
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0033

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

August 23, 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-18-0033. This amendment revises the effective date for the fee schedule for many of the services on the Intro Page to be effective July 1, 2018.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 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,

A solid black rectangular box used to redact the signature of the sender.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director
Duane Preshinger
Mary Eve Kulawik


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0033	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 07/01/2018	
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: Total FFY 18 (3 months) \$ 57,998 FFY 19 (12 months) \$232,348 FFY 20 (9 months) \$174,314 3 Other Laboratory & X-Ray Services FFY 18 (3 months) \$ 3,002 FFY 19 (12 months) \$12,026 FFY 20 (9 months) \$9,022 5a Physicians' Services FFY 18 (3 months) \$ 54,996 FFY 19 (12 months) \$220,322 FFY 20 (9 months) \$165,292 6b Optometrist' Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0 6c Chiropractic Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0 6d Licensed Clinical Social Workers' Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0 6d Licensed Professional Counselors' Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0 6d Licensed Psychologists' Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0 6e Nutritionists' Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0 7a and 7b Home Health Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0 7d Home Health Services FFY 18 (3 months) \$0 FFY 19 (12 months) \$0 FFY 20 (9 months) \$0	

11a Physical Therapy Services	
FFY 18 (3 months)	\$0
FFY 19 (12 months)	\$0
FFY 20 (9 months)	\$0
11b Occupational Therapy Services	
FFY 18 (3 months)	\$0
FFY 19 (12 months)	\$0
FFY 20 (9 months)	\$0
11c Speech Therapy and Audiology Services	
FFY 18 (3 months)	\$0
FFY 19 (12 months)	\$0
FFY 20 (9 months)	\$0
19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)	
FFY 18 (3 months)	\$0
FFY 19 (12 months)	\$0
FFY 20 (9 months)	\$0
19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Treatment Facility (PRTF)	
FFY 18 (3 months)	\$0
FFY 19 (12 months)	\$0
FFY 20 (9 months)	\$0
24a Transportation Services	
FFY 18 (3 months)	\$0
FFY 19 (12 months)	\$0
FFY 20 (9 months)	\$0
28 Free Standing Birthing Centers	
FFY 18 (3 months)	\$0
FFY 19 (12 months)	\$0
FFY 20 (9 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.
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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 July 1, 2018. The date for these fee schedules must be amended, because the Department is incorporating the 2018 RVUs from CMS. These changes are budget neutral, with the exception of physician services and laboratory and x-ray services. Montana is required under state law to increase the physician services conversion factor effective July 1, 2018 from \$36.53 to \$36.68. In addition, the Department is adding Service 24a, Transportation Services-Ambulance; and Service 28, Free Standing Birthing Centers.

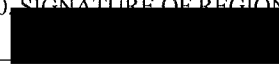
11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
 Single Agency Director Review

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	
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: 5-30-18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 30, 2018	18. DATE APPROVED: August 23, 2018
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 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	July_1, 2018
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2018
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2018
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2018
6d Licensed Clinical Social Workers’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2018
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2018
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	July 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	July 1, 2018
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 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	July 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: 18-0033

Approved: 08/23/2018

Effective: 07/01/2018

Supersedes: 18-0028

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	July 1, 2018
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2018
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 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	July 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	July 1, 2018
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2018
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	July 1, 2018

TN: 18-0033
Supersedes: 18-0028

Approved: 08/23/2018

Effective: 07/01/2018