides 24-hour care for those with the most severe behaviors or severe self help deficits.

The Children's Mental Health Bureau provides care and support to individuals under 18 years of age who have been diagnosed with serious emotional disturbance (SED).

Health Resources Division

The Health Resources Division (HRD) administers Medicaid Physician, Acute and Hospital/Clinic health care services for low-income and disabled Montanans and oversees the benefits of the Healthy Montana Kids Plan. The division provides administration, policy development, and reimbursement for primary and acute portions of the Medicaid program.



Medicaid Administration

The Acute Services Bureau manages the Medicaid programs for home infusion therapy, dental services, durable medical equipment, school-based services, eyeglasses, audiology, therapies, prescription drugs, and transportation.

The Healthy Montana Kids (HMK) Plan provides free or low-cost health coverage for children up to age 19 in families who cannot afford other health insurance.

The Hospital and Clinical Services Bureau manages the Medicaid inpatient and outpatient hospital services, Indian health services, end-stage renal disease services, ambulatory surgical centers, freestanding dialysis clinics, federally qualified health centers, rural health clinics, and critical access hospitals.

The Managed Care Bureau manages the Medicaid programs for physician-related services, including claims management and resolution, provided by physicians, mid-level practitioners, podiatrists, laboratories, chiropractors, respiratory therapists, and nutritionists. The Montana Medicaid managed-care program is known as PASSPORT to Health. In 2004, the bureau implemented a new program known as Nurse First. It provides assistance to Medicaid recipients with chronic conditions, such as diabetes, asthma, and heart conditions. Through a telephone hotline, it also helps all Medicaid clients make appropriate decisions about the level of medical care they need in any given situation.

Senior and Long Term Care Division

The division administers aging services, adult protective services, and the state's two veterans' homes. It also helps to fund care for elderly and disabled Montanans who are eligible for Medicaid and Supplemental Security Income (SSI).

The Office on Aging develops a State Plan on Aging and approves service delivery plans and programs developed by 10 Area Agencies on Aging located across Montana. Among the services provided by the area agencies are senior centers, Meals on Wheels, health services, transportation, home chore services, and information referral and assistance services. The Office on Aging houses the Long-Term Care Ombudsman, Elderly Legal Assistance, State Health Insurance and Assistance Program (SHIP). We are looking for Montana Centenarians.

The Long-Term Care Ombudsman is an advocate for all residents of long-term care facilities, especially nursing homes and personal care homes. The ombudsman can provide information or direct assistance related to the health, safety, and rights of residents.

The Legal Services Developer Program provides training for seniors, family members, and others on elder-specific laws. The program develops pro-bono and local legal service referrals, training materials, and telephone assistance to seniors.

The State Health Insurance Program (SHIP) provides Medicare and related health insurance information, counseling, assistance and advocacy to Montana Medicare beneficiaries, their family members, caregivers, and local professionals, statewide source of program information for beneficiaries of Medicare, Medicaid, Medicare supplemental policies, long-term care insurance, and other health insurance benefits.

The Information, Assistance and Referral Program is a service designed to link Montana seniors, their family members, and caregivers with needed services. Eighty-two technicians work through the local Area Agencies on Aging to provide information about service, make proper referrals, and do public education and out reach within their communities.

The Adult Protective Services Program employs 36 social workers across the state whose duties include investigating allegations of abuse, neglect, and exploitation for the elderly and people with disabilities. They also arrange for and coordinate a variety of support services aimed at protecting vulnerable people from abuse and neglect.

The Medicaid Community Services Program pays for personal care, skilled nursing care, home health aides, home dialysis attendants, and hospice care for elderly and disabled people eligible for Medicaid.

The Home and Community Based Services Program contracts with case managers in local communities to arrange for an array of in-home services to enable people in need of care to avoid a stay in a hospital or long-term care facility.

