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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0039

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 28, 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-18-0039. This amendment revises the effective date for the Private Duty Nursing (PDN) fee schedule to 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).

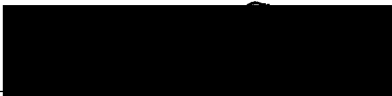

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Mary Marchioni
Acting 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: 18-0039	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 <table style="margin-left: 40px;"> <tr><td>FFY 18 (3 months)</td><td>\$ 101,867</td></tr> <tr><td>FFY 19 (12 months)</td><td>\$ 407,592</td></tr> <tr><td>FFY 20 (9 months)</td><td>\$ 305,602</td></tr> </table> 8 Private Duty Nursing Services <table style="margin-left: 40px;"> <tr><td>FFY 18 (3 months)</td><td>\$101,898</td></tr> <tr><td>FFY 19 (12 months)</td><td>\$407,592</td></tr> <tr><td>FFY 20 (9 months)</td><td>\$305,694</td></tr> </table>		FFY 18 (3 months)	\$ 101,867	FFY 19 (12 months)	\$ 407,592	FFY 20 (9 months)	\$ 305,602	FFY 18 (3 months)	\$101,898	FFY 19 (12 months)	\$407,592	FFY 20 (9 months)	\$305,694
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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: The Attachment 4.19B Introduction Page is being amended to update the date of the Private Duty Nursing Services fee schedule for state plan services on the Introduction Page, effective July 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: 7-26-18															
FOR REGIONAL OFFICE USE ONLY															
17. DATE RECEIVED: July 26, 2018		18. DATE APPROVED: August 28, 2018													
PLAN APPROVED – ONE COPY ATTACHED															
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 													
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting 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	July 1, 2018
10 Dental Services	Attachment 4.19B, Pages 1 and 2	March 1, 2018

TN: 18-0039

Approved: 08/28/2018

Effective: 07/01/2018

Supersedes: 18-0033

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	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: 18-0039
 Supersedes: 18-0033

Approved: 08/28/2018

Effective: 07/01/2018