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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0009

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

December 2, 2015

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

Re: SPA MT-15-0009

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0009. This SPA will update reimbursement for Community First Choice Services rates through a provider rate increase and provide updated reimbursement for add-on payments for Direct Care Wages and Health Insurance for Health Care Workers. Fiscal impact for 2015, 2016, and 2017 is $84,139,928.

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
Divisions for Medicaid & Children's Health Operations

cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 15-0009

2. STATE: Montana

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
07/01/15

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 15: $10,266,189
b. FFY 16: $41,389,669
c. FFY 17: $32,484,070

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Service 1915 K, Community First Choice
Attachment 4.19B, Pages 1 – 3 of 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Service 1915 K, Community First Choice
Attachment 4.19B, Pages 1 – 3 of 3

10. SUBJECT OF AMENDMENT:

Community First Choice Services will update reimbursement through a provider rate increase, and provide updated reimbursement for add-on payments for Direct Care Wages and Health Insurance for Health Care Workers.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Single Agency Director Review

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 6-21-15

16. RETURN TO:
Montana Dept of Public Health and Human Services
Mary E. Dalton
Attn: Mary Eve Kulawik
PO Box 4210
Helena MT 59620

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 20, 2015

18. DATE APPROVED: December 2, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard C. Allen

22. TITLE: ARA, DMCHO

23. REMARKS:

FORM HCFA-179 (07-92)

MONTANA

I. In-State Community First Choice Services (CFCS)

a. CFCS Reimbursement

The CFCS rates for (1) CFCS attendant service, (2) CFCS mileage, and (3) CFCS Personal Emergency Response System (PERS) are set fees established by the Department based upon historical costs. Fee schedule rates are effective for the dates listed below. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community First Choice Services.

The Department assures there is no duplication of Personal Care Services (PCS) and Transportation with CFCS attendant services and CFCS mileage.

1. The Department will pay a provider for each Medicaid unit of CFCS attendant service. A unit of CFCS attendant service means a unit of attendant service that is an on-site visit specific to a client. A unit of attendant service is 15 minutes. The unit rate includes the planning and oversight components related to direct service.

   Medicaid payment for CFCS attendant services is not allowable for services provided in a hospital or nursing facility as defined in 50-5-101, MCA and licensed under 50-5-201, MCA.

   The agency's fee schedule rate for CFCS attendant services was set as of July 1, 2015 and is effective for CFCS provided on or after that date. All rates are published on the agency's website http://medicaidprovider.mt.gov.

2. The Department will pay a provider for mileage incurred while transporting a client. A CFCS mileage unit of service is a minimum of one mile and means that a provider's employee used their personal vehicle or an agency-owned vehicle to provide transportation to a client during the provision of CFCS.

   The agency's fee schedule rate for CFCS is the same as the Medicaid Transportation mileage rate. The Medicaid Transportation mileage rate was set as of July 1, 2015. All rates are published on the agency's website http://medicaidprovider.mt.gov.

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3. The Department will pay a provider for a CFCS PERS unit. The PERS unit is electronic, telephonic, or mechanical system used to summon assistance in an emergency situation. The CFCS PERS unit must be