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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-17-0019

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

August 1, 2017

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

Re: SPA MT-17-0019

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-17-0019. This amendment will allow the 1915(i) to sunset effective 09/30/2017. The small number of youth who are currently enrolled in the 1915(i) State plan services will be transitioned to other Montana Medicaid mental health services. With the end of this state plan service, the state should no longer report claims with dates of service after 9/30/17 on the CMS-64.

Please be informed that this State Plan Amendment was approved today with an effective date of September 30, 2017. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Cynthia Riddle at (303) 844-7116 or Cynthia.riddle@cms.hhs.gov.

Sincerely,



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**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
17-0019

2. STATE
Montana

3. PROGRAM IDENTIFICATION: Title XIX of the
Social Security Act (Medicaid)

4. PROPOSED EFFECTIVE DATE
09/30/2017

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 441.700-745

7. FEDERAL BUDGET IMPACT:

- a. FFY17 (12 months): \$0
b. FFY18 (12 months): \$0

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

1915(i) HCBS State Plan Services for High Needs Youth with
Serious Emotional Disturbance, Supplement to Attachment 3.1-I,
page 1 of 1.

1915(i) HCBS State Plan Services for High Needs Youth with
Serious Emotional Disturbance, Attachment 4.19B, page 1 of 1.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

1915(i) HCBS State Plan Services for High Needs Youth with
Serious Emotional Disturbance, Supplement to Attachment 3.1-I,
pages 1-32 of 32.

1915(i) HCBS State Plan Services for High Needs Youth with
Serious Emotional Disturbance, Attachment 4.19B, pages 1-4 of 4.

10. SUBJECT OF AMENDMENT:

The 1915i will be allowed to sunset effective 09/30/2017. The small number of youth who are currently enrolled in the 1915(i) State plan services will be transitioned to other Montana Medicaid mental health services.

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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

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

13. TYPED NAME: Marie Matthews

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: original date: 6-30-17
revised 7-20-17

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 30, 2017

18. DATE APPROVED:

August 1, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 30, 2017

20. [Redacted]

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

23. REMARKS:

The State allowed the optional 1915(i) Home and Community-Based Services State Plan to sunset on September 30, 2017.

State: MONTANA

Attachment 4.19-B
Methods and Standards for Establishing Payment Rates
§1915(i) HCBS State Plan Services for High Needs Youth with SED
Page 1

The State allowed the optional 1915(i) Home and Community-Based Services State Plan to sunset on September 30, 2017.