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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-0042

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

July 22, 2015

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

Re: SPA MT-14-0042

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-0042. This amendment adds language to allow reimbursement for nursing facility services in Tribal 638 and Indian Health Services facilities.

Please be informed that this State Plan Amendment was approved today with an effective date of November 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
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0002 14-0042	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: 11/01/02014	
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 431.110		7. FEDERAL BUDGET IMPACT: a. FFY 15 - \$3,908,259 b. FFY 16 - \$5,154,614 c. FFY 17 - \$5,309,250	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Service 9a, Supplement to Attachment 4.19B, pages 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Service 9a, Supplement to Attachment 4.19B, pages 1 and 2 of 2	
10. SUBJECT OF AMENDMENT: Adding language to allow reimbursement for nursing facility services in Tribal 638 and Indian Health Service facilities.			
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: 12-10-14 / resubmitted 12-14-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/10/14		18. DATE APPROVED: 7/22/15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/1/14		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 OF MONTANA**

Supplement to
Attachment 4.19B
Service 9a
Indian Health Services
Page 1 of 2

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT/PER VISIT RATES
INDIAN HEALTH SERVICES**

Payments to Indian health facilities that are federally recognized and either tribally-operated or operated by the Indian Health Service shall be made according to the following categories of service:

- A. Outpatient Hospital, Clinic Categories of Service – Payments to Indian health facilities under these categories of service shall be per visit/encounter and based upon the approved rates published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001 (a)), and the Indian Health Care Improvement Act (25 U.S.C 1601 seq.). The Department shall accept submission of and make payments for multiple visit/encounter claims for different types of service provided to a client on the same date of service by the same Indian health facility only if the services provided are different or are for different diagnosis codes. Different types of service shall include but are not limited to practitioner services, mental health services, podiatry services, optometry services, radiology services, laboratory services, durable medical equipment, pharmacy, and dental services.
- B. Outpatient surgeries will be reimbursed on a per visit basis. The rate will be calculated annually using the average Medicaid reimbursed amount in the Ambulatory Surgery Center (ASC) program. This same-day surgery or day surgery is surgery that is not typically done in a doctor's or dentist's office and does not require an overnight hospital stay.

MONTANA

C. Inpatient Hospital Category of Service

Payments to Indian health facilities under this category of service shall be per date of inpatient stay and based upon the approval rates published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.). The Department shall make only one payment per date of service per client.

D. Pharmacy Services

Reimbursement for drugs shall follow the Department's methodology under Outpatient Drug Services State Plan.

E. Nursing Home Services

Payment for Nursing Homes will be on a per diem (per day) rate. The rate negotiated with tribes for 2014 is \$389.14. This 2014 rate will be adjusted annually based on the inpatient hospital percentage increase or decrease to the approval rates published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).