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State/Territory Name: Montana

State Plan Amendment (SPA) #: 17-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

March 8, 2018

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

Re: SPA MT-17-0003

Dear Ms. Matthews:

We have approved the State Plan Amendment (SPA) submitted under transmittal number MT-17-0003. The Attachment 4.19B Introduction Page is being amended to update the date of the Fee Schedule, with the effect of implementing a statewide 2.99% rate reduction for the services listed.

Please be informed that this State Plan Amendment was approved March 7, 2018, with an effective date of January 1, 2018. We are enclosing the summary page and the amended plan page(s).

The State assures that the change in reimbursement for the listed State Plan services is not expected to have an effect on access to care for Medicaid beneficiaries. The State conducted a comparison of Montana Medicaid reimbursement rates to Medicare rates and provided evidence from analysis reflected in a revised Addendum to Montana Medicaid 2016 Access Monitoring Plan that revealed consistent beneficiary utilization and provider enrollment. Based on this information, CMS infers that the amendment does not affect consistency with the access to care requirements described in §1902(a)(30)(A) of the Social Security Act. While this SPA results in an overall decrease in State expenditures for the listed services, it was determined to be a nominal change in overall reimbursement as described in State Medicaid Director Letter (SMDL) #17-004.

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM). For information on specific lines where each of the State Plan service expenditures should be reported, please refer to Appendix A.

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage, report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

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: Sheila Hogan, Department Director
Mary Eve Kulawik

Appendix A
MT-17-0003

Service	CMS 64 Claiming Line
Physician	Line 5A - Physician and Surgical Services – Regular Payments
Chiropractic	Line 9A - Other Practitioners Services – Regular Payments
Licensed Clinical Social Worker	Line 9A - Other Practitioners Services – Regular Payments
Licensed Professional Counselor	Line 9A - Other Practitioners Services – Regular Payments
Licensed Psychologist	Line 9A - Other Practitioners Services – Regular Payments
Dental - Dentist	Line 8 – Dental Services
Dental - Denturist	Line 8 – Dental Services
Dental - Hygienist	Line 8 – Dental Services
Dental - Dentures	Line 8 – Dental Services
Occupational/Physical Therapist	Line 9A - Other Practitioners Services – Regular Payments
Nutritionist	Line 9A - Other Practitioners Services – Regular Payments
Home Health/Private Duty Nursing	Line 12 - Home Health Services
TCM Pregnant Women	Line 24 - Targeted Case Management Services - Com. Case-Man.
TCM Adults with SDMI	Line 24 - Targeted Case Management Services - Com. Case-Man.
TCM Individuals with IDD	Line 24 - Targeted Case Management Services - Com. Case-Man.
TCM for SED youth	Line 24 - Targeted Case Management Services - Com. Case-Man.
TCM Kids with Special HC	Line 24 - Targeted Case Management Services - Com. Case-Man.
TCM SUD Youth/Adults	Line 24 - Targeted Case Management Services - Com. Case-Man.
TCM SED youth in PRTF	Line 24 - Targeted Case Management Services - Com. Case-Man.
DME and Supplies	Line 12 – Home Health Services
Hearing Aids	Line 33 - Prosthetic Devices, Dentures, Eyeglasses
Optometrist	Line 9A - Other Practitioners Services – Regular Payments
Prosthetic Devices	Line 33 - Prosthetic Devices, Dentures, Eyeglasses
Speech T & Audiology	Line 32 - Services for Speech, Hearing & Language
Lab & X-ray	Line 11 - Laboratory And Radiological Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0003	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 01/01/2018	
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 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: Total FFY 18 (9 months) (\$8,892,022) FFY 19 (12 months) (\$12,310,557) FFY 20 (3 months) (\$3,077,639) 3 Other Laboratory & X-Ray Services FFY 18 (9 months) (\$54,482) FFY 19 (12 months) (\$78,631) FFY 20 (3 months) (\$19,658) 5.a Physicians' Services FFY 18 (9 months) (\$1,306,242) FFY 19 (12 months) (\$1,822,798) FFY 20 (3 months) (\$455,700) 6.b Optometrists' Services FFY 18 (9 months) (\$67,818) FFY 19 (12 months) (\$96,532) FFY 20 (3 months) (\$24,133) 6.c Chiropractic Services FFY 18 (9 months) (\$17,383) FFY 19 (12 months) (\$23,447) FFY 20 (3 months) (\$5,861) 6d Licensed Clinical Social Workers' Services FFY 18 (9 months) (\$71,900) FFY 19 (12 months) (\$105,376) FFY 20 (3 months) (\$26,344) 6d Licensed Professional Counselors' Services FFY 18 (9 months) (\$139,679) FFY 19 (12 months) (\$200,961) FFY 20 (3 months) (\$50,241) 6d Licensed Psychologists' Services FFY 18 (9 months) (\$12,182) FFY 19 (12 months) (\$7,392) FFY 20 (3 months) (\$1,848) 6d Denturist Services FFY 18 (9 months) (\$0) FFY 19 (12 months) (\$0) FFY 20 (3 months) (\$0) 6d Dental Hygienist Services FFY 18 (9 months) (\$0) FFY 19 (12 months) (\$0) FFY 20 (3 months) (\$0) 10 Dental Services FFY 18 (9 months) (\$728,908) FFY 19 (12 months) (\$1,050,690) FFY 20 (3 months) (\$262,673)		

