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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-13-037

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

May 7, 2015

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

Re: SPA MT-13-037

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-13-037. Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2013. We are enclosing the summary page and the amended plan page(s).

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 and Children's Health Operations

Cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-037	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION	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 7/1/13	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X☐ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: 42 CRF Parts 431, 440, and 441 CMS 2237-IFC	7. FEDERAL BUDGET IMPACT: FFY 2013 = $29,420 FFY 2014 = $116,931 FFY 2015 = $116,129
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Methods and Standards for Establishing Payment Rates Service 19c Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or who Reside in a DD Children's Group Home	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19B Methods and Standards for Establishing Payment Rates Service 19c Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or who Reside in a DD Children's Group Home

10. SUBJECT OF AMENDMENT:
Approximate 4% increase in the 15-minute rate, clarify the inflation factor, delete the old stages of the methodology when the monthly rate was converted to a 15-minute rate, and update the date of the fee schedule.

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
X☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	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**
13. TYPED NAME: **Mary E. Dalton**	
14. TITLE: **State Medicaid Director**	
15. DATE SUBMITTED: 6-27-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/27/2013	18. DATE APPROVED: 5/7/2015
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard C. Allen	22. TITLE: ARA, DMCHO

23. REMARKS:

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

A. Target Group:

Targeted case management services are furnished to eligible Medicaid individuals ages sixteen and older or who reside in a children's DD group home who have a developmental disability as defined under 53-20-202(3) of the Montana Codes Annotated. In particular, developmental disabilities are:

> "... disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and results in the individual having substantial disability."

Targeted case management services will not be furnished to:

a. otherwise qualified individuals who reside in a Medicaid-certified ICF/MR or nursing facility, except for the time period required to assist in transition to community services; and

b. persons who receive case management services under a home and community-based waiver program authorized under Section 1915 (c) of the Social Security Act.

For case management services provided to individuals in medical institutions (Olmstead letter #3):

> 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)

Case management services are coordinated with and do not duplicate activities provided as a part of developmental institutional services and discharge planning activities.

B. Areas of State in which Services will be provided:

(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).

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

C. Comparability of Services:

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

(X) Services are not comparable in amount, duration, and scope.

D. Definition of Services: [DRA & 2001 SMD]

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of an individual 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;
  - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
  - Conducting MONA (Montana resource allocation tool) assessments for evaluation of service levels in compliance with DDP rate reimbursement requirements using the Developmental Disabilities Program (DDP) web-based MONA system for all consumers in services and referred for services. The MONA will be updated every three years or whenever significant changes in needed services occur.
- Development and periodic revision of a personal supports plan, which is the comprehensive care plan, that:
  - Is based on the information collected through the assessment or reassessment;
  - 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.

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- Referral and related activities:
  - To help an eligible individual obtain needed services including activities that help link an individual with:
    - Medical, social, educational providers; or
    - Other programs and services capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

- Monitoring and follow-up activities:
  - Activities, and contact, necessary to ensure the personal supports plan is implemented and adequately addressing the individual's needs. These activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:
    - Services are being furnished in accordance with the individual's personal supports plan;
    - Services in the personal supports plan are adequate; and
    - If there are changes in the needs or status of the individual, necessary adjustments are made to the personal supports plan and to service arrangements with providers.

Case management may include:

- Contact with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

E. Crisis Intervention:

In assisting an individual through a crisis,

1. If the individual is in a DD funded service, the case manager will convene the personal supports planning (PSP) team to discuss appropriate action which could include behavior intervention plan, medical review, additional staff, or other response;
2. If the individual does not have a PSP team, the case manager will refer the individual in crisis to an appropriate service provider;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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3. If the incident involves suspected abuse, neglect, and/or exploitation of the individual, the case manager will immediately report the incident to the Adult Protective Services or Child and Family Services Division and to the appropriate management staff of the service provider; and
4. When commitment to an institution is being sought, the case manager will coordinate the provision of information about the individual to the appropriate people.

