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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-0007

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

March 25, 2015

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

Re: SPA MT-14-0007

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-0007. This SPA increases the rate for Targeted Case management for Adults with Severe Disabling Mental Illness, by approximately 2%.

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).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 24A.


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: 14-007 | 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 07/01/2014 | |
| 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: 1902(a)(30)(A) | | 7. FEDERAL BUDGET IMPACT: a. FFY 14 \$32,286 (3 months) b. FFY 15 \$135,811 (12 months) c. FFY 16 \$104,341 (9 months) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Methods & Standards for Establishing Payment Rates, Page 1 of 1 Supplement to Attachment 3.1A, Pages 1 through 5 of 5 Supplement to Attachment 3.1B, Pages 1 through 5 of 5 Service 19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Methods & Standards for Establishing Payment Rates, Page 1 of 1 Supplement to Attachment 3.1A, Pages 1 through 11 of 11 Supplement to Attachment 3.1B, Pages 1 through 11 of 11 Service 19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness | |
| 10. SUBJECT OF AMENDMENT: Increase the rate approximately 2%, correct the Service Number, and make the language consistent across the coverage pages. | | | |
| 11. GOVERNOR'S REVIEW (Check One): | | | |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director review | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Montana Dept of Public Health and Human Services Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59604 | |
| 13. TYPED NAME: Mary E. Dalton | | | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED: 12-08-14 / 3-23-15 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 12/08/14 | | 18. DATE APPROVED: 03/25/15 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/14 | | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ | |
| 21. TYPED NAME: Richard C. Allen | | 22. TITLE: ARA, DMCHO | |
| 23. REMARKS: | | | |

Montana

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Targeted Case Management (TCM) services are furnished to assist Medicaid eligible adults with Severe Disabling Mental Illness (SDMI) in gaining access to needed medical, social, educational, and other services.

X 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)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

___ Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

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

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment at least once every 90 days of an eligible individual to determine service needs, including activities that focus on identification for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

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- ❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:**
 - **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.**
- ❖ **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:**
 - **activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**
- ❖ **Monitoring and follow-up activities:**
 - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
 - **services are being furnished in accordance with the individual's care plan;**
 - **services in the care plan are adequate; and****changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.**

Monitoring and follow-up activities may be with the individual, family members, service providers, or other entities or individuals. They may be conducted as frequently as necessary, but at a minimum, must occur once every 90 days.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

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Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Qualified providers are required to be licensed Mental Health Centers with a case management endorsement. An endorsement is a process facilitated through the department's Quality Assurance Division (QAD) and includes an application with a request for a targeted case management for Adults with Severe Disabling Mental Illness endorsement. QAD is the licensure authority for the state and oversees the endorsement of many mental health services, including crisis stabilization and day treatment, for example. Medicaid adopts and incorporates licensing standards for mental health services endorsed by QAD.

Mental Health Centers providing TCM services to adults with SDMI must have a program supervisor and employ case managers who have a bachelor's degree in a human services field with at least one year of full-time experience serving individuals with SDMI. Individuals with other educational background, who have developed the necessary skills, may also be employed as case managers. The Mental Health Center's case management position description must contain equivalency provisions.

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.**

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with severe disabling mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with severe disabling mental illness receive needed services.

TCM are limited to licensed Mental Health Centers with an adult TCM endorsement. Licensed Mental Health Centers have the required infrastructure that ensures an added level of quality assurance and oversight of TCM services. Each center employs a medical director who is a physician licensed by the Montana Board of Medical Examiners to oversee the Mental Health Center's clinical services. Mental Health Centers are also required to provide crisis telephone services, allowing each adult served in TCM to have access to a crisis hotline 24 hours a day. The department monitors access through utilization data to ensure adults are accessing necessary services.

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Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or

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other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

No additional limitations.

Montana

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No additional limitations.

Page 1 of 1
Attachment 4.19B
Methods & Standards for
Establishing Payment Rates
Service 19 b
Targeted Case Management Services
for Adults with Severe Disabling Mental Illness (SDMI)

The Montana Medicaid service array includes Targeted Case Management (TCM) for adults with severe disabling mental illness (SDMI). The TCM program for adults with SDMI is administered by the Addictive and Mental Disorders Division (AMDD), Mental Health Services Bureau (MHSB).

Services are provided by a licensed Mental Health Center with a license endorsement permitting the Mental Health Center to provide case management services.

TCM services for adults with SDMI will be reimbursed on a fee per unit of service basis. A unit of service is a period of 15 minutes.

Reimbursement for TCM services for adults with SDMI will be based on the lowest of: the providers' actual charge for the service or the Department's fee schedule. Unless otherwise noted in the State Plan, fees are the same for both governmental and private providers of TCM for adults with SDMI.

The Department's fee schedule rate was set as of 7/1/14 and is effective for services provided on or after that date. All rates are published at www.mtmedicaid.org.