The Medicaid Nursing Facility Services Program pays for short-term and long-term nursing care for individuals eligible for Medicaid.
 Montana, MT 59704-0001, Department of Health and Human Services, 1000 Bankers Building, Helena, MT 59701-0001
 Approval Date: 10/01/13 Effective Date: 10/01/13



Medicaid Administration

The State Supplemental Payments Program supplements the Social Security Supplemental Security Income (SSI) of eligible individuals who live in designated residential care facilities. These facilities include community homes for individual with developmental or mental disabilities, group homes for individuals with severe disabilities, personal care homes, licensed foster homes, and transitional living homes.

Economic Security Services

Human & Community Services Division (HCSD)

The division provides cash assistance, employment training, supplemental nutrition assistance (formerly food stamps), Medicaid eligibility, child care, meal reimbursement, nutrition training, energy assistance, weatherization, and other services to help families move out of poverty and toward self-support.

The division determines eligibility for Medicaid programs for children, pregnant women, the elderly, the disabled, and other eligible adults.

Cash assistance is funded by a federal block grant called Temporary Assistance for Needy Families (TANF). The program provides monthly payments to low-income families and children who meet income and resource eligibility standards. The Work Readiness Component (WoRC) provides employment and training services to individuals receiving cash assistance.

The Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) provides benefits to eligible families to supplement their food budget and increase their ability to purchase healthy foods. A SNAP Nutrition Education (SNAP-Ed), operated jointly with Montana State University, teaches participants to use their food stamp benefits wisely.

Through its child-care programs, HCSD helps low-income working and TANF families pay for child care so they can work or take advantage of training and educational opportunities that prepare them for work. It also helps child-care providers improve their quality of care by providing training incentives, mentoring, and grant programs.

The Child and Adult Care Food Program (CACFP) Montana's Early Childhood Services Bureau and its Best Beginnings quality child care programs recognize nutrition as an important element in child care. The Child and Adult Care Food Program (CACFP) is the State agency's child nutrition, administrative and financial expertise that provides policy and guidance for menus, meals and food service management in child care. The CACFP provides reimbursement for meals served in participating institutions when those meals meet federal US Department of Agriculture (USDA) regulations and align with the current Dietary Guidelines for Americans. The CACFP is available to infants, children, and impaired or older adults enrolled in institutions that participate in the CACFP. Eligible institutions are family day care homes, child care centers, afterschool and outside school hours facilities, adult day care facilities, and emergency shelters.

The Head Start State Collaboration project provides a vital link between Head Start and state programs to help build early childhood systems and access to comprehensive services and support for all low-income children.

The Low Income Energy Assistance Program (LIEAP) provides heating assistance to low-income people, while The Weatherization Program supplies the labor and materials needed to make homes more energy efficient.

Through its Commodities Distribution Program, HCSD delivers nutritional foods to Montana's Indian reservations, food banks, emergency-feeding organizations, and senior centers. It also provides monthly food packages to low-income women, children, and seniors.

The division administers a federal Community Services Block Grant to fund local projects aimed at addressing the causes of poverty, as well as a Homeless Grant to help local shelters and Human Resource Development Councils provide lodging for individuals and families who are without, or at risk of being without, housing.

Disability Employment and Transitions Division

The Division is advancing the employment, independence, and transitions of Montanans with disabilities.

- Employment in a competitive integrated setting;
- Independence grounded in self-determination, informed choice, and consumer control; and
- Transitions from high school to post-secondary education and work that are collaborative and successful.

Three bureaus make up Disability Employment and Transitions: Montana Vocational Rehabilitation and Blind-Low Vision Field Service, MT Program Support, and Disability Determination.
Approval Date: 11/25/13
Effective Date: 10/01/13



Medicaid Administration

Child Support Enforcement Division (CSED)

The division provides federally mandated child support enforcement services. These include:

- Locating absent parents;
- Establishing paternity;
- Establishing financial and medical support orders;
- Enforcing current and past-due child support;
- Offering medical and spousal support; and
- Modifying child support orders.