F. Qualifications of Providers:

1. These requirements are in addition to those contained in rule and statutory provisions generally applicable to Medicaid providers.
2. The case management provider for persons with developmental disabilities age 16 and over or who reside in a children's DD group home is the Developmental Disabilities Program of the Department. The Program may contract for the delivery of case management services.
3. Qualified providers contracting with the Program for the provision of case management services are required to meet performance requirements. Performance requirements are to be met with adherence to department rules and policies, and to the Developmental Disabilities Program contract. The following performance requirements apply to all contractors of Developmental Disabilities Program Case Management.
   (a) The contractor will provide at the beginning of the contract year a list of case manager names, FTE level, location, verification that each case manager has complied with requirements, and their case load list, sorted by individuals in DDP services and those only on the DDP 1915 (c) waiver program waiting list for adult services only. As changes occur the contractor will inform the DDP Regional Manager; and verify that each case manager is qualified as stated in section 5 (a)(b) and has participated in a minimum of 20 hours of training in services to persons with developmental disabilities each year, including abuse prevention training provided by the department, and assign qualified individuals within the agency to provide only case management services; and will assign a different case manager to an individual whenever possible if an individual requests a change.
   (b) The contractor will submit with, and attached to the monthly invoices, Cost Recovery Data Sheets (CRDS). The CRDS record the units of service delivered to each recipient of case management.
   (c) The contractor, with assistance from the department, will monitor case management utilization and caseload information during the contract period to insure compliance with:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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(i) A minimum of four (4) personal direct visits (same as face-to-face contacts) per individual enrolled in developmental disabilities services per year.
(ii) A minimum of four (4) personal direct visits (same as face-to-face contacts) per year per individual not enrolled in an approved Developmental Disabilities waiver.
(iii) The maximum average caseload for a contractor's case managers is 35 individuals (prorated for less than full time case managers), unless approved by the Regional Manager.
(iv) A case manager supervisor's caseload cannot exceed 18 individuals (prorated for less than full time case manager supervisors) unless a variance has been approved in writing by the regional manager.

(d) The contractor agrees to maintain contact logs which are signed and certified as correct, for all persons served.

(e) The contractor assures that case managers are available to provide case management services to all eligible individuals in the counties for which they contract.

(f) The contractor assures that all individuals receiving services are residents of the State of Montana and present within the state when receiving services.

(g) The contractor agrees to include the case manager duties listed in the job description of State case managers in the job descriptions for all contracted case managers.

(h) The contractor agrees that case management activities will comply with DDP policy, the guidelines in the current versions of the Case Manager handbook, and the current version of the PSP participant guide published by DDP.

(i) The contractor assures that each case manager will have a personal computer or access to a personal computer to complete his/her assigned job duties in a timely fashion.

(j) The contractor will establish a positive working relationship with the individual in order to assess personal preferences, including friendships, activities, comforts, services, supports, community participation and other choices.

(k) Specific limitations. Case managers must not perform those activities that are listed in section 1915(g) of the Social Security Act or that the department has judged to be unallowable targeted case management activities. Those unallowable activities include:
(i) counseling;
(ii) coordination of the investigation of any suspected abuse, neglect, and/or exploitation cases;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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(iii) transporting consumers; and
(iv) monitoring the consumer's personal financial status and goals.

(l) The department has judged the following activities to be allowable but not billable targeted case management activities:
(i) writing or entering case notes for the consumer's case management file; and
(ii) transportation to and from consumer or consumer-related contacts.

4. A case manager must be employed by the Developmental Disabilities Program of the department or by a case management provider contracting with the Program.

