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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-12-003

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
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

April 17, 2012

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

Re: SPA MT-12-003

Dear Ms Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-003. This State Plan Amendment adds two new services to prevent diabetes and cardiovascular disease, necessary to provide Medicaid Services under the Medicaid Incentives to Prevent Chronic Disease Grant.

Please be informed that this State Plan Amendment was approved on April 13, 2012 with an effective date of February 2, 2012. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions regarding this SPA please contact Betty Strecker at (701) 540-4118.

Sincerely,

/s/

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

Cc: Anna Whiting Sorrell
Duane Preshinger
Jo Thompson

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
12-003

2. STATE
Montana

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

3. PROGRAM IDENTIFICATION:
Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
02/02/2012

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(c)

7. FEDERAL BUDGET IMPACT:

a. FFY 12: \$44,955 c. FFY 14: 66,800
b. FFY 13: \$67,320

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1A, Preventive Services 13c, Page 4 of 4
Supplement to Attachment 3.1B, Preventive Services 13c, Page 4 of 4
Supplement to Attachment 4.19B, Preventive services 13c, Page 2 of 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

N/A

10. SUBJECT OF AMENDMENT:

Services to prevent diabetes and cardiovascular disease

11. 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:
Single Agency Director Review.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 2/29/2012

16. RETURN TO:

Montana Dept. of Public Health and Human Services
Mary E. Dalton
State Medicaid Director
Attn: Jo Thompson
PO Box 4210
Helena, MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 2/29/12

18. DATE APPROVED: 4/13/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

2/2/12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DMCHS

23. REMARKS:

A. Services to prevent diabetes and cardiovascular disease provided to people at risk for diabetes and cardiovascular disease

- 1) Group nutrition counseling to prevent diabetes and cardiovascular disease
- 2) Physical activity coaching to prevent diabetes and cardiovascular disease

B. Providers

- 1) Licensed dietitians
- 2) Licensed nurses
- 3) Licensed physical therapists
- 4) Certified diabetes educators working under the direct supervision of a physician or other licensed practitioner
- 5) Exercise physiologists working under the direct supervision of a physician or other licensed practitioner

Licensed dietitians and licensed nurses will provide services only under the diabetes and cardiovascular disease prevention program. Their services are limited to group nutrition counseling and physical activity coaching to prevent diabetes and cardiovascular disease.

A physician or other licensed practitioner supervising a certified diabetes educator or exercise physiologist will assume professional liability for care of the patient and will furnish services within his or her scope of practice under State law.

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Reimbursement for Services to Prevent Diabetes and Cardiovascular Disease

- 1) The agency's rates will be set effective February 2, 2012, for services on or after that date. All rates are published on the agency's website at www.mtmedicaid.org. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.