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State/Territory Name: Montana

State Plan Amendment (SPA) #: 17-0006

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

January 4, 2018

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

Re: Montana #17-0006

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-17-0006. This amendment will add a single source provider who will supply purchased breast pumps to Montana Medicaid eligible members.

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

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

For Durable Medical Equipment and Supplies – Breast Pump expenditures should be reported on: Line 12: Home Health Services, which include DME.

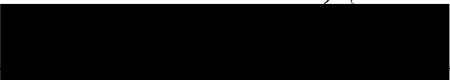

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

A solid black rectangular box used to redact the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0006	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: 02/01/2018	
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: Section 1902(a)(30)(A)		7. FEDERAL BUDGET IMPACT: a. FFY 18: \$225,191.60 b. FFY 19: \$228,937.77	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1A Service 7.C Page 1 of 1 Supplement to Attachment 3.1B Service 7.C Page 1 of 1 Attachment 4.19B Service 7.C Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): N/A	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to add a single source provider who will supply purchased breast pumps to all Montana Medicaid eligible members. Montana Medicaid will be in compliance with Health Resources & Services Administration (HRSA) guidelines regarding women's health, required under the Affordable Care Act. Montana Medicaid certifies there are adequate services or devices available to members of adequate quality under the special procedures.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: original submittal 11/14/17 Resubmittal 12/20/17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 14, 2017		18. DATE APPROVED: January 4, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

Breast pumps are provided through a single volume purchase contract selected through a competitive bid process under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d). Montana assures that the Department meets the certification requirements of Section 1902(a)(23) of the Social Security Act.

The following limitations apply to purchased breast pumps:

- a. Purchased breast pumps are limited to one breast pump per pregnancy.
- b. Breast pump limits can be exceeded based on medical necessity.

MONTANA

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MONTANA

- I. Effective, February 1, 2018, for purchased breast pumps, Medicaid will pay the rate established by the state agency competitive bidding process. Montana meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to deliver purchased breast pumps on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431. 54(d).