5. A case manager must meet the following criteria:
(a) each case manager must either possess a bachelor's degree in social work or a related field from an accredited college and have one year of experience in human services, or have provided case management services, comparable in scope and responsibility to that provided by targeted case managers, to persons with developmental disabilities for at least five years; and
(b) each case manager must have at least one year's experience in the field of developmental disabilities or, if lacking such experience, complete at least 40 hours of training in the delivery of services to persons with developmental disabilities under a training plan reviewed by the department within no more than three months of hire or designation as a case manager; and
(c) all case managers shall participate in a minimum of 20 hours of training in services to persons with developmental disabilities each year, including abuse prevention training provided by the department under a training plan reviewed by the department. Upon hiring, new case managers shall participate in the first available MONA certification training opportunity; and
(d) ongoing documentation of the qualifications of case managers and completions of mandated training will be maintained by the employer of the case manager.

6. All services provided to the client will be monitored by the case manager and the case manager's supervisor. The personal supports plan will be reviewed and revised according to the client's needs at least annually, or when major changes are needed.

7. Agencies that provide case management and other services in the same region will not be allowed to provide case management services to the same individuals who receive other services from that agency.

8. A case manager must participate in a minimum of 20 hours of training in services to persons with developmental disabilities each year under a training curriculum reviewed and approved by the Developmental Disabilities Program of the department. On-going documentation of the qualifications of case managers and completions of mandated training must be maintained by the employer of the case manager.

9. A case management provider must:
(a) have a system for handling client grievances; and
(b) protect the confidentiality of client records.

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

G. Freedom Of Choice:
The State chooses to limit provider choice per section 1915 (g)(1) of the Social Security Act (the Act).

Freedom of choice (42 CFR 441.18(a)(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.

1. 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.

H. Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
__X__ 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.**]
MT TCM services are provided by State Developmental Disabilities Program and a contracted non-governmental case management entity that specializes in providing services to individuals with intellectual disabilities. The non-governmental case management entity is contractually required to provide case management services in all small town and rural areas in MT where historical experience has shown that it is difficult for the State Developmental Disabilities Program to adequately staff case managers. The state assures that all case managers are adequately trained and believes that the result of this approach is better consistency in delivering TCM services.

I. Access to Services:
The State assures that:

- Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan; [section 1902 (a)(19)]
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services; [section 1902 (a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan. [42 CFR 431.10(e)]

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[For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State makes the following assurances:]

The State assures that the amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.

The State assures that case management is only provided by and reimbursed to community case management providers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

J. Case Records:
Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

K. Limitations:
Case Management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act; [DRA]The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.(2001 SMD)
- Activities integral to the administration of foster care programs; or (2001 SMD) and
- Activities for which third parties are liable to pay. (2001 SMD)

L. 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.

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

A. Target Group:

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> "... disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and results in the individual having substantial disability."

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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  - Conducting MONA (Montana resource allocation tool) assessments for evaluation of service levels in compliance with DDP rate reimbursement requirements using the Developmental Disabilities Program (DDP) web-based MONA system for all consumers in services and referred for services. The MONA will be updated every three years or whenever significant changes in needed services occur.
- Development and periodic revision of a personal supports plan, which is the comprehensive care plan, that:
  - Is based on the information collected through the assessment or reassessment;
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1. If the individual is in a DD funded service, the case manager will convene the personal supports planning (PSP) team to discuss appropriate action which could include behavior intervention plan, medical review, additional staff, or other response;
2. If the individual does not have a PSP team, the case manager will refer the individual in crisis to an appropriate service provider;

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3. If the incident involves suspected abuse, neglect, and/or exploitation of the individual, the case manager will immediately report the incident to the Adult Protective Services or Child and Family Services Division and to the appropriate management staff of the service provider; and
4. When commitment to an institution is being sought, the case manager will coordinate the provision of information about the individual to the appropriate people.