Administrative decisions of the division can be appealed through judicial review by a district court. Individuals who receive public assistance under the Temporary Assistance to Needy Families (TANF) program are automatically referred to CSED. Support owed to the family is automatically assigned to the state as a condition of TANF. When the child support is collected, it is used to reimburse the state and federal governments for welfare benefits paid to the family.

Individuals who do not receive public assistance may apply for division services. In non-TANF cases, child support collections are forwarded to the custodial party. Other states refer cases to Montana for action when a non-custodial parent lives in Montana. CSED also collects parental contributions to the state for foster care placements.

In February 2010, CSED implemented the ReliaCard® Visa® prepaid debit card. The CSED will electronically load child support payments into the cardholder's ReliaCard account whenever payments are received. The ReliaCard requires no credit approval, bank account or previous banking relationship and is issued free of charge by U.S. Bank directly to the claimant. The card gives claimants quick and easy access to their funds and eliminates waiting for paper checks and check-cashing fees. Claimants can use their card to make purchases in stores, online, pay bills or get cash back with purchases.

The division is made up of six bureaus: Administrative Services, Field Services, Program and Training, Legal Services, Budget, and the Office of the Administrative Law Judge (OALJ). Central program administration, the OALJ, and the Interstate Regional Office are located in Helena. Four additional regional offices are located in Butte, Billings, Great Falls, and Missoula.

Child & Family Services Division (CFSD)

The division provides state and federally mandated protective services to children who are abused, neglected, or abandoned. This includes receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to stay together or reunite, and finding placements in foster or adoptive homes.

The division operates a toll-free child abuse hotline 24 hours a day, 7 days a week. Centralized Intake specialists screen calls, assess the level of risk to children, and prioritize reports of abuse, neglect, and abandonment according to the urgency with which social workers need to respond. The specialists forward reports of suspected child abuse, neglect, or abandonment to social workers in county offices for investigation.

Social workers investigate reports and help parents find solutions to problems that may interfere with their children's safety. If the parents are amenable, the social workers can help the family get in-home services, such as home management skill training, parenting education classes, modeling skills for parents, and supervised visitations. These can be provided directly by CFSD social workers or by private agencies on contract with the division. Division policy is to provide protective services to children in their own homes when it is possible to do so without risking their safety.

To help family members become involved in addressing the care and safety of their children, the division uses Family Group Decision-making Meetings. These meetings bring together family, friends, social workers, and service providers to share concerns, knowledge, and skills. They can be used throughout the child protective process—as a way to prevent removal of a child from the home, after the child is in foster care, to document family progress in improving the home setting, and to help identify permanent placements for a child.

If a social worker determines that a child is in immediate danger, the child may be placed outside the home, either permanently or temporarily. District court judges must approve all out-of-home placements.

Kinship care involves placing the child, whenever possible, with an extended family member, clan member, or tribal member. It provides the child with a safe and nurturing environment while preserving a family connection. When an out-of-home placement is necessary, social workers are required to first try to place the child with a non-custodial birth parent or with a member of the child's extended family.



Medicaid Administration

Under the federal Indian Child Welfare Act, CFSD must do its best to place Indian children in settings that encourage connections with their tribal heritage. The act also requires that the child's tribe and parents get notice of all judicial proceedings. CFSD family resource specialists recruit and license foster parents to provide substitute homes for children placed away from their parents or guardians. Foster care includes family foster care, group homes, shelter care, and residential facilities.

CFSD also licenses specialized and therapeutic family foster homes for children with special needs and child placement agencies, such as adoption agencies. Ideally, the division tries to help improve parents' abilities to care for their children so that children who have been removed from their homes can return as soon as possible. Reunification services include Family Group Decision-making Meetings, counseling, parenting education classes, in-home services, mentoring, respite care, supervised visits, and transportation. If a court determines that a child cannot be returned to birth or legal parents, a permanency team reviews the child's circumstances and identifies whether adoption, guardianship, placement with a relative, or another living arrangement is the best option. Adoption is generally the permanency plan of choice when a court terminates parental rights, because adoption offers a child a lifetime link to a family. CFSD administers a subsidized adoption program for children with special needs. Guardianship is an alternative when adoption is not considered to be the best option. Guardianship is a legal relationship that can only be established or dissolved by a court. For children ages 16 to 21 who are making the transition from foster care to independent living, CFSD offers a number of services, including housing assistance, counseling, career guidance, education, transportation, money management skills, and financial stipends.

