Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0026

This file contains the following documents in the order listed:

- Approval Letter
 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

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-18-0026. This amendment eliminates coverage of denturist and denture services for individuals aged 21 and older. The limit can be exceed if determined medically necessary for individuals aged 20 and younger.

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 Denturist Services, the expenditures should be reported on Line 9 A - 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	18-0026	Montana	
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			
	AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
SECTION 1902(a)(30)(A), 42CFR440.100	a. FFY 18 \$0		
SECTION 1902(a)(50)(A), 42CI 100	b. FFY 19 \$0		
	c. FFY 20 \$0		
	Amounts are reflected on the MT 18-000 Introduction Page.	6 Reimbursement	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
ATTACHMENT:	OR ATTACHMENT (If Applicable):		
	oktri memiliki (j nppheuoloj.		
Supplement to Attachment 3.1A and 3.1B, Denturist Denture	Supplement to Attachment 3.1A and 3.1B, Denturist Denture		
Services, 6(d), pages 4(b) and 4(c) of 4	Services, 6(d), pages 4(b) and 4(c) of 4		
10. SUBJECT OF AMENDMENT:			
The purpose of this amendment is to reduce high cost and extensive adult dental services.			
11. GOVERNOR'S REVIEW (Check One):	OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Single Agency Director review		
□ 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		
12 TVDED NAME: Maria Matthewa	- Marie Matthews		
13. TYPED NAME: Marie Matthews	Attn: Mary Eve Kulawik		
14. TITLE: State Medicaid Director	PO Box 4210		
	Helena MT 59620		
15. DATE SUBMITTED:			
2-27-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
February 27, 2018	April 16, 20	18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF PEOLOMIL OFFI	CIAL:	
March 1, 2018			
21. TYPED NAME:	22. TITLE:		
Richard C. Allen			
23. REMARKS:			
		a chande and a change of the	

Page (4b) of 4 Supplement to Attachment 3.1A Service 6 (d) Other Practitioners' Services Denturist Services

MONTANA

Denturists provide services under their own license within their scope of practice as defined under Montana Code Annotated and the Administrative Rules of Montana.

Denturist Services are not a covered benefit for Medicaid members age 21 and older. Limits to the Dental Services program may be overridden for Medicaid members age 20 and under if medically necessary.

Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include all procedures, items and prescribed drugs:

- 1. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency.
- 2. Provided as part of a control study, approved by HHS 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; and,
- 3. Which may be subject to question but not covered in #1 and #2 above. These services will be evaluated by the Department's designated medical review organization.

Page (4b) of 4 Supplement to Attachment 3.1B Service 6 (d) Other Practitioners' Services Denturist Services

MONTANA

Denturists provide services under their own license within their scope of practice as defined under Montana Code Annotated and the Administrative Rules of Montana.

Denturist Services are not a covered benefit for Medicaid members age 21 and older. Limits to the Dental Services program may be overridden for Medicaid members age 20 and under if medically necessary.

Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include all procedures, items and prescribed drugs:

- 1. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency.
- 2. Provided as part of a control study, approved by HHS 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; and,
- 3. Which may be subject to question but not covered in #1 and #2 above. These services will be evaluated by the Department's designated medical review organization.