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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0004

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

August 24, 2015

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

Re: SPA MT-15-0004

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0004. This amendment concerns Targeted Case Management for Individuals with Developmental Disabilities (DD) Age 16 and over or who reside in a DD Children's Group Home. The purpose of this SPA is to increase the rate approximately 2% and add the service to the Introduction Page.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2015. We are enclosing the summary page 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0004	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 7/1/15	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Parts 431, 440, and 441 CMS 2237-ICF		7. FEDERAL BUDGET IMPACT: FFY 2015 (3 months) \$0 FFY 2016 (12 months) \$0 FFY 2017 (9 months) \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Methods and Standards for Establishing Payment Rates Service 19c Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a DD Children's Group Home, page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19B Methods and Standards for Establishing Payment Rates Service 19c Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a DD Children's Group Home, page 1 of 1	
10. SUBJECT OF AMENDMENT: 2% increase in the 15-minute rate; and add the service to the Attachment 4.19B Introduction Page.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Mary Kulawik PO Box 4210 Helena, MT 59604	
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 8-16-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: Original received 6/3/15		18. DATE APPROVED: 8/24/15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/15		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

Page 1 of 1
Attachment 4.19B
Methods & Standards for Establishing Payment Rates
Service 19 c.
Targeted Case Management Services
for Individuals with Developmental Disabilities Age 16 and Over
or Who Reside in a DD Children's Group Home

MONTANA

Targeted case management (TCM) services for individuals with developmental disabilities age 16 and over or who reside in a DD children's group home are provided by State of Montana employees and private contracted case management agencies.

Case management services provided by State employed case managers are reimbursed via actual cost. Cost applicable to case management services provided by State employed case managers is recorded within the State's Cost Allocation System (CAS). The following expenditures can be included as part of the State's case management claim of expenditure on the CMS-64. These expenditures are captured and allocated through CAS:

- Salaries/Wages of the applicable case managers
- Fringe benefits for the applicable case managers
- Consult and Professional Services
- Broadcast Distribution Services
- Photocopy Pool Services
- Photo and Reproduction
- Telephone Equipment
- Telephone Voice and Long Distance Services
- Mileage
- Motor Pool Expenses
- Meals Expenses (Overnight)
- Postage
- Leased Vehicles
- Rent
- Vehicles

In order to identify the portion of the above expenditures that are applicable to Medicaid, the State maintains a record of case management units delivery by its case managers. A unit of service is expressed in 15 minute increments. The State records the total units of case management delivered within a month, as well as the number of units delivered to Medicaid beneficiaries. The ratio of Medicaid units over total units is then applied to the amounts applicable to the above expenditures to determine the portion of total cost to be claimed as the State's case management expenditure. As the State's claim of expenditure is made via the CMS-64, the State repeats this process for the remaining months within the quarter and includes its expenditure for the applicable three-month period on the CMS-64.

Private case management agencies are paid on a fee for services basis. The unit of service is 15 minutes.

The Department's fee schedule rate for both governmental and private providers was set as of the date on the Attachment 4.19B Introduction Page and is effective for services provided on or after that date. All rates are published on the agency's website at medicaidprovider.mt.gov.