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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0024

This file contains the following documents in the order listed:

1) Approval Letter

- 2) 179
- 3) Approved SPA Pages

TN: MT-18-0024 Approval Date: 04/16/2018 Effective Date: 03/01/2018

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

April 16, 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 reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-18-0024. This amendment implements a limit to the Optometrists' services benefit of exam examinations for determination of refractive state. Members age 21 and over will be limited to one exam per 730-day period. Members age 20 and under will be eligible for an eye exam once every 365-day period. Limits can be exceeded if determined to be medically necessary.

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).

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 Waiver, those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

For Optometric Services, the expenditures should be reported on Line 9A – Other Practitioners Services – Reg Payments.

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 Duane Preshinger Jo Thompson Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
	18-0024	Montana	
STATE PLAN MATERIAL	10 002.	1410mana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	03/01/2018		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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:	7. FEDERAL BUDGET IMPACT:		
SECTION 1902 (a) (30) (A)	DEV 2010 F. J. J. J. (010 (170)		
42 CFR 440.60(a)	a. FFY 2018: Federal share (\$126,173)		
	b. FFY 2019: Federal Share (\$227,744)		
	c. FFY 2020: Federal share (\$1	26,524)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION	
	OR ATTACHMENT (If Applicable):		
	, January		
Supplement to Attachments 3.1.A and 3.1.B	Supplement to Attachments 3.1.A and 3.1.B		
Service 6b, Optometrist	Service 6b, Optometrist		
Page 1 of 1	Page 1 of 1		
10. SUBJECT OF AMENDMENT:			
Optometrists' services will be amending the benefit of eye exams for det	ermination of refractive state. Members a	ge 21 and over will be	
limited to one exam per 730-day period. Members age 20 and under will be eligible for an eye exam once every 365-day period.			
11. GOVERNOR'S REVIEW (Check One):	MOTHER AGGRE	TIPLE	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☑ OTHER, AS SPECIFIED: Single Agency Director Review		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Single Agency Director Review		
INO RELET RECEIVED WITHIN 43 DATS OF SODIMITTAE			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
13. Granting at a string strong to the string.	Montana Department of Public Health and Human Services		
	Marie Matthews		
13. TYPED NAME: Marie Matthews	Attn: Mary Eve Kulawik		
13. TTED WINE. Maile Mathews	PO Box 4210		
14. TITLE: State Medicaid Director	Helena MT 59620		
15. DATE SUBMITTED:	1		
2-27-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
F-1	April 16, 2018		
February 27, 2018		2018	
PLAN APPROVED – ON	E COPY ATTACHED		
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:			
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2018	E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF		
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2018 21. TYPED NAME:	E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF 22. TITLE:		
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2018	E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF		

MONTANA

The following limitations apply to Optometric Services:

- 1. Eye examinations for the determination of refractive state are limited to one per 365-day period for individuals 20 years of age and under.
- 2. Eye examinations for the determination of refractive state are limited to one per 730-day period for individuals 21 years of age and older.
- 3. Optometrist service limits can be exceeded based on medical necessity.

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

- 1. All procedures and items, including prescribed drugs, considered experimental by the United States Department of Health and Human Services or any other appropriate federal agency.
- 2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions.
- 3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

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