F. Qualifications of Providers:

1. These requirements are in addition to those contained in rule and statutory provisions generally applicable to Medicaid providers.
2. The case management provider for persons with developmental disabilities age 16 and over or who reside in a children's DD group home is the Developmental Disabilities Program of the Department. The Program may contract for the delivery of case management services.
3. Qualified providers contracting with the Program for the provision of case management services are required to meet performance requirements. Performance requirements are to be met with adherence to department rules and policies, and to the Developmental Disabilities Program contract. The following performance requirements apply to all contractors of Developmental Disabilities Program Case Management.
   (a) The contractor will provide at the beginning of the contract year a list of case manager names, FTE level, location, verification that each case manager has complied with requirements, and their case load list, sorted by individuals in DDP services and those only on the DDP 1915 (c) waiver program waiting list for adult services only. As changes occur the contractor will inform the DDP Regional Manager; and verify that each case manager is qualified as stated in section 5 (a)(b) and has participated in a minimum of 20 hours of training in services to persons with developmental disabilities each year, including abuse prevention training provided by the department, and assign qualified individuals within the agency to provide only case management services; and will assign a different case manager to an individual whenever possible if an individual requests a change.
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(i) A minimum of four (4) personal direct visits (same as face-to-face contacts) per individual enrolled in developmental disabilities services per year.
(ii) A minimum of four (4) personal direct visits (same as face-to-face contacts) per year per individual not enrolled in an approved Developmental Disabilities waiver.
(iii) The maximum average caseload for a contractor's case managers is 35 individuals (prorated for less than full time case managers), unless approved by the Regional Manager.
(iv) A case manager supervisor's caseload cannot exceed 18 individuals (prorated for less than full time case manager supervisors) unless a variance has been approved in writing by the regional manager.

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(i) The contractor assures that each case manager will have a personal computer or access to a personal computer to complete his/her assigned job duties in a timely fashion.
(j) The contractor will establish a positive working relationship with the individual in order to assess personal preferences, including friendships, activities, comforts, services, supports, community participation and other choices.
(k) Specific limitations. Case managers must not perform those activities that are listed in section 1915(g) of the Social Security Act or that the department has judged to be unallowable targeted case management activities. Those unallowable activities include:
(i) counseling;
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(iii) transporting consumers; and
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

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The State chooses to limit provider choice per section 1915 (g)(1) of the Social Security Act (the Act).

Freedom of choice (42 CFR 441.18(a)(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.

1. 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.

H. Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
__X__ 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.**]
MT TCM services are provided by State Developmental Disabilities Program and a contracted non-governmental case management entity that specializes in providing services to individuals with intellectual disabilities. The non-governmental case management entity is contractually required to provide case management services in all small town and rural areas in MT where historical experience has shown that it is difficult for the State Developmental Disabilities Program to adequately staff case managers. The state assures that all case managers are adequately trained and believes that the result of this approach is better consistency in delivering TCM services.

I. Access to Services:
The State assures that:

- Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan; [section 1902 (a)(19)]
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services; [section 1902 (a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan. [42 CFR 431.10(e)]

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

[For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State makes the following assurances:]

The State assures that the amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.

The State assures that case management is only provided by and reimbursed to community case management providers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

J. Case Records:
Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

K. Limitations:
Case Management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act; [DRA]The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.(2001 SMD)
- Activities integral to the administration of foster care programs; or (2001 SMD) and
- Activities for which third parties are liable to pay. (2001 SMD)

L. 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.

MONTANA

Targeted case management (TCM) services for individuals with developmental disabilities age 16 and over or who reside in a DD children's group home are provided by State of Montana employees and private contracted case management agencies.

Case management services provided by State employed case managers are reimbursed via actual cost. Cost applicable to case management services provided by State employed 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 are applicable to Medicaid, the State maintains a record of case management units delivery by its case managers. A unit of service is expressed in 15 minute increments. The State records the total units of case management 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.

Private case management agencies are paid on a fee for services basis. The unit of service is 15 minutes. The agency's fee schedule rate was set as of July 1, 2013, and is effective for services provided on or after that date.

Unless otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of case management for persons with developmental disabilities. All rates are published on the agency's website at mtmedicaid.org.