
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 19-0008

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

August 15, 2019

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

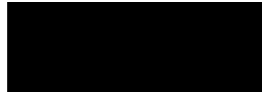
Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-19-0008. This amendment updates a number of fee schedules on the 4.19B Intro Page, and it also adds two new services to the Intro Page.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 1, 2019. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Sonja Madera at (303) 844-3522.

Sincerely,



Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director
Mary Eve Kulawik, Montana

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: HEALTH CARE FINANCING ADMINISTRATION</p> <p>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1. TRANSMITTAL NUMBER: 19-0008</td> <td style="width:50%;">2. STATE Montana</td> </tr> <tr> <td colspan="2">3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)</td> </tr> <tr> <td colspan="2">4. PROPOSED EFFECTIVE DATE 07/01/2019</td> </tr> </table>	1. TRANSMITTAL NUMBER: 19-0008	2. STATE Montana	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)		4. PROPOSED EFFECTIVE DATE 07/01/2019	
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3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)							
4. PROPOSED EFFECTIVE DATE 07/01/2019							
<p>5. TYPE OF PLAN MATERIAL <i>(Check One)</i>:</p> <p><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT</p> <p style="text-align:center;"><i>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</i></p>							
<p>6. FEDERAL STATUTE/REGULATION CITATION:</p> <p>42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act</p>	<p>7. FEDERAL BUDGET IMPACT:</p> <p>Total</p> <p>FFY 19 (3 months) \$1,184,542 FFY 20 (12 months) \$4,768,751 FFY 21 (9 months) \$3,777,841</p> <p>3 Other Laboratory & X-Ray Services</p> <p>FFY 19 (3 months) \$41,813 FFY 20 (12 months) \$168,131 FFY 21 (9 months) \$132,408</p> <p>5a Physicians' Services</p> <p>FFY 19 (3 months) \$765,890 FFY 20 (12 months) \$3,089,395 FFY 21 (9 months) \$2,455,128</p> <p>6b Optometrist' Services</p> <p>FFY 19 (3 months) \$12,648 FFY 20 (12 months) \$50,514 FFY 21 (9 months) \$39,406</p> <p>6c Chiropractic Services</p> <p>FFY 19 (3 months) \$41 FFY 20 (12 months) \$166 FFY 21 (9 months) \$137</p> <p>6d Licensed Clinical Social Workers' Services</p> <p>FFY 19 (3 months) \$24,752 FFY 20 (12 months) \$99,339 FFY 21 (9 months) \$78,143</p> <p>6d Licensed Professional Counselors' Services</p> <p>FFY 19 (3 months) \$41,706 FFY 20 (12 months) \$167,444 FFY 21 (9 months) \$131,536</p> <p>6d Licensed Psychologists' Services</p> <p>FFY 19 (3 months) \$2,966 FFY 20 (12 months) \$11,778 FFY 21 (9 months) \$9,047</p> <p>6d Dental Hygienist Services</p> <p>6d Denturist Services</p> <p>10 Dental Services</p> <p>12b Denture Services</p> <p>FFY 19 (3 months) \$116,744 FFY 20 (12 months) \$466,965 FFY 21 (9 months) \$366,824</p> <p>6e Nutritionists' Services</p> <p>FFY 19 (3 months) \$165 FFY 20 (12 months) \$659 FFY 21 (9 months) \$516</p>						

7a, 7b and 7d Home Health Services

FFY 19 (3 months) \$1,565
FFY 20 (12 months) \$6,241
FFY 21 (9 months) \$4,876

7c Durable Medical Equipment and Supplies

FFY 19 (3 months) \$39,631
FFY 20 (12 months) \$159,243
FFY 21 (9 months) \$125,675

8 Private Duty Nursing Services

FFY 19 (3 months) \$5,978
FFY 20 (12 months) \$23,905
FFY 21 (9 months) \$18,668

11a Physical Therapy Services

FFY 19 (3 months) \$15,613
FFY 20 (12 months) \$62,908
FFY 21 (9 months) \$49,822

