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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-002

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

October 21, 2014

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

Re: SPA MT-14-002

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-002. This SPA updates Personal Care Services by outlining the provider qualification criteria.

Please be informed that this State Plan Amendment was approved today with an effective date of March 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 Opper, Department Director
Duane Preshinger
Jo Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-002	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 3/1/2014	
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: N/A	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplements to Attachment 3.1A and 3.1B to Service 24f, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplements to Attachment 3.1A to Service 24f and 3.1B to Service 23f, Page 1 of 1	
10. SUBJECT OF AMENDMENT: For Personal Care Services, the amended version will outline the provider qualification criteria as requested by CMS.			
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: 		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: 2-28-2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 02/28/14		18. DATE APPROVED: 10/21/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

Qualifications of Providers of Personal Care Services:

All Personal Care Services (PCS) Providers must be provider agencies who enroll through Montana's fiscal intermediary and provide documentation of the following:

- A copy of the organization's form IRS-P575 or, if not available, the W-9;
- PCS training certification documentation;
- Unemployment and workers compensation insurance;
- General liability insurance; and
- A signed State's Medicaid Provider Enrollment Signature Page.

A provider agency that acts as the employer, scheduler and supervisor of workers who perform personal care services must ensure that the individuals who provide the service are properly trained and supervised. Training and supervision duties must be overseen by a licensed nurse. Individuals who complete personal assistance services must have completed a 16 hour training course, or receive a waiver of training as deemed appropriate by a licensed nurse, prior to delivering the service.

Service Limitations:

The following limitations apply to Personal Care Services in an individual's home:

1. Personal care services are limited to 320 units (80 hours) of attendant services bi-weekly per individual. Service units exceeding the 320 unit limit may be provided based on medical necessity when prior authorized by the Department.
2. Assistance with activities of daily living (ADL) is authorized when an individual needs hands-on assistance, cuing, and/or supervision to complete the task. ADL services include bathing, personal hygiene, dressing, eating and meal preparation, mobility, positioning and transferring, toileting, and medication assistance.
3. Instrumental activities of daily living include household tasks, which are authorized when the individual demonstrates a need for hands on care with activities of daily living. Household tasks include limited housekeeping, laundry and shopping for essential items specific to the individual's needs. Household tasks are not authorized to maintain an entire household. Household tasks may not exceed one-third of the total personal care hours authorized.
4. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in 1 and 2 above, will be evaluated by the Department's designated medical review organization.

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