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State/Territory Name: MT

State Plan Amendment (SPA) MT: 24-0009

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

August 8, 2024

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: TN 24-0009

Dear Director Randol:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed State Name state plan amendment (SPA) to Attachment 4.19-B MT 24-0009, which was submitted to CMS on May 13, 2024. This plan amendment updates the bundled composite rate for services provided in an outpatient dialysis clinic.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 at 214-767-6453 or via email at lajoshica.smith@cms.hhs.gov.

Sincerely,

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


Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 4 — 0 0 0 9	2. STATE MT
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR parts 413,416,431,440, and 441; 1902(a)(30)(A) of the SSA		4. PROPOSED EFFECTIVE DATE 07/01/2024	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Service 9, Clinic Services, page 1 of 1.		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 25,220 b. FFY 2025 \$ 100,094	
9. SUBJECT OF AMENDMENT The purpose of this State Plan Amendment is to update the bundled composite rate for services provided in an outpatient maintenance dialysis clinic effective July 1, 2024. The Montana Legislature approved a provider rate increase, this increase is anticipated to keep outpatient maintenance dialysis clinic reimbursement below the UPL.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Service 9, Clinic Services, page 1 of 1.	

10. GOVERNOR'S REVIEW (Check One)

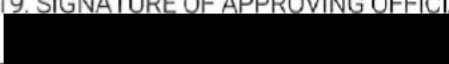
GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, ASSPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Department of Public Health and Human Services Mike Randol Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59620
12. TYPED NAME Mike Randol	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED 5-13-2024	

FOR CMS USE ONLY

16. DATE RECEIVED 5/13/2024	17. DATE APPROVED August 8, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2024	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

MONTANA

The following are used for establishing reimbursement rates for Clinic Services:

- I. Reimbursement methodology for ambulatory surgical centers (ASC's) is based on the method of establishing ASC rates for Medicare as published quarterly by CMS. Reimbursement is set at the current Medicare rates in effect as of the date of service. Effective July 1, 2018, rates are the current Medicare rates and are in effect for dates of services on or after July 1, 2018. The fee schedule is updated effective the 1st day of the quarter based on the Medicare quarterly adjustment.
- II. The methodologies for establishing the rates for diagnostic and evaluation services and public health services are the same as the methods used for physicians' services, psychologist' services, clinical social workers' services, physical therapy services, occupational therapy services, nurse specialist' services, speech therapy services, and audiology services.
- III. Reimbursement for freestanding dialysis clinics is based on the Department's fee schedule published on the agency's website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the plan, reimbursement rates are the same for both governmental and private providers. The Department's fee schedule rates were set as of July 1, 2024, and are effective for services provided on or after July 1, 2024.