

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 20-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

March 16, 2021

Marie Matthews, State Medicaid Director  
Montana Department of Public Health & Human Services  
Attn: Mary Eve Kulawik  
P.O. Box 4210  
Helena, MT 59604

**RE: Montana State Plan Amendment (SPA) Transmittal Number 20-0031**

Dear Director Matthews:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 20, 2020. This plan amendment updates the date of the fee schedule for state plan services on the Introduction Page. This will allow the department to update Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule.



Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 (HCFA-179) and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or [lajoshica.smith@cms.hhs.gov](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 20-0031	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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  01/01/21	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
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: <b>Total</b> <b>FFY 21 \$0.00</b> <b>FFY 22 \$0.00</b>	
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 (If Applicable):  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 update the date of the fee schedule for state plan services on the Introduction Page, effective January 1, 2021. This will allow the department to update Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule. The fiscal impact will be budget neutral.			
11. GOVERNOR'S REVIEW (Check One): <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: <b>Montana Dept. of Public Health and Human Services</b> <b>Marie Matthews</b> <b>State Medicaid Director</b> <b>Attn: Mary Eve Kulawik</b> <b>PO Box 4210</b> <b>Helena, MT 59604</b>	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED:  12-20-2020			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  December 20, 2020		18. DATE APPROVED:  March 16, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  January 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL:  	
21. TYPED NAME:  Todd McMillion		22. TITLE:  Director, Division of Reimbursement Review	
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	January 1, 2021
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	January 1, 2021
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	January 1, 2021
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Licensed Clinical Social Workers’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020

**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, 2020
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2020
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	January 1, 2021
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2020
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2020
10 Dental Services	Attachment 4.19B, Pages 1 and 2	January 1, 2021
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
12c Prosthetic Devices	Attachment 4.19B, Page 1	January 1, 2021
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2021
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2020
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2020

**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, 2020
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2020
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2020
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2020
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, 2020
24a Transportation Services	Attachment 4.19B, Page 1	January 1, 2021
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2020
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	January 1, 2021
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2020