12b Denture Services

FFY 18 (9 months) (\$0)
FFY 19 (12 months) (\$0)
FFY 20 (3 months) (\$0)

6e Nutritionists' Services

FFY 18 (9 months) (\$429)
FFY 19 (12 months) (\$608)
FFY 20 (3 months) (\$152)

7a, 7b and 7d Home Health Services

FFY 18 (9 months) (\$181,061)
FFY 19 (12 months) (\$241,416)
FFY 20 (3 months) (\$60,354)

7c Durable Medical Equipment and Supplies

FFY 18 (9 months) (\$217,464)
FFY 19 (12 months) (\$296,766)
FFY 20 (3 months) (\$74,192)

8 Private Duty Nursing Services

FFY 18 (9 months) (\$4,354)
FFY 19 (12 months) (\$58,750)
FFY 20 (3 months) (\$14,687)

11a Physical Therapy Services

FFY 18 (9 months) (\$48,993)
FFY 19 (12 months) (\$68,754)
FFY 20 (3 months) (\$17,188)

11b Occupational Therapy Services

FFY 18 (9 months) (\$33,255)
FFY 19 (12 months) (\$46,672)
FFY 20 (3 months) (\$11,668)

11c Speech Therapy & Audiology Services

FFY 18 (9 months) (\$36,565)
FFY 19 (12 months) (\$50,641)
FFY 20 (3 months) (\$12,660)

12c Prosthetic Devices

FFY 18 (9 months) (\$27,428)
FFY 19 (12 months) (\$37,430)
FFY 20 (3 months) (\$9,357)

12e Hearing Aids

FFY 18 (9 months) (\$2,443)
FFY 19 (12 months) (\$3,264)
FFY 20 (3 months) (\$816)

19a Targeted Case Management Services (TCM) for High Risk Pregnant Women

FFY 18 (9 months) (\$7,014)
FFY 19 (12 months) (\$9,854)
FFY 20 (3 months) (\$2,464)

19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness

FFY 18 (9 months) (\$2,508,559)
FFY 19 (12 months) (\$3,376,814)
FFY 20 (3 months) (\$844,203)

19c Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a DD Children's Group Home


FFY 18 (9 months) (\$69,229)
FFY 19 (12 months) (\$95,309)
FFY 20 (3 months) (\$23,827)

	<p>19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED) FFY 18 (9 months) (\$3,315,540) FFY 19 (12 months) (\$4,583,703) FFY 20 (3 months) (\$1,145,926)</p> <p>19e Targeted Case Management (TCM) Services for Children with Special Health Care Needs FFY 18 (9 months) (\$3,198) FFY 19 (12 months) (\$4,315) FFY 20 (3 months) (\$1,079)</p> <p>19G Targeted Case Management Services For Substance Use Disorders – Youth FFY 18 (9 months) (\$1,892) FFY 19 (12 months) (\$2,522) FFY 20 (3 months) (\$630)</p> <p>19H Targeted Case Management Services For Substance Use Disorders – Adult FFY 18 (9 months) (\$35,934) FFY 19 (12 months) (\$47,912) FFY 20 (3 months) (\$11,978)</p> <p>19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Treatment Facility (PRTF) FFY 18 (9 months) (\$0) FFY 19 (12 months) (\$0) FFY 20 (3 months) (\$0)</p>
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<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2.</p>	<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2.</p>
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10. SUBJECT OF AMENDMENT:
The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for state plan services on the Introduction Page, effective January 1, 2018.


11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
 Single Agency Director Review

<p>12. SIGNATURE OF STATE AGENCY OFFICIAL: </p>	<p>16. RETURN TO: Montana Dept. of Public Health and Human Services Marie Matthews State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604</p>
<p>13. TYPED NAME: Marie Matthews</p>	
<p>14. TITLE: State Medicaid Director</p>	
<p>15. DATE SUBMITTED: 3-5-18</p>	

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<p>17. DATE RECEIVED: December 28, 2017</p>	<p>18. DATE APPROVED: March 7, 2018</p>
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PLAN APPROVED – ONE COPY ATTACHED

<p>19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018</p>	<p>20. SIGNATURE OF REGIONAL OFFICIAL: </p>
<p>21. TYPED NAME: Richard C. Allen</p>	<p>22. TITLE: ARA, DMCHO</p>

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, 2018
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
6e Nutritionists' Services	Attachment 4.19B, Page 1	January 1, 2018
7a and 7b Home Health Services	Attachment 4.19B, Page 1	January 1, 2018
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	January 1, 2018
7d Home Health Services	Attachment 4.19B, Page 1	January 1, 2018
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	January 1, 2018
10 Dental Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018

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, 2018
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
12b Denture Services	Attachment 4.19B, Pages 1 and 2	January 1, 2018
12c Prosthetic Devices	Attachment 4.19B, Page 1	January 1, 2018
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2018
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	January 1, 2018
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	January 1, 2018
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	January 1, 2018
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	January 1, 2018
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	January 1, 2018
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	January 1, 2018
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	January 1, 2018
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	January 1, 2018