11b Occupational Therapy Services

FFY 19 (3 months) \$5,259
FFY 20 (12 months) \$21,540
FFY 21 (9 months) \$18,013

11c Speech Therapy and Audiology Services

FFY 19 (3 months) \$5,509
FFY 20 (12 months) \$22,534
FFY 21 (9 months) \$18,802

12e Hearing Aids

FFY 19 (3 months) \$498
FFY 20 (12 months) \$1,991
FFY 21 (9 months) \$1,556

19a, Targeted Case Management (TCM) Services for High Risk Pregnant Women

FFY 19 (3 months) \$97
FFY 20 (12 months) \$386
FFY 21 (9 months) \$301

19b, Targeted Case Management (TCM) Services for Adults with Severe Disabling Mental Illness (SDMI)

FFY 19 (3 months) \$4,346
FFY 20 (12 months) \$17,441
FFY 21 (9 months) \$13,792

19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)

19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Treatment Facility (PRTF)

FFY 19 (3 months) \$8,745
FFY 20 (12 months) \$34,135
FFY 21 (9 months) \$25,890

19e, Targeted Case Management (TCM) Services for Children with Special Health Care Needs

FFY 19 (3 months) \$97
FFY 20 (12 months) \$386
FFY 21 (9 months) \$301

19G, Targeted Case Management (TCM) Services for Substance Use Disorders - Youth

FFY 19 (3 months) \$0
FFY 20 (12 months) \$1
FFY 21 (9 months) \$1

	<p>19H, Targeted Case Management (TCM) Services for Substance Use Disorders - Adult</p> <p>FFY 19 (3 months) \$110 FFY 20 (12 months) \$440 FFY 21 (9 months) \$348</p> <p>24a Transportation Services</p> <p>FFY 19 (3 months) \$20,518 FFY 20 (12 months) \$82,835 FFY 21 (9 months) \$65,887</p> <p>25 Personal Care Services</p> <p>FFY 19 (3 months) \$1,256 FFY 20 (12 months) \$4,981 FFY 21 (9 months) \$3,874</p> <p>1915K Community First Choice Services</p> <p>FFY 19 (3 months) \$68,595 FFY 20 (12 months) \$275,393 FFY 21 (9 months) \$216,890</p>
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<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</p> <p>Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.</p>	<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</p> <p>Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2.</p>
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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, 2019.


The following Medicaid State Plan services on the Introduction Page have \$0 federal fiscal impact: 12C Prosthetic Devices and 28 Free Standing Birthing Centers - Licensed Direct Entry Midwives (LDEMs).

In addition, the Department is adding Service 25 Personal Care Services, and 1915K Community First Choice Services.

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

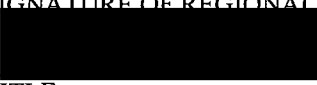
OTHER, AS SPECIFIED:
Single Agency Director Review

<p>12. SIGNATURE OF STATE AGENCY OFFICIAL:</p> <p></p>	<p>16. RETURN TO:</p> <p>Montana Dept. of Public Health and Human Services Marie Matthews State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604</p>
<p>13. TYPED NAME: Marie Matthews</p>	
<p>14. TITLE: State Medicaid Director</p>	
<p>15. DATE SUBMITTED: 7-5-19</p>	

FOR REGIONAL OFFICE USE ONLY

<p>17. DATE RECEIVED:</p> <p>July 5, 2019</p>	<p>18. DATE APPROVED:</p> <p>August 15, 2019</p>
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PLAN APPROVED – ONE COPY ATTACHED

<p>19. EFFECTIVE DATE OF APPROVED MATERIAL:</p> <p>July 1, 2019</p>	<p>20. SIGNATURE OF REGIONAL OFFICIAL:</p> <p></p>
<p>21. TYPED NAME:</p> <p>Richard C. Allen</p>	<p>22. TITLE:</p> <p>Director, WROG</p>

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)
- 3) 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, 2019
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Clinical Social Workers’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019

**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
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2019
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2019
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2019
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2019
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2019
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2019
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2019
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2019
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2019

**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
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2019
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2019
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2019
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2019
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, 2019
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2019
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2019
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	July 1, 2019
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2019