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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-0012

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

December 4, 2014

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

Re: SPA MT-14-012

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-012. The 4.19B Introduction Page is being amended to include new services, to update the dates of the fee schedules and to reflect SPA services that have an approximate 2% increase that are not being reflected in other SPA transmittals.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. 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 Oppen, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-012	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 7/1/2014																																																									
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: N/A		7. FEDERAL BUDGET IMPACT: <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Total</td> </tr> <tr> <td style="padding-left: 20px;">FFY 14 (last three months)</td> <td style="text-align: right;">\$102,535</td> </tr> <tr> <td style="padding-left: 20px;">FFY 15</td> <td style="text-align: right;">\$412,867</td> </tr> <tr> <td style="padding-left: 20px;">FFY 16 (first 9 months)</td> <td style="text-align: right;">\$315,763</td> </tr> <tr> <td colspan="2">6e Nutritionists' Services</td> </tr> <tr> <td style="padding-left: 20px;">FFY 14 (last three months)</td> <td style="text-align: right;">\$38</td> </tr> <tr> <td style="padding-left: 20px;">FFY 15</td> <td style="text-align: right;">\$144</td> </tr> <tr> <td style="padding-left: 20px;">FFY 16 (first 9 months)</td> <td style="text-align: right;">\$106</td> </tr> <tr> <td colspan="2">7a and 7b Home Health Services</td> </tr> <tr> <td style="padding-left: 20px;">FFY 14 (last three months)</td> <td style="text-align: right;">\$67,764</td> </tr> <tr> <td style="padding-left: 20px;">FFY 15</td> <td style="text-align: right;">\$273,256</td> </tr> <tr> <td style="padding-left: 20px;">FFY 16 (first 9 months)</td> <td style="text-align: right;">\$209,895</td> </tr> <tr> <td colspan="2">7d Home Health Services</td> </tr> <tr> <td style="padding-left: 20px;">FFY 14 (last three months)</td> <td style="text-align: right;">\$20,241</td> </tr> <tr> <td style="padding-left: 20px;">FFY 15</td> <td style="text-align: right;">\$81,622</td> </tr> <tr> <td style="padding-left: 20px;">FFY 16 (first 9 months)</td> <td style="text-align: right;">\$62,696</td> </tr> <tr> <td colspan="2">8 Private Duty Nursing Services</td> </tr> <tr> <td style="padding-left: 20px;">FFY 14 (last three months)</td> <td style="text-align: right;">\$13,895</td> </tr> <tr> <td style="padding-left: 20px;">FFY 15</td> <td style="text-align: right;">\$55,304</td> </tr> <tr> <td style="padding-left: 20px;">FFY 16 (first 9 months)</td> <td style="text-align: right;">\$41,087</td> </tr> <tr> <td colspan="2">19g Targeted Case Management Services for Substance Use Disorders – Youth</td> </tr> <tr> <td style="padding-left: 20px;">FFY 14 (last three months)</td> <td style="text-align: right;">\$8</td> </tr> <tr> <td style="padding-left: 20px;">FFY 15</td> <td style="text-align: right;">\$36</td> </tr> <tr> <td style="padding-left: 20px;">FFY 16 (first 9 months)</td> <td style="text-align: right;">\$28</td> </tr> <tr> <td colspan="2">19h Targeted Case Management Services for Substance Use Disorders – Adult</td> </tr> <tr> <td style="padding-left: 20px;">FFY 14 (last three months)</td> <td style="text-align: right;">\$589</td> </tr> <tr> <td style="padding-left: 20px;">FFY 15</td> <td style="text-align: right;">\$2,505</td> </tr> <tr> <td style="padding-left: 20px;">FFY 16 (first 9 months)</td> <td style="text-align: right;">\$1,951</td> </tr> </table>		Total		FFY 14 (last three months)	\$102,535	FFY 15	\$412,867	FFY 16 (first 9 months)	\$315,763	6e Nutritionists' Services		FFY 14 (last three months)	\$38	FFY 15	\$144	FFY 16 (first 9 months)	\$106	7a and 7b Home Health Services		FFY 14 (last three months)	\$67,764	FFY 15	\$273,256	FFY 16 (first 9 months)	\$209,895	7d Home Health Services		FFY 14 (last three months)	\$20,241	FFY 15	\$81,622	FFY 16 (first 9 months)	\$62,696	8 Private Duty Nursing Services		FFY 14 (last three months)	\$13,895	FFY 15	\$55,304	FFY 16 (first 9 months)	\$41,087	19g Targeted Case Management Services for Substance Use Disorders – Youth		FFY 14 (last three months)	\$8	FFY 15	\$36	FFY 16 (first 9 months)	\$28	19h Targeted Case Management Services for Substance Use Disorders – Adult		FFY 14 (last three months)	\$589	FFY 15	\$2,505	FFY 16 (first 9 months)	\$1,951
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Introduction, Pages 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Introduction, Pages 1 and 2 of 2																																																									
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11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Single Agency Director Review. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL																																																											
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 400px; height: 40px; margin-top: 10px;"></div>		16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton																																																									

13. TYPED NAME: Mary E. Dalton	State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: 12-2-14	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: Original 6/12/14 Updated 12/2/14	18. DATE APPROVED: 12/4/14
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14	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

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 1st of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1st 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 www.mtmedicaid.org. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	July 1, 2014
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2014
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2014
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2014

TN: 14-012
Supersedes: 13-038

Approved: 12/4/14

Effective: 07/01/14

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)

Service	Attachment	Effective Date
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2014
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2014
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2014
12c Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2014
12c Prosthetic Devices	Attachment 4.19B, Pages 1 and 2	July 1, 2014
19G Targeted Case Management Services For Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2014
19H Targeted Case Management Services For Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2014

TN: 14-012
 Supersedes: 13-038

Approved: 12/4/14

Effective: 07/01/14