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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-16-0023

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 20, 2016

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

Re: SPA MT-16-0023

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-16-0023. The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for the following State Plan services on the Introduction Page, effective January 1, 2017: Other Laboratory & X-Ray Services, Physicians' Services, Optometrists' Services, Physical Therapy Services, Occupational Therapy Services and Hearing Aids.

Please be informed that this State Plan Amendment was approved December 20, 2016, with an effective date of January 1, 2017. 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.

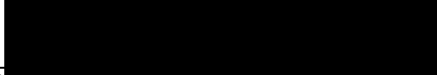

Sincerely,



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: 16-0023	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 01/01/2017	
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: Section 1902(a)(30)(A)		7. FEDERAL BUDGET IMPACT: Total FFY 17 (9 months) \$42,389 FFY 18 (12 months) \$84,317 FFY 19 (3 months) \$21,265 3 Other Laboratory & X-Ray Services FFY 17 (9 months) \$460 FFY 18 (12 months) \$1,388 FFY 19 (3 months) \$348 5.a Physicians' Services FFY 17 (9 months) \$15,672 FFY 18 (12 months) \$47,295 FFY 19 (3 months) \$11,869 6.b Optometrists' Services FFY 17 (9 months) \$25,367 FFY 18 (12 months) \$34,426 FFY 19 (3 months) \$8,741 11.a Physical Therapy Services FFY 17 (9 months) \$0 FFY 18 (12 months) \$0 FFY 19 (3 months) \$0 11.b Occupational Therapy Services FFY 17 (9 months) \$0 FFY 18 (12 months) \$0 FFY 19 (3 months) \$0 12.e Hearing Aids FFY 17 (9 months) \$890 FFY 18 (12 months) \$1,208 FFY 19 (3 months) \$307	
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 (<i>If Applicable</i>): 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 the fee schedule for the following State Plan services on the Introduction Page, effective January 1, 2017: Other Laboratory & X-Ray Services, Physicians' Services, Optometrists' Services, Physical Therapy Services, Occupational Therapy Services and Hearing Aids.			
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 Department of Public Health and Human Services Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620
13. TYPED NAME: Mary E. Dalton	
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: 12-9-16	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: December 9, 2016	18. DATE APPROVED: December 20, 2016
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017	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, 2017
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2017
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2017
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2016
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2016
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2015
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2016
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2016
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016

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
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2017
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2017
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2015
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2017
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2016
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2016
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, 2016
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2016
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2016
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2016
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2016
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, 2016