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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-13-049

This file contains the following documents in the order listed:

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



Region VIII

April 8, 2014

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

Re: SPA MT-13-049

Dear Ms. Dalton:

We have reviewed the proposed MAGI State Plan Amendment (SPA) submitted under transmittal number MT-13-049. This SPA updates a change in language in Home Health Services to further clarify the coverage limitations on diapers and to reference the correct entity that conducts reviews for medical necessity and for prior authorizations.

Please be informed that this State Plan Amendment was approved April 2, 2014 with an effective date of October 1, 2013. We are enclosing the CMS 179 and the amended plan page(s).

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

Sincerely,

/s/

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

Cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

MONTANA

The following limits apply to Home Health Services:

1. A person receiving personal care attendant services may not receive concurrent home health aide services.
2. Home health services do not include audiology services.
3. Home health services may be provided by providers out of state only when the services are authorized by the Department.
4. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. 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.
 - b. 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.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.
5. Limits recipient to one (1) Wheelchair every five (5) years: sooner based on medical necessity review performed by the Department,
6. Limits recipients using diapers, to 180 diapers, per month.
7. Purchases or rental of medical equipment exceeding \$1,000 must be prior authorized by the Department or it's designee.
8. Nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area may be used by home infusion therapy agencies for the administration of home infusion therapy.
9. The durable medical equipment and supplies required for home infusion therapies will be provided by home infusion therapy agencies licensed by the Department of Health and Human Services.

MONTANA

The following limits apply to Home Health Services:

- 1.
5. A person receiving personal care attendant services may not receive concurrent home health aide services.
6. Home health services do not include audiology services.
7. Home health services may be provided by providers out of state only when the services are authorized by the Community Services Bureau of the Senior and Long Term Care Division.
8. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. 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.
 - b. 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.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.
9. Limits recipient to one (1) Wheelchair every five (5) years: sooner based on medical necessity review performed by the Medicaid Services Bureau of the Health Policy and Services Division,
10. Limits recipients using diapers, to 180 diapers, per month.
11. Purchases or rental of medical equipment exceeding \$1,000 must be prior authorized by the Department or it's designee.
12. Nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area may be used by home infusion therapy agencies for the administration of home infusion therapy.
13. The durable medical equipment and supplies required for home infusion therapies will be provided by home infusion therapy agencies licensed by the Department of Health and Human Services.

/TN #13-049 Approved 04/02/14 Effective 10-1-13
Supersedes TN #13-028