

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 21-0021**

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 20, 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 21-0021**

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 September 24, 2021. This plan amendment increases the Targeted Case Management (TCM) State Plan Services rate and conversion factor to reflect the 2021 legislative appropriation of a 1% increase.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. 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](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review



MONTANA

Targeted case management (TCM) services for individuals enrolled in the 0208 1915(c) Waiver or with developmental disabilities age 16 and over are provided by State of Montana employees and private contracted case management agencies. TCM services include comprehensive assessment and periodic reassessment of individual needs; development (and periodic revision) of a specific care plan that is based on the information collected through the assessment; referral and related activities; and monitoring and follow-up activities. These four TCM services are described in more detail in Supplement 1C to Attachment 3.1A of the state plan. State TCM services are paid based on actual cost as described in number 1 below; contracted TCM services are paid via a monthly rate as described in number 2 below.

1. TCM services provided by State-employed targeted case managers are reimbursed via actual cost. Cost applicable to TCM services provided by State-employed targeted case managers is recorded within the State's Cost Allocation System (CAS). The following expenditures can be included as part of the State's case management claim of expenditure on the CMS-64. These expenditures are captured and allocated through CAS:

- Salaries/Wages of the applicable case managers
- Fringe benefits for the applicable case managers
- Consult and Professional Services
- Broadcast Distribution Services
- Photocopy Pool Services
- Photo and Reproduction
- Telephone Equipment
- Telephone Voice and Long Distance Services
- Mileage
- Motor Pool Expenses
- Meals Expenses (Overnight)
- Postage
- Leased Vehicles
- Rent
- Vehicles

In order to identify the portion of the above expenditures that is applicable to Medicaid, the State maintains a record of TCM units delivery by its targeted case managers. A unit of service is expressed in 15-minute increments. The State records the total units of TCM delivered within a month, as well as the number of units delivered to Medicaid beneficiaries. The ratio of Medicaid units over total units is then applied to the amounts applicable to the above expenditures to determine the portion of total cost to be claimed as the State's case management expenditure. As the State's claim of expenditure is made via the CMS-64, the State repeats this process for the remaining months within the quarter and includes its expenditure for the applicable three-month period on the CMS-64.

MONTANA

2. The payment unit for private contractors is a monthly unit. The rate does not include costs related to room and board or other unallowable facility costs. Private TCM agency documents contacts with, or on behalf of members on caseloads. In addition to the date of contact, the contracted targeted case manager documents the type of contact, with whom, and a summary of the content. The contractor is paid through the bundled payment rate, based on the previous month's membership, and cannot bill separately for services included in the bundle. The monthly payment rate shall not be paid unless an allowable TCM service is provided to an eligible beneficiary within the month. Any Medicaid providers delivering separate services outside of the bundle may bill for those services in accordance with the state's Medicaid billing procedures.

The Department's fee schedule rate for private providers was determined as July 1, 2021, and is effective for services provided on or after that date. All rates are published on the agency's website at [medicaidprovider.mt.gov](http://medicaidprovider.mt.gov).

The state periodically monitors the actual provision of targeted case management services paid under the bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.