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State/Territory Name: MT

State Plan Amendment (SPA) MT: 22-0028

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

December 14, 2022

Michael Randol
Montana Medicaid and Health Services Executive Director/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 22-0028

Dear Director Randol:

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 September 18, 2022. This plan amendment adds reference to the fee schedule Introduction Page for Licensed Marriage and Family Therapists Services.


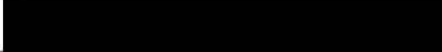
Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22 - 0028	2. STATE MT
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <p style="text-align: right;">✓ XIX XXI</p>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/22	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 22 (3 months) \$ 0.00 b. FFY 23 (12 months) \$ 0.00	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Service 6d, Other Practitioners' Services, Licensed Marriage & Family Therapists (LMFT), Pages 1 to 2 of 2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Service 6d, Other Practitioners' Services, Licensed Marriage & Family Therapists (LMFT), Pages 1 to 2 of 2	
9. SUBJECT OF AMENDMENT Attachment 4.19B, Service 6d The Other Practitioners' Services-LMFT State Plan is being amended to update the reimbursement language to note the addition of Licensed Marriage and Family Therapists to the Attachment 4.19B Introduction Page.		
10. 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
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601	
12. TYPED NAME Michael Randol		
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director		
14. DATE SUBMITTED 9-18-2022		
FOR CMS USE ONLY		
16. DATE RECEIVED 09/18/22	17. DATE APPROVED December 14, 2022	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/22	19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS		

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- I. Reimbursement for Licensed Marriage and Family Therapists' Services shall be:
- A. The lower of:
1. The provider's usual and customary charge for the service; or
 2. The reimbursement provided in accordance with the methodology described in Section II.
- II. The Department's fee schedule rates were set as of the date on the Attachment 4.19B Introduction Page, and are effective for services provided on or after that date. The rates for Licensed Marriage and Family Therapists' Services are determined:
- A. In accordance with the Resource Based Relative Value Scale (RBRVS) methodology, by multiplying Medicare's Relative Value Units (RVU), or Medicare's base and time units for anesthesia services, which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjuster (either plus or minus) to affect the fee.
1. RBRVS means the version of the Medicare resource based relative value scale contained in the Medicare Physician Fee Schedule (MPFS) adopted by the Centers for Medicare and Medicaid Services (CMS). The Department will update Medicare additions, deletions, or changes to procedure codes on the first of each quarter.
 2. RVU means a numerical value assigned by Medicare in the RBRVS methodology to each procedure code used to bill for services provided by a health care provider. The RVU assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.

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- B. For services not included in the RBRVS methodology, a Medicaid fee is determined by:
1. Reviewing cost information for the service if available or by reviewing the reimbursement of similar services if cost information is not available for procedure codes that are new (less than one year in existence); have no or low utilization; or have inconsistent charges.
 2. For procedure codes that cannot be determined by the methodology in II. B. 1., by multiplying the average charge for the service by the payment-to-charge ratio. The payment-to-charge ratio means the percent determined by dividing the previous state fiscal year's total Medicaid reimbursement for RBRVS provider covered services by the previous state fiscal year's total Medicaid charges for RBRVS provider covered services.