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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0035

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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 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-18-0035. This amendment revises the service number where Montana has Free Standing Birthing Centers displayed in the State Plan and adds the service's reimbursement effective date to Montana's 4.19B Introduction Page.

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,



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

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

MONTANA

- I. Reimbursement for the facility charges of a Free Standing Birthing Center Services shall be the lower of:
 - A. The provider's usual and customary charge for the service; or
 - B. Reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 2.a, Outpatient Hospital Services.
- II. Reimbursement for Freestanding Birthing Center Services provided by:
 - A. Physicians, physician assistants and advanced practice nurses shall be the lower of:
 - i. The provider's usual and customary charge for the service; or
 - ii. Reimbursement under Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 5a, Physician Services, and 6d, Other Practitioner Services.
 - B. Certified Nurse Midwives shall be the lower of:
 - i. The provider's usual and customary charge for the services; or
 - ii. Reimbursement under Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 17, Nurse Midwife Services.
 - C. Licensed Direct Entry Midwives shall be the lower of:
 - i. The provider's usual and customary charge for the services; or
 - ii. Unless otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.medicaidprovider.mt.gov.

State/Territory: MONTANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

g. Critical Access Hospital(CAH)services.

Provided: No limitations With limitations Not provided

Description provided on attachment.

State/Territory: MONTANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

/ / Provided: /X/ Not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disability, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

/X/ Provided /X/ State Approved (Not Physician) Services Plan Allowed

/X/ Services Outside the Home Also Allowed

/X/ With Limitations*

/ / Not provided.

*Description provided on attachment.

28. Freestanding Birthing Center Services. Licensed or otherwise state-approved Freestanding Birthing Centers.

/ X / Provided: / /No Limitations / X / With Limitations*

State/Territory: MONTANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- i. Licensed or otherwise state-recognized covered professionals providing services in the Freestanding Birthing Center.

/ X / Provided: / / No Limitations /X/ With Limitations
(please describe below)
/ / Not applicable (there are no licensed or state approved
Freestanding Birth Centers)

Please describe any limitations:

- A. For physicians, those limits provided for under Supplement to Attachment 3.1B for Service 5(a) Physician Services;
- B. For mid-level practitioners, those limits provided for under Supplement to Attachment 3.1B for Service 6(d) Other Practitioner Services

Please check all that apply:

- / X / (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- / X / (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*
- /X / (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.*

* For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

(b): For mid-level practitioners, those limits provided under Supplement to Attachment 3.1A and 3.1B for Service 6d Other Practitioner Services. Mid-level practitioners include physician assistant, nurse anesthetist, nurse practitioner, and clinical nurse specialist.

(c): Birth attendant means a person that is licensed as a direct entry midwife as defined in Title 37, chapter 27, Montana Codes Annotated (MCA) and Administrative Rules of Montana (ARM) Title 24, chapter 111, subchapter 6.

State/Territory: MONTANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

g. Critical Access Hospital (CAH) services.

/X/ Provided: // No limitations /X/ With limitations // Not provided

Description provided on attachment.

28. Freestanding Birthing Center Services. Licensed or otherwise state-approved Freestanding Birthing Centers.

/ X / Provided: //No Limitations / X / With Limitations*

i. Licensed or otherwise state-recognized covered professionals providing services in the Freestanding Birthing Center.

/ X / Provided: // No Limitations /X/ With Limitations (please describe below)
// Not applicable (there are no licensed or state approved Freestanding Birth Centers)

Please describe any limitations:

- A. For physicians, those limits provided for under Supplement to Attachment 3.1B for Service 5(a) Physician Services;
- B. For mid-level practitioners, those limits provided for under Supplement to Attachment 3.1B for Service 6(d) Other Practitioner Services

Please check all that apply:

- / X / (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- / X / (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife)*.
- /X / (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.*

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