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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-08-021

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

December 10, 2015

Mary Dalton, Medicaid & Health Services Manager
Montana Department of Health & Human Services
1400 Broadway
P.O. Box 202951
Helena, MT 59620

Re: SPA MT-08-021

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-08-021. This SPA addresses Targeted Case Management (TCM) for Children with Special Health Care Needs.

Please be informed that this State Plan Amendment was approved December 4, 2015 with an effective date of July 1, 2008. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM). This amendment would affect expenditures reported on the Form CMS-64.9 Base Line 24A - TCM Services.


If you have any questions regarding this SPA please contact Cindy Smith at (303) 844-7041.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Richard Oppen, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 08-021	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
		4. PROPOSED EFFECTIVE DATE 07/01/08	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Parts CMS 2237-F2		7. FEDERAL BUDGET IMPACT:	
		a. FFY 13 (last 3 months): \$ 985 b. FFY 14 (12 months): \$ 4,969 c. FFY 15 (12 months): \$ 7,981 a. FFY 14 (last 3 months): \$ 1,009 b. FFY 15 (12 months): \$ 4,013 c. FFY 16 (first 9 months): \$2,982 a. FFY 15 (last 3 months): \$1,752 b. FFY 16 (12 months): \$7,009 c. FFY 17 (first 9 months): \$5,257	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19B, Page 1 of 1 Supplements to Attachment 3.1A and 3.1B, Pages 1-5 of 5 Service 19a for Targeted Case Management Services For Children and Youth With Special Health Care Needs		Attachment 4.19B, Page 1 of 1 Supplements to Attachment 3.1A and 3.1B, Pages 1-9 of 9 Service 19a for Targeted Case Management Services For Children and Youth With Special Health Care Needs	
10. SUBJECT OF AMENDMENT: TCM for Children and Youth With Special Health Care Needs, the amended version will update the state plan to include Federal TCM revisions and increase the rate 2% effective 8/1/13; increase the rate 2% effective 7/1/14; and increase the rate 2% effective 7/1/15.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
		Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 10-29-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: Originally sent 6/30/15, resubmitted 10/29/15		18. DATE APPROVED: 12/04/15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/08		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

Attachment 4.19B
Methods and Standards for
Establishing Payment Rates
Service 19e
Targeted Case Management Services
for Children and Youth with
Special Health Care Needs

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

- I. Targeted case management services for Children and Youth with Special Health Care Needs (CYSHCN) will be reimbursed on a fee per unit of service basis. A unit of service is 15 minutes.
- II. The rates were set under the methods in TN 96-18 effective 1/1/96 through 7/31/2013.

A 2% rate increase was set as of August 1, 2013, and is effective for services provided on or after that date.

A 2% rate increase was set as of July 1, 2014, and is effective for services provided on or after that date.

A 2% rate increase was set as of July 1, 2015, and is effective for services provided on or after that date.
- III. The Department will pay the lower of the following for targeted case management services for CYSHCN:
 - A. The provider's actual submitted charge for the services; or
 - B. The Department's fee schedule.
- IV. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The fee schedule is published on the agency's website at <http://medicaidprovider.mt.gov>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

Children and Youth with Special Health Care Needs (CYSHCN), between the ages of birth through eighteen years who are diagnosed with, or are at risk for, a chronic physical, developmental, behavioral, or emotional condition that requires health and related services of a type or amount beyond that required by children or youth of the same age.

(X) Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act:

(X) Entire State

() Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of Services (§1902(a)(10)(B) and 1915(g)(1):

() Services are provided in accordance with section 1902(a)(10)(B) of the Act.

(X) Services are not comparable in amount, duration, and scope (§1915(g)(1)).

Definition of Services (42 CFR 440.169):

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted case management includes the following assistance:

❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services.

These assessment activities include

- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

[Specify and justify the frequency of assessments.]

Assessments are conducted annually. Reassessments are conducted as needed on a case-by-case basis.

MONTANA

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. [Specify the type of monitoring and justify the frequency of monitoring.] Types of monitoring may include face-to-face, by telephone, and via telehealth. Monitoring will occur as frequently as necessary, to include at least one annual monitoring, according to 42 CFR 440.169(d) (4).

(X) Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of Providers (42 CFR 441.18(a) (8) (v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Montana

Any provider who meets the TCM for CYSHCN provider qualifications may furnish TCM to CYSHCN:

1. Experience in the delivery of home and community services to CYSHCN;
2. Experience working with low-income families, especially children;
3. Demonstrated linkages and referral ability with essential social and health services agencies and individual practitioners in the area to be served;
4. Demonstrated knowledge of federal, state and local programs for children, such as: Title V programs, WIC, immunizations, perinatal health care, family planning, genetic services, hepatitis B screening, EPSDT, etc.; and nationally recognized perinatal and child health care standards;
5. Approval by the Montana Department of Public Health and Human Services (DPHHS);
6. An interdisciplinary team that includes members from the professions of nursing, social work and nutrition. With approval from Montana DPHHS, a qualified paraprofessional may also be part of the team. The requirements for the targeted case management team members are as follows:
 - a. A nurse who is currently licensed in Montana as either:
 - i. a registered nurse who also holds a current Montana license, which includes course work in public health; or
 - ii. a certified nurse practitioner who also holds a current Montana license;
 - b. A social worker with:
 - i. a master's degree in social work (MSW) or counseling; or
 - ii. a bachelor's degree in social work (BSW) with two years' experience; and
 - c. A registered dietitian who also holds a current Montana license as a nutritionist, with one year experience in public health and/or maternal-child health.
 - d. If the targeted case management team includes a paraprofessional, that individual must have an Associate Degree in Behavioral Sciences or related field and two years of closely related work experience, and complete a state-sponsored training for paraprofessional case managers. Qualifying experience may be substituted, year for year, for education.
 - The paraprofessional must work under the direct supervision of a qualified professional team member, as defined in this subsection, who would conduct a preliminary member assessment and determine the suitability of using a paraprofessional as part of the targeted case management team.
7. To accommodate special agency and geographic needs and circumstances, exceptions to the staffing requirements may be allowed if approved by DPHHS. However, the targeted case management provider must directly employ at a minimum either a nurse, social worker, or registered dietitian who also holds a current Montana license as a nutritionist. The other disciplines may be provided through subcontracts.
 - If services are provided through a subcontractor, the subcontract must be submitted to DPHHS or its designee for review and approval.

Montana

Freedom of Choice (42) CFR 441.18(a)(1)):

1. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (\$1915(g)(1) and 42 CFR 441.18(b)):

() Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive targeted case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

A CYSHCN may temporarily receive targeted case management services from more than one targeted case management provider type if there is a need for more than one targeted case manager due to the complexity of the member's situation, e.g., a child or youth who also has a developmental delay, mental illness, abuses drugs or alcohol, or is pregnant.

Montana

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving targeted case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

[Specify any additional limitations.]

The following activities may not be billed as targeted case management and are not reimbursable as a unit of targeted case management:

1. Outreach, application, and referral activities;
2. Direct medical services, including counseling or the transportation or escort of members;
3. Duplicate payments that are made to public agencies or private entities under the State Plan and other program authorities;
4. Writing, recording, or entering case notes for the member's files;
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