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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0050

This file contains the following documents in the order listed:

1) Approval Letter

- 2) 179
- 3) Approved SPA Pages

TN: MT-18-0050 Approval Date: 10/22/2018 Effective Date: 10/01/2018

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

October 22, 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-18-0050. This amendment restores OLP denturist services for adults.

Please be informed that this State Plan Amendment was approved today, with an effective date of October 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 and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	18-0050	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	10/01/2018	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT:		
0. FEDERAL STATUTE/REGULATION CITATION;	7. FEDERAL BUDGET IMPACT.	
SECTION 1902(a)(30)(A), 42CFR440.100	a. FFY 18 \$0	
	b. FFY 19 \$0	
	c. FFY 20 \$0	
	g	
	Amounts are reflected on the MT 18-0040 Reimbursement Introduction Page.	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEI	DED PLAN SECTION
ATTACHMENT:	OR ATTACHMENT (If Applicable):	
•		
Supplement to Attachment 3.1A and 3.1B, Service 6 (d) Denturist	Supplement to Attachment 3.1A and 3.1B, Service 6 (d) Denturist	
Services, Pages (4b) of 4	Services, Pages (4b) of 4	
10 OLIDIFOT OF AMENDMENT		
10. SUBJECT OF AMENDMENT:		
Restores services provided by licensed Denturists.		
residies services provided by neclised Bondrists.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	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	
	Montana Department of Public Health and Human Services Marie Matthews	
13. TYPED NAME: Marie Matthews	Attn: Mary Eve Kulawik	
	PO Box 4210	
14. TITLE: State Medicaid Director	Helena MT 59620	
16 DATE OUR MITTED.		
15. DATE SUBMITTED: original submittal 9/07/2018 Resubmittal 10/16/2018		
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED:		
September 7, 2018	October 22,	2018
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF PROJECT AL OFFIC	CIAL:
October 1, 2018		
21. TYPED NAME:	22. TITLE:	
Richard C. Allen	ARA, DMCHO	
23. REMARKS:		

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.

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.
- 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.

TN: 18-0050 Approved: 10/22/2018 Effective: 10/1/18

Supersedes: TN: 18-0026

Page (4b) of 4
Supplement to
Attachment 3.1B
Service 6 (d)
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