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State/Territory Name: Montana

State Plan Amendment (SPA) #: 24-0013

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 10, 2024

Rebecca de Camara
Interim Medicaid and Health Services Executive Director/State Medicaid Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: MONTANA State Plan Amendment (SPA) -24-0013

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0013. This amendment proposes to increase coverage of eyeglasses for individuals aged 21 and older to permit annual replacement that may be exceeded based on medical necessity.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(12) of the Social Security Act and regulations at 42 CFR 440.120(d). This letter informs you that Montana's Medicaid SPA TN 24-0013 was approved on July 10, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Montana State Plan.

If you have any questions, please contact Barbara B. Prehmus at (303) 844-7472 or via email at Barbara.Prehmus@cms.hhs.gov.

Sincerely,


Ruth Hughes
-S

Digitally signed by Ruth
Hughes -S
Date: 2024.07.10 12:55:21
-05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Mary Eve Kulawik
Carla Rime

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 24 - 0013	2. STATE Montana
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ✓ XIX XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2024	
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(30)(A)- 1905(a)(12) 42 CFR 440.120(d)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 27,111 b. FFY 2025 \$ 107,606	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachments 3.1A and 3.1B Service 12d, Eyeglasses Page 1 of 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Supplement to Attachments 3.1A and 3.1B Service 12d, Eyeglasses Page 1 of 1	
9. SUBJECT OF AMENDMENT The eyeglass allowance for adults will mirror the benefit for members aged 20 and under. All Medicaid members can receive medically necessary eyeglasses once every 365 days.		
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: Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601	
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Department of Public Health & Human Services State Medicaid Director Attn: SPA/Waiver Coordinator PO Box 4210 Helena MT 59601	
12. TYPED NAME Mike Randol		
13. TITLE State Medicaid Director		
14. DATE SUBMITTED 5-13-2024		
FOR CMS USE ONLY		
16. DATE RECEIVED May 13, 2024	17. DATE APPROVED July 10, 2024	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL Ruth Hughes -S Digitally signed by Ruth Hughes - S Date: 2024.07.10 12:55:49 -05'00'	
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS Pen & Ink changes authorized via email on 7/8/24 to revise the statutory citation in Box 5 and the move the state's return address to Box 15.		

MONTANA

The following limitations apply to Eyeglass Services:

1. Eyeglasses (frames and lenses) are limited to one pair per 365 day period with one replacement during this time. Additional replacements must be prior authorized by the Department. Eyeglasses (frames and lenses) limits can be exceeded based on medical necessity.

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