
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0025

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 30, 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-18-0025. This amendment is proposing to specify the intervals for obtaining eyeglasses. All outlined intervals or limitations can be exceeded based on medical necessity so no sufficiency analysis is required.

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 Eyeglasses, the expenditures should be reported on Line 33 - Prosthetic Devices, Dentures, Eyeglasses.

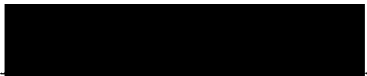

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

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 STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 18-0025	2. STATE Montana
		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 03/01/2018	
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) 42 CFR 440.120 (c) (3) (d)		7. FEDERAL BUDGET IMPACT: a. FFY 2018: Federal share (\$2,920) b. FFY 2019: Federal Share (\$5,271) c. FFY 2020: Federal share (\$2,929)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachments 3.1.A and 3.1.B Servcie 12d, Eyeglasses Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Supplement to Attachments 3.1.A and 3.1.B Servcie 12d, Eyeglasses Page 1 of 1	
10. SUBJECT OF AMENDMENT: Eyeglasses service will be amended to reflect a change in benefits for adults from one pair every 365 days to one pair every 730 days. Language was added for two pairs of eyeglasses when it is medically necessary for adults. The eyeglass benefit for members age 20 and under will remain at one pair every 365 days.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: 3-6-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 6, 2018		18. DATE APPROVED: March 30, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2018		20. SIGNATURE OF STATE AGENCY OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

The following limitations apply to Eyeglass Services:

1. Eyeglasses (frames and lenses) are limited to one pair per 365 day period for individuals age 20 and under with one replacement during this time.

Additional replacements for children must be prior authorized by the Department.

2. Eyeglasses (frames and lenses) are limited to one pair per 730 day period for individuals age 21 and over.

Individuals age 21 and over may receive two complete pairs of eyeglasses for medical necessity after approval by the Department.

3. Eyeglasses (frames and lenses) limits can be exceeded based on medical necessity.

MONTANA

The following limitations apply to Eyeglass Services:

1. Eyeglasses (frames and lenses) are limited to one pair per 365 day period for individuals age 20 and under with one replacement during this time.

Additional replacements for children must be prior authorized by the Department.

2. Eyeglasses (frames and lenses) are limited to one pair per 730 day period for individuals age 21 and over.

Individuals age 21 and over may receive two complete pairs of eyeglasses for medical necessity after approval by the Department.

3. Eyeglasses (frames and lenses) limits can be exceeded based on medical necessity.