

---

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 18-0006**

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**

---

May 21, 2018

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

Dear Ms. Matthews:

We have approved the State Plan Amendment (SPA) submitted under transmittal number MT-18-0006. The Attachment 4.19B Introduction Page is being amended to update the date of the Fee Schedule, with the effect of implementing certain rate methodology changes reflected in separately submitted state plan amendments concerning: DME Incontinence Supplies, Dental Services, Vision Services and Targeted Case Management for Children and Youth with Special Health Care Needs (CYSHCN).

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

The State assures that the change in reimbursement for TCM services for Children and Youth with Special Health Care Needs is not expected to have an effect on access to care for Medicaid beneficiaries. The State has aligned this TCM rate with its other TCM program, which contain the same set of services and are provided by the same set of qualified providers. The State 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.

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.

For TCM Services for CYSHCN for beneficiaries under age 21, the expenditures should be reported on Line 24A – Targeted Case Management Services.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0006	2. STATE Montana
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 03/01/2018

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 440  
42 CFR 447.203  
1902(a)(30)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

**Total**  
FFY 18 (7 months)      (\$1,669,525)  
FFY 19 (12 months)      (\$2,827,777)  
FFY 20 (5 months)      (\$1,522,620)

**6d Licensed Clinical Social Workers' Services**

FFY 18 (7 months)      (\$0)  
FFY 19 (12 months)      (\$0)  
FFY 20 (5 months)      (\$0)

**6d Licensed Professional Counselors' Services**

FFY 18 (7 months)      (\$0)  
FFY 19 (12 months)      (\$0)  
FFY 20 (5 months)      (\$0)

**6d Licensed Psychologists' Services**

FFY 18 (7 months)      (\$0)  
FFY 19 (12 months)      (\$0)  
FFY 20 (5 months)      (\$0)

**6d Dental Hygienist Services**

**6d Denturist Services**

**12b Denture Services**

**10 Dental Services**

FFY 18 (7 months)      (\$1,273,373)  
FFY 19 (12 months)      (\$2,297,680)  
FFY 20 (5 months)      (\$1,276,489)

**7c Durable Medical Equipment and Supplies**

FFY 18 (7 months)      (198,498)  
FFY 19 (12 months)      (\$358,171)  
FFY 20 (5 months)      (\$198,984)

**12c Prosthetic Devices**

FFY 18 (7 months)      (\$0)  
FFY 19 (12 months)      (\$0)  
FFY 20 (5 months)      (\$0)

**19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)**



FFY 18 (7 months)      (\$0)  
FFY 19 (12 months)      (\$0)  
FFY 20 (5 months)      (\$0)

**19e Targeted Case Management (TCM) Services for Children with Special Health Care Needs**

FFY 18 (7 months)      (\$197,654)  
FFY 19 (12 months)      (\$171,926)  
FFY 20 (5 months)      (\$47,147)

**19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State (OOS) Psychiatric Treatment Facility (PRTF)**

FFY 18 (7 months)      (\$0)  
FFY 19 (12 months)      (\$0)  
FFY 20 (5 months)      (\$0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19B, Reimbursement Introduction Page, 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 state plan services on the Introduction Page, effective March 1, 2018. There will be no federal fiscal impact for the following Medicaid State Plan services: 6d Licensed Clinical Social Workers' Services; 6d Licensed Professional Counselors' Services; 6d Licensed Psychologists' Services; 12C Prosthetic Devices; 19D TCM Services for Youth with SED; 19i TCM Services for Youth with SED in an OOS PRTF. The date for these fee schedules must be amended to March 1, 2018, because the Department is proposing changes to other services on those fee schedules.	
11. GOVERNOR'S REVIEW (Check One): <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 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	17. DATE RECEIVED:  March 7, 2018
14. TITLE: State Medicaid Director	18. DATE APPROVED:  May 21, 2018
15. DATE SUBMITTED: 3-7-18 / resubmitted 5-11-18 <b>FOR REGIONAL OFFICE USE ONLY</b>	19. EFFECTIVE DATE OF APPROVED MATERIAL:  March 1, 2018
17. DATE RECEIVED:  March 7, 2018	
21. TYPED NAME:  Richard C. Allen	20. SIGNATURE OF REGIONAL OFFICIAL: 
23. REMARKS:	22. TITLE:  ARA, DMCHO

**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 1<sup>st</sup> of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1<sup>st</sup> 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.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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	March 1, 2018
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	March 1, 2018
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	March 1, 2018
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	March 1, 2018
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	March 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	March 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	March 1, 2018

TN: 18-0006  
Supersedes: 17-0003

Approved: May 21, 2018

Effective: 03/01/2018

**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)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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	March 1, 2018
12c Prosthetic Devices	Attachment 4.19B, Page 1	March 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	March 1, 2018
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	March 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	March 1, 2018

TN: 18-0006  
Supersedes: 17-0003

Approved: May 21, 2018

Effective: 03/01/2018