
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0021

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

January 25, 2016

Mary Dalton, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: SPA MT-15-0021

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0021. This is to add Attachment 4.19-B "Introduction Page" to the Montana State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Sophia Hinojosa at (303) 844-7129.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & 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: 15-0021	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 01/01/2016	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: N/A		7. FEDERAL BUDGET IMPACT: Total FFY 16 (9 months) \$16,611 FFY 17 (12 months) \$22,036 FFY 18 (3 months) \$5,505 3 Other Laboratory & X-Ray Services FFY 16 (9 months) \$54 FFY 17 (12 months) \$72 FFY 18 (3 months) \$18 5.a Physicians' Services FFY 16 (9 months) \$16,557 FFY 17 (12 months) \$21,964 FFY 18 (3 months) \$5,487 6b Optometrists' Services FFY 16 (9 months) \$0 FFY 17 (12 months) \$0 FFY 18 (3 months) \$0 12.e Hearing Aids FFY 16 (9 months) \$0 FFY 17 (12 months) \$0 FFY 18 (3 months) \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Introduction, Pages 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Introduction, Pages 1 and 2 of 2	
10. SUBJECT OF AMENDMENT: The Attachment 4.19B Introduction Page is being amended to update the date of fee schedules for services that use Medicare rates or Medicare codes, effective January 1, 2016.			
11. GOVERNOR'S REVIEW (Check One): <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 Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 12-29-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 29, 2015		18. DATE APPROVED: January 25, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

State Plan under Title XIX of the Social Security Act
State/Territory: Montana

Dates for Establishing Payment Rates for the following Attachment 4.19B Services:

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page state plan amendment are effective for services provided on or after that date with two exceptions:

- 1) Medicaid reimbursement using Medicare rates are updated and effective on the 1st of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1st of each quarter based on the methodology specified in the Attachment 4.19B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, as referenced. Reimbursement rates/fee schedules are published on the Department's website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	January 1, 2016
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2016
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2016
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2015
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2015
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2015

TN: 15-0021
Supersedes: 15-0005

Approved: 1/25/16

Effective: 01/01/16

State Plan under Title XIX of the Social Security Act
State/Territory: Montana

Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

Service	Attachment	Effective Date
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2015
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2015
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2015
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2016
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2015
19c Targeted Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or who Reside in a DD Children's Group Home	Attachment 4.19B, Page 1	July 1, 2015
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2015
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2015
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2015
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)	Attachment 4.19B, Page 1	July 1, 2015

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Approved: 1/25/16

Effective: 01/01/16