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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0028

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- 1) Approval Letter
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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

August 20, 2018

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

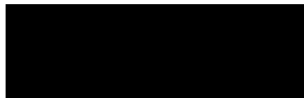
Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-18-0028. This amendment removes the fee schedule for Service 19c. Targeted Case Management (TCM) Services for Individuals with Developmental Disabilities (DD) Age 16 and Over or Who Reside in a DD Children's Group Home State Plan from MT's 4.19 B Intro Page for non-Institutional services. The date of the removal from the Intro page will be June 1, 2018.

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



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		1. TRANSMITTAL NUMBER: 18-0028	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 06/01/2018	
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: 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: Service 19c, Individuals with Developmental Disabilities Enrolled in the 1915(c) 0208 Home and Community Based Services (HCBS) Comprehensive Waiver or Eligible Individuals Age 16 and Over a. FFY 18 (4 months): \$ 0 b. FFY 19 (12 months): \$ 0 c. FFY 20 (8 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 <i>(If Applicable)</i> : Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2.	
10. SUBJECT OF AMENDMENT: This amendment removes the Targeted Case Management (TCM) Services for Individuals with Developmental Disabilities (DD) Age 16 and Over or Who Reside in a DD Children's Group Home State Plan service from the reimbursement Introduction Page effective June 1, 2018.			
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 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 5-30-18 resubmittal 8-17-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 30, 2018		18. DATE APPROVED: August 20, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

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

Service	Attachment	Effective Date
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: 18-0028

Approved: 08/20/2018

Effective: 06/01/2018

Supersedes: 18-0006

**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)

Service	Attachment	Effective Date
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
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: 18-0028
Supersedes: 18-0006

Approved: 08/20/2018

Effective: 06/01/2018