

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 24-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

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September 9, 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) -24-0016

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0016. This amendment proposes to add the services of a new licensed practitioner Pediatric Complex Care Assistant, and an accompanying payment methodology for the service.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(10) of the Social Security Act and regulations at 42 CFR 440.100. This letter informs you that Montana's Medicaid SPA TN 24-0016 was approved on September 9, 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 Tobias Griffin at (214) 767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Carla Rime

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE  
PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID  
SERVICES**

1. TRANSMITTAL NUMBER  
**24 - 00016**

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  
**42 CFR § 440.60  
Social Security Act 1905(a)(6)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 (July-Sept) **\$ 199,475**  
b. FFY 2025 (Oct-Sept) **\$ 799,399**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19B Attachment 4.19B  
Service Other Licensed Practitioner Intro Page, pages 1-3  
Pages 1 of 1**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If Applicable)

**Not Applicable—New State Plan Amendment**

**Supplement to Attachment 3.1 A  
Service Other Licensed Practitioner  
Pages 1 of 1**

**Attachment 4.19B Intro Page, pages 1-3**

**Supplement to Attachment 3.1 B  
Service Other Licensed Practitioner  
Pages 1 of 1**

9. SUBJECT OF AMENDMENT

**establish Pediatric Complex Care Assistant Services (PCCAS) as a licensed practitioner service per the Legislature of the State Montana.**

10. GOVERNOR'S REVIEW (Check One)

OTHER, AS SPECIFIED:  **Single Agency Director Review**

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME  
**Rebecca de Camara**

**Montana Department of Public Health and Human Services  
State Medicaid Director  
Attn: Carla Rime  
PO Box 4210, Helena, MT 59601**

13. TITLE **Acting Medicaid and Health Services Executive  
Director/State Medicaid Director**

14. DATE SUBMITTED  
**7/12/2024**

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**July 12, 2024**

**September 9, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**July 1, 2024**

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

**James G. Scott**

**Director, Division of Program Operations**

22. REMARKS **Authorization received via email on 8/21/24 to add Attachment 4.19B Intro Page to both Boxes 7 and 8.**

MONTANA

**I. Pediatric Complex Care Assistant Services (PCCAS)**

Services of a Licensed Pediatric Complex Care Assistant within their scope of practice in accordance with state law.

a. PCCAS do not:

1. Replace Private Duty Nursing (PDN) services.
2. Supplant Health Maintenance Activities available under Montana's Community First Choice/Personal Assistance Services Self Direct Program.
3. Supplant Home Health Services.

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**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, 2024
4b EPSDT	Attachment 4.19B, Pages 1-13	July 1, 2024
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Clinical Social Workers’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Marriage and Family Therapists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024

**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>
6d Pediatric Complex Care Assistant Services	Attachment 4.19B, Page 1	July 1, 2024
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2024
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2024
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2024
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2024
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2024
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2024
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2024
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2024
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2024
19 c. Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over	Attachment 4.19B, Pages 1 and 2	July 1, 2024

**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, 2024
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2024
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2024
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2024
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, 2024
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2024
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2024
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	July 1, 2024
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2024



MONTANA

I. In-State Pediatric Complex Care Assistant Services (PCCAS)

a. PCCAS Reimbursement

The rates for PCCAS are a set fee established by the Department. 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. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of PCCAS. The rates are published at <https://medicaidprovider.mt.gov/>.

The Department assures there is no duplication of PCCA services.

1. The Department will pay a provider for each Medicaid unit of PCCAS. A unit of service means a unit of attendant service. A unit of attendant service is 15 minutes and means an on-site visit specific to the individual. The on-site visit unit rate includes the administrative components of providing the direct care service, including nurse supervision, planning, training, and oversight components.
2. Medicaid payment for attendant services is not allowable for services provided in a hospital or nursing facility.

II. Out of State Pediatric Complex Care Assistant Services

- a. Reimbursement for PCCAS for services provided outside the borders of the State of Montana is established by the Department and published on the agency's website at <https://medicaidprovider.mt.gov/>.