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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-0040

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

January 13, 2015

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

Re: SPA MT-14-0040

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-0040. This SPA is updating the Reimbursement Introduction Page to reflect the new fee schedule date to 10/1/14 for DME and Supplies and Prosthetic Devices and to reflect coverage criteria changes since 1/1/14. It will also remove non-covered codes from the fee schedule.

Please be informed that this State Plan Amendment was approved today with an effective date of October 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: 14-040	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
		4. PROPOSED EFFECTIVE DATE 10/1/2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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:	
		Total	
		FFY 15 \$0	
		FFY 16 \$0	
		7.C Durable Medical Equipment and Supplies	
		FFY 15 \$0	
		FFY 16 \$0	
		12.c Prosthetic Devices	
		FFY 15 \$0	
		FFY 16 \$0	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Introduction, Pages 1 and 2 of 2	
10. SUBJECT OF AMENDMENT: The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for Durable Medical Equipment and Supplies Service 7.C and Prosthetic Devices Service 12.c, to reflect any Medicare coverage criteria changes since January 1, 2014, and remove non-covered codes effective October 1, 2014.			
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 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: 11-2-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 11/02/14		18. DATE APPROVED: 01/13/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/14		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	October 1, 2014

TN: 14-040
Supersedes: 14-012

Approved: 01/13/15

Effective: 10/01/14

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 Prosthetic Devices	Attachment 4.19B, Pages 1 and 2	October 1, 2014
12e Hearing Aids	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: 14-040
 Supersedes: 14-012

Approved: 01/13/15

Effective: 10/01/14