
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-16-0018

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

December 2, 2016

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

Re: SPA MT-16-0018

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-16-0018. This amendment is to add Dually Licensed Practitioner Services and reimbursement methodology to the Montana State Plan.

Please be informed that this State Plan Amendment was approved December 2, 2016, with an effective date of October 1, 2016. We are enclosing the summary page and the amended plan page(s).

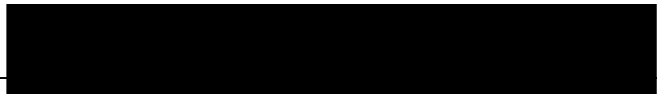

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Trinia J. Hunt
Acting 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: 16-0018	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 October 1, 2016	
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: 1905(a)(6) of the Social Security Act and 42 CFR 440.60		7. FEDERAL BUDGET IMPACT: a. FFY 2017 (\$437,367) 12 months b. FFY 2018 (\$437,140) 12 months	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Service 6(d), Other Licensed Practitioners' Services-Dually Licensed Practitioner, Supplement to Attachment 3.1A, Page 1 of 1 Service 6(d), Other Licensed Practitioners' Services-Dually Licensed Practitioner, Supplement to Attachment 3.1B, Page 1 of 1 Service 6(d), Other Licensed Practitioners' Services-Dually Licensed Practitioner, Attachment 4.19B, Pages 1-3 of 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : New	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to add Dually Licensed Practitioners to the Montana State Plan.			
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 State 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: <i>9-16-16 / resubmitted on 12-1-16</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 16, 2016		18. DATE APPROVED: December 2, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Trinia J. Hunt		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

MONTANA

- I. Reimbursement for Other Practitioners' Services-Dually Licensed Practitioner shall be:
- A. The lower of:
1. The provider's usual and customary charge for the service; or
 2. The reimbursement provided in accordance with the methodology described in Section II.
- II. The Department's fee schedule rate for Integrated Co-occurring Treatment (ICT) services is determined as follows:
- A. Rate-Setting Method: Montana has a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations. ICT service rates are calculated on a unit basis and set at an amount which will reasonably estimate the cost of providing covered services to Medicaid members.
- B. Rate Components: The calculation separates out direct service components from indirect program components and overhead expenses essential to administer the service and program. The following elements are used to determine the rate, based on estimated reasonable costs, as applicable to each service:
1. Direct service expenditures including; direct staff wages, employee benefit costs, direct supervision, on-call differential for services that require 24-hour per day, 7-day a week on call for crisis intervention and response, program support costs, mileage allowance.
 2. Administrative overhead/indirect costs.
 3. Auxiliary operational expenditures.
 4. Productivity or billable time. The productivity adjustment factor accounts for the amount of non-billable time spent by staff.
 5. Calculation Adjustors including Medicaid Offsets.
 - a. Offsets are accounted for when providers receive other revenues in relation to the service. (e.g., direct care wage).

MONTANA

- b. Other inflationary adjustments. Inflationary adjustments are allowed for legislative provider rate changes, other legislative adjustments, or changes in service scope from year to year.
- c. Policy adjustor. A policy adjustor may be applied to increase or decrease rates when the Department determines that relative adjustments to specific rates are appropriate to meet Medicaid policy goals and appropriated budgets.

C. ICT Services

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
ICT therapeutic interventions	Crisis response and management, individual and family counseling and behavioral management and skill training	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Mileage allowance • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • Other inflationary adjustments • Policy adjustor 	Per 15-minutes

MONTANA

Name of Service	Service Bundle Includes:	Rate Components Include:	Unit
Community Psychiatric Supportive Treatment (CPST)	Assist the youth and family members or other collaterals to identify strategies or treatment options associated with the youth's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the youth's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family or interpersonal relationships and community integration.	<ul style="list-style-type: none"> • Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • Other inflationary adjustments 	Per 15-minutes

D. ICT Formula= (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15 minute unit)

E. The bundled rates were set as of October 1, 2016, and are effective for services on or after that date. All rates are published on the department's website at www.medicaidprovider.mt.gov. Unless otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

MONTANA

1. A Dually Licensed Practitioner is a Licensed Addictions Counselor who is also licensed by the state of Montana as a Mental Health Professional, defined by meeting all licensure requirements for one of the following provider types:
 - (a) Physician;
 - (b) Licensed Professional Counselor;
 - (c) Licensed Psychologist;
 - (d) Licensed Clinical Social Worker; or
 - (e) Advance Practice Registered Nurse, with a clinical specialty in psychiatric mental health nursing.
2. The following limitations apply to Dually Licensed Practitioner 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, except 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 or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions. Prescribed drugs approved for use under investigational drug status by the approved federal drug administration and provided under specific controlled medically supervised programs, under the supervision of a Physician licensed to practice medicine are not considered experimental for persons eligible for Dually Licensed Practitioner.
3. All procedures and items, including prescribed drugs, considered experimental but not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

Montana will meet the requirements of Section 1905(r) of the Social Security Act and provide for the medically necessary services for which coverage is mandated by Section 1905(r).

MONTANA

1. A Dually Licensed Practitioner is a Licensed Addictions Counselor who is also licensed by the state of Montana as a Mental Health Professional, defined by meeting all licensure requirements for one of the following provider types:
 - (a) Physician;
 - (b) Licensed Professional Counselor;
 - (c) Licensed Psychologist;
 - (d) Licensed Clinical Social Worker; or
 - (e) Advance Practice Registered Nurse, with a clinical specialty in psychiatric mental health nursing.
2. The following limitations apply to Dually Licensed Practitioner 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, except 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 or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions. Prescribed drugs approved for use under investigational drug status by the approved federal drug administration and provided under specific controlled medically supervised programs, under the supervision of a Physician licensed to practice medicine are not considered experimental for persons eligible for Dually Licensed Practitioner.
3. All procedures and items, including prescribed drugs, considered experimental but not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

Montana will meet the requirements of Section 1905(r) of the Social Security Act and provide for the medically necessary services for which coverage is mandated by Section 1905(r).