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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 19-0021**

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**

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November 21, 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-19-0021. This amendment revises MT's dental fee schedule effective date to 10/1/2019 and adds reimbursement for the new dental codes that are to be approved through MT 19-0022.

Please be informed that this State Plan Amendment was approved November 20, 2019, with an effective date of October 1, 2019. We are enclosing the summary page and the amended plan page(s).



If you have any questions regarding this SP A please contact Barbara Prehmus at (3 03) 844-7 472.

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 19-0021	2. STATE Montana
		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 10/01/2019	
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 20 (12 months) \$0.00 FFY 21 (12 months) \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.	
10. SUBJECT OF AMENDMENT:  The Attachment 4.19B Introduction Page is being amended to add porcelain/ceramic crowns as a Dental State Plan benefit to be included in the two crowns per person per year, effective October 1, 2019.			
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: original submittal 9/30/19 Resubmittal 11/19/19			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  September 30, 2019		18. DATE APPROVED:  November 20, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  October 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL:  	
21. TYPED NAME:  Richard C. Allen		22. TITLE:  Director, WROG	
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 1<sup>st</sup> of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1<sup>st</sup> 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.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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	October 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)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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

TN: 19-0021  
Supersedes: 19-0008

Approved: 11/20/2019

Effective: 10/01/2019