Public Health and Safety Division

The division has four bureaus focused on improving the health of Montanans.

Chronic Disease Prevention & Health Promotion Bureau Programs:

- Arthritis
- Asthma
- Cardiovascular Health Program
- Diabetes Prevention
- EMS and Trauma Systems
- Injury Prevention
- Montana Diabetes Project
- Montana Hospital Discharge Data System
- Tobacco Use Prevention
- Cancer Control Program
- Montana Breast & Cervical Health Program
- Montana Comprehensive Cancer Control Program
- Cancer Surveillance and Epidemiology Program

Communicable Disease Control & Prevention Bureau Programs:

- Communicable Disease Epidemiology
- Disease Reporting
- Food & Consumer Safety
- Immunization
- STD / HIV Treatment & Prevention
- Rape and Sexual Assault Prevention
- Tuberculosis

Family & Community Health Bureau Programs:

- Food and Consumer Safety Program
- Food Defense and Emergency Preparedness
- Public Accommodations
- Retail Food Service Establishments
- Schools, Daycares, Community Homes
- Swimming Pools, Spas, and other Water Features
- Tattooing, Cosmetic Tattooing, Body Piercing, Ear Piercing
- Trailer Courts and Campgrounds
- Wineries and Food Manufacturing Establishments



Medicaid Administration

WIC / Nutrition Program

- Breastfeeding Promotion and Support
- Farmer's Market
- WIC / Nutrition
- WIC State Plan - WIC
- WIC Newsletters

Women's & Men's Reproductive Health Program

- Family Planning
- Teen Pregnancy Prevention

Laboratory Services Bureau

- Laboratory Services Bureau
- Environmental and Water Testing
- Diagnostic Testing
- Laboratory Emergency Preparedness

Health Planning Program

- Behavioral Risk Factor Surveillance System (BRFSS)

Primary Care Program

- Primary Care Office

Training Unit

- MT Public Health Training Institute

Preparedness Program

- Emergency Preparedness
- Strategic National Stockpile

Operations Services

Office of Fair Hearings

Providing independent fair hearings for clients and providers participating in DPHHS programs.

The Office of Fair Hearings provides impartial administrative hearings for individuals or entities who have been negatively impacted by a program administered by the Department.

Hearings officers adjudicate a wide range of department-related issues, including:

- Eligibility and service issues for public assistance programs (including Medicaid and CHIP);
- Licensing and certification issues;
- Ability to pay for care in state institutions;
- Denial of admission to or discharge from state institutions and long-term care facilities;
- Substantiation of child abuse and neglect;
- Eligibility for vocational rehabilitation services;
- Enforcement of laws prohibiting sales of tobacco to minors; and
- Enforcement of the Montana Food, Drug and Cosmetic Act.

The Office of Fair Hearings does not have jurisdiction over issues determined by the Child Support Enforcement Division.

Hearing officers research statutes, rules, regulations, policies, and court cases to reach conclusions of law. After weighing evidence and evaluating testimony, they issue written decisions that are binding unless appealed to the state Board of Public Assistance, the Department director, or a district court.

Medicaid and CHIP decisions made by the Office of Fair Hearings that are adverse to the applicant or recipient are appealable to the Montana Board of Public Assistance (BPA), which is a quasi-judicial board appointed by the Montana Governor and attached to the Department for administrative purposes only. Section 2-15-2203, Montana Code Annotated (MCA.) The BPA functions independently of the department and without approval or control of the department. Section 2-15-121, MCA.

BPA hearing procedure is governed by the Montana Administrative Procedures Act (MAPA, Title 2, Chapter 4, MCA) and Title 37, Chapter 5 of the administrative rules of Montana. Judicial review by Montana District Courts of BPA final decisions is as provided in Title 13, Chapter 7, MCA.

Approval Date: 11/25/13

Effective Date: 10/01/13



Medicaid Administration

Business & Financial Services Division (BFSD)

The division provides professional services in operational areas critical to the efficient and effective management of the Montana Department of Public Health and Human Services. BFSD also provides leadership and guidance in the development and implementation of accounting policies and procedures and best business practices. BFSD provides support services for the department, including:

- Financial and accounting oversight.
- Cash management,
- Preparation and filing of federal financial reports.
- Purchasing of supplies and equipment.
- Payroll processing.
- Audit coordination
- Lease management.
- Mail handling
- Property management.
- Records management.
- Accounts Payable, and
- Facility reimbursement.

Quality Assurance Division (QAD)

The division promotes and protects the health, safety, and well being of people in Montana by providing responsive, independent assessment and monitoring of human services, through respectful relationships.

The division fulfills this role by:

- Licensing and/or certifying health care, child care, and residential services;
- Detecting and investigating abuse and fraud committed by recipients of Temporary Assistance to Needy Families (TANF), Medicaid and Food Stamp programs;
- Monitoring recipient overpayment claims for TANF, Medicaid and SNAP;
- Performing federally mandated quality-control reviews of the Medicaid and Food Stamp programs;
- Reducing Medicaid costs by identifying other insurers or parties responsible for paying a beneficiary's medical expenses;
- Providing internal and independent audits for DPHHS programs;
- Conducting retrospective reviews of Medicaid provider claims;
- Determining medical necessity for prior authorization of medical services and requests for durable medical equipment;
- Monitoring and evaluating Health Maintenance Organizations for quality assurance and network adequacy;
- Maintaining a certified nurse aide registry;
- Approving and monitoring nurse aide training programs;
- Operating the Certificate of Need program; and
- Ensuring department compliance with the federal Health Information Portability and Accountability Act (HIPAA).

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

Montana Executive Branch

The daily administration of the state's laws, as defined in the Montana Code Annotated, are carried out by the chief executive—the Governor, and his second in command the Lieutenant Governor, the Secretary Of State, the Attorney General, the Superintendent of Public Instruction, the State Auditor, and by the staff and employees of the 14 executive branch agencies.

Acknowledging the importance of providing for an orderly arrangement in the administrative organization of state government, the number of principal departments from which all executive and administrative offices, boards, bureaus, commissions, agencies and instrumentalities of the executive branch (except for the office of governor, lieutenant governor, secretary of state, attorney general, superintendent of public instruction, and auditor) shall be determined by the Legislature. The Legislature shall determine the respective functions, powers, and duties of each of these agencies. Approved Date: 11/25/13 Effective Date: 10/01/13



Medicaid Administration

limited to not more than 20 principal departments. The only Department that intersects with health or human services, or administrative function related to the business of Medicaid and CHIP is the Department of Public Health and Human Services.

Department of Public Health and Human Services The largest agency within state government, DPHHS administrates a wide range of public assistance programs including: Medicaid, Temporary Assistance for Needy Families (TANF), food stamps, special supplemental nutrition program for Women, Infants, and Children (WIC), Children's Health Insurance Plan (CHIP), energy assistance, child care assistance. Other programs and services provided by the agency include; adoption services, services for the aging, child support, disability services, drug & alcohol addiction, mental health services and facilities. Oversees the coordination of the public health system in Montana through organized efforts to prevent, identify, and counter threats to the health of the public. Programs range in scope from nutrition support and Health Education, to screening services, to preventive services and surveillance systems for infectious and chronic diseases.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally-Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package – functions that will be performed by the single state agency.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

TN: ~~MT-10-0048-MM~~
Montana

Approval Date: 11/25/13
A1-A3, page 10

Effective Date: 10/01/13



Medicaid Administration

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The following is a brief description of the organization making eligibility determinations and their responsibilities. The organization, the Chippewa Cree Tribe (CCT) of Rocky Boy's Reservation, will determine Medicaid eligibility on behalf of the State for the coverage groups identified.

The responsibilities of the designated eligibility staff at the CCT of Rocky Boy's Reservation are:

- A. To make Medicaid eligibility determinations and perform other functions related to the eligibility process to ensure that every effort is made to remove any internal barriers which would delay or prevent a timely eligibility determination for those individuals applying for Medicaid under the coverage groups specified.
- B. The function of the CCT is to perform eligibility determinations and re-determinations based on the Medicaid State Plan, Title XIX of the Social Security Act, Title XXI of the Social Security Act, the Medicaid Policy Manual, Montana HB 452 as codified in the Montana Code Annotated, Title 53, Chapter 6, Part I, and all applicable federal and state rules, regulations and policies, as amended. CCT shall comply with the provisions in 45 CFR Part 74 (1998, as amended), 45 CFR Part 205.50 (1998, as amended) of the Code of Federal regulations (CFR) and all subsequent amendments to these regulations.
- C. CCT shall make Medicaid eligibility determinations for the following Family Related Medicaid Coverage Groups: Family (FM), Child – Under Age 6 (PC), and Child – Age 6-19 (PS).
- D. The Department is designated as the single state agency to plan, finance, and monitor the Medicaid program. The Tribe is designated as a local public agency for determining and re-determining, on behalf of the Department, recipient eligibility for individuals applying for Medicaid under the coverage groups identified. CCT has agreed to accept the oversight authority of the State of Montana and the Department in the administration and supervision of Medicaid eligibility determination and has accepted authority of the State of Montana and the Department to all actions taken by the CCT in carrying out its duties. The Department retains ultimate administrative discretion in the administration and supervision of the State Plan, including issuance and interpretation of all applicable policies, rules and regulations.
- E. CCT has a Tribal TANF Program.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

OMEA will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who applied for health coverage through the FFM.

OMEA will receive, populate and route the appeals case file; verify evidence; obtain missing or additional information; determine validity; render informal resolution decisions; schedule appeals hearings; and issue the hearing officer's appeal decision. A hearing officer will conduct and review the appeal de novo, and renders a decision based on the evidence from the hearing and the case file. The hearing officer must be someone who has no prior knowledge of the appeal before him or her.



Medicaid Administration

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

Counties

Parishes

Other

Are all of the local subdivisions indicated above used to administer the state plan?

Yes No

State Plan Administration

A3

Assurances

42 CFR 431.10

42 CFR 431.12

42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.



Medicaid Administration

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 0938-1148. The time required to complete this information collection is estimated to average 40 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.

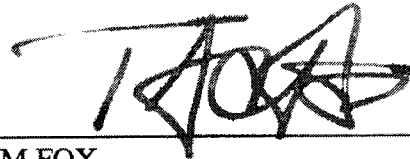
STATE OF MONTANA

State Plan Administration A1

CERTIFICATION

The undersigned, Attorney General of the State of Montana, hereby certifies that the Department of Public Health and Human Services, State of Montana, is the single state agency designated at § 53-6-101, MCA, to administer the Montana Medicaid Program, which implements Title XIX of the United States Social Security Act as a state plan on a statewide basis in Montana, including the authority to make rules and regulations governing the administration of the plan. The state agency's rules and regulations are binding on the political subdivision of Montana.

DATED this 6th day of August, 2013.



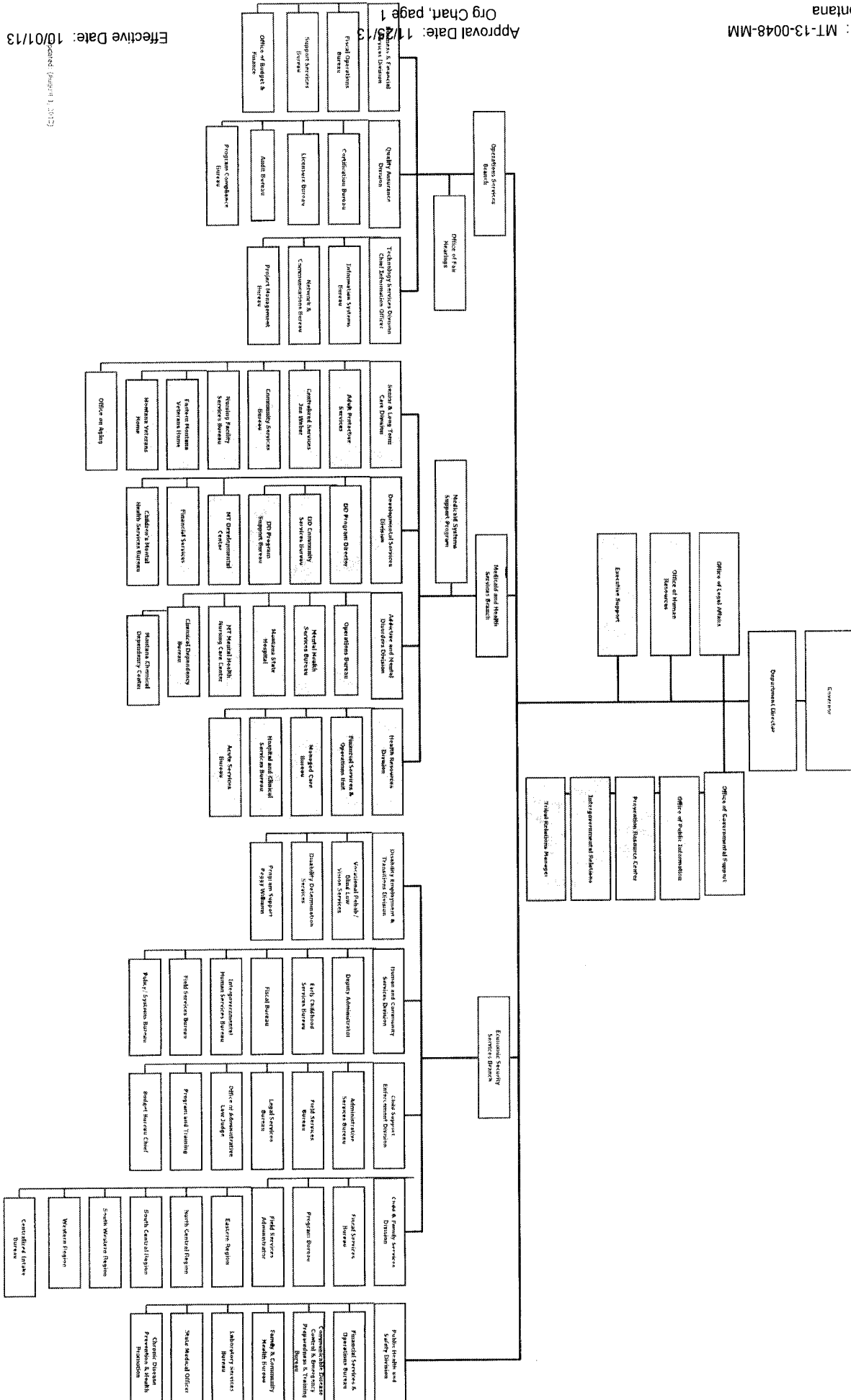
TIM FOX
Montana Attorney General

TN 13-042
Supercedes 97-01

Approved 11/25/13

Effective Date 1/1/14

Department of Public Health and Human Services
 Organizational Chart by Bureau



MEDICAID ADMINISTRATION

TRANSMITTAL NUMBER:

13-0048-MM

STATE:

Montana

Notwithstanding the checked assurances on A3, the single state agency has not entered into: 1) an agreement with the Federally-facilitated Marketplace to determine eligibility for Medicaid; nor 2) an agreement with the Office of Marketplace Eligibility Appeals to conduct Medicaid fair hearings to date, but will enter into CMS-approved agreements with the Federally-facilitated Marketplace and the Office of Marketplace Eligibility Appeals as soon as possible and no later than January 1, 2014.