
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0005

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

August 24, 2015

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

Re: SPA MT-15-0005

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0005. This amendment updates the introduction page to Attachment 4.19B.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2015. 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 FOR: HEALTH CARE FINANCING ADMINISTRATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 1. TRANSMITTAL NUMBER: 15-0005 </td> <td style="width: 50%; padding: 5px;"> 2. STATE Montana </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid) </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 4. PROPOSED EFFECTIVE DATE 07/01/2015 </td> </tr> </table>	1. TRANSMITTAL NUMBER: 15-0005	2. STATE Montana	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)		4. PROPOSED EFFECTIVE DATE 07/01/2015																																																																																	
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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: <table style="width: 100%;"> <tr> <td colspan="2">Total</td> </tr> <tr> <td style="text-align: right;">FFY 15 (3 months)</td> <td style="text-align: right;">\$ 879,090</td> </tr> <tr> <td style="text-align: right;">FFY 16 (12 months)</td> <td style="text-align: right;">\$ 3,622,723</td> </tr> <tr> <td style="text-align: right;">FFY 17 (9 months)</td> <td style="text-align: right;">\$ 3,136,962</td> </tr> <tr> <td colspan="2">3 Other Laboratory & X-Ray Services</td> </tr> <tr> <td style="text-align: right;">FFY 15 (3 months)</td> <td style="text-align: right;">\$1,392</td> </tr> <tr> <td style="text-align: right;">FFY 16 (12 months)</td> <td style="text-align: right;">\$5,513</td> </tr> <tr> <td style="text-align: right;">FFY 17 (9 months)</td> <td style="text-align: right;">\$4,116</td> </tr> <tr> <td colspan="2">5.a Physicians' Services</td> </tr> <tr> <td style="text-align: right;">FFY 15 (3 months)</td> <td style="text-align: right;">\$443,309</td> </tr> <tr> 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7a and 7b Home Health Services

FFY 15 (3 months)	\$61,944
FFY 16 (12 months)	\$249,576
FFY 17 (9 months)	\$191,229

7.c Durable Medical Equipment and Supplies

FFY 15 (3 months)	\$0
FFY 16 (12 months)	\$0
FFY 17 (9 months)	\$0

7d Home Health Services

FFY 15 (3 months)	\$18,503
FFY 16 (12 months)	\$74,548
FFY 17 (9 months)	\$57,120

8 Private Duty Nursing Services

FFY 15 (3 months)	\$16,698
FFY 16 (12 months)	\$66,791
FFY 17 (9 months)	\$50,093

11a Physical Therapy Services

FFY 15 (3 months)	\$7,432
FFY 16 (12 months)	\$29,465
FFY 17 (9 months)	\$29,316

11b Occupational Therapy Services

FFY 15 (3 months)	\$5,134
FFY 16 (12 months)	\$20,356
FFY 17 (9 months)	\$20,253

11c Speech Therapy & Audiology Services

FFY 15 (3 months)	\$5,319
FFY 16 (12 months)	\$21,087
FFY 17 (9 months)	\$20,981

12c Prosthetic Devices

FFY 15 (3 months)	\$0
FFY 16 (12 months)	\$0
FFY 17 (9 months)	\$0

12.e Hearing Aids

FFY 15 (3 months)	\$631
FFY 16 (12 months)	\$2,500
FFY 17 (9 months)	\$2,488

19 b Targeted Case Management Services for Adults with Severe Disabling Mental Illness

FFY 15 (3 months)	\$32,070
FFY 16 (12 months)	\$129,702
FFY 17 (9 months)	\$98,016

19c Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a DD Children's Group Home


FFY 15 (3 months)	\$15,987
FFY 16 (12 months)	\$63,310
FFY 17 (9 months)	\$47,264

19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)

FFY 15 (3 months)	\$27,998
FFY 16 (12 months)	\$143,812
FFY 17 (9 months)	\$174,631

19G Targeted Case Management Services For Substance Use Disorders – Youth

FFY 15 (3 months)	\$71
FFY 16 (12 months)	\$514
FFY 17 (9 months)	\$301

	<p>19H Targeted Case Management Services For Substance Use Disorders – Adult</p> <table> <tr> <td>FFY 15 (3 months)</td> <td>\$464</td> </tr> <tr> <td>FFY 16 (12 months)</td> <td>\$2,207</td> </tr> <tr> <td>FFY 17 (9 months)</td> <td>\$1,976</td> </tr> </table> <p>19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Treatment Facility (PRTF)</p> <table> <tr> <td>FFY 15 (3 months)</td> <td>\$27,998</td> </tr> <tr> <td>FFY16 (12 months)</td> <td>\$143,812</td> </tr> <tr> <td>FFY17 (9 months)</td> <td>\$174,631</td> </tr> </table>	FFY 15 (3 months)	\$464	FFY 16 (12 months)	\$2,207	FFY 17 (9 months)	\$1,976	FFY 15 (3 months)	\$27,998	FFY16 (12 months)	\$143,812	FFY17 (9 months)	\$174,631
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<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</p> <p>Attachment 4.19B, Introduction, Pages 1 and 2 of 2</p>	<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</p> <p>Attachment 4.19B, Introduction, Pages 1 and 2 of 2</p>												
<p>10. SUBJECT OF AMENDMENT:</p> <p>The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for all state plan services on the Introduction Page, effective July 1, 2015.</p>													
<p>11. GOVERNOR'S REVIEW (Check One):</p> <table> <tr> <td><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td rowspan="3">X OTHER, AS SPECIFIED: Single Agency Director Review</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> </tr> </table>		<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED: Single Agency Director Review	<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL								
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<p>12. SIGNATURE OF STATE AGENCY OFFICIAL:</p> 	<p>16. RETURN TO:</p> <p>Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604</p>												
<p>13. TYPE:</p> <p>14. TITLE: State Medicaid Director</p> <p>15. DATE SUBMITTED: 8-18-15</p>													
<p align="center">FOR REGIONAL OFFICE USE ONLY</p>													
<p>17. DATE RECEIVED:</p> <p>Originally sent 6/3/15</p>	<p>18. DATE APPROVED:</p> <p>8/24/15</p>												
<p align="center">PLAN APPROVED – ONE COPY ATTACHED</p>													
<p>19. EFFECTIVE DATE OF APPROVED MATERIAL:</p> <p>7/1/15</p>	<p>20. SIGNATURE OF REGIONAL OFFICIAL:</p> <p>/S/</p>												
<p>21. TYPED NAME:</p> <p>Richard C. Allen</p>	<p>22. TITLE:</p> <p>ARA, DMCHO</p>												
<p>23. REMARKS:</p>													

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 <http://medicaidprovider.mt.gov>. 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, 2015
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2015
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2015
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2015

TN: 15-0005
Supersedes: 14-0043

Approved: **8/24/15**

Effective: 07/01/15

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, 2015
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2015
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2015
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2015
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2015
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2015
19c Targeted Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or who Reside in a DD Children's Group Home	Attachment 4.19B, Page 1	July 1, 2015
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2015
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2015
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2015
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)	Attachment 4.19B, Page 1	July 1, 2015

TN: 15-0005

Approved: **8/24/15**

Effective: 07/01/15

Supersedes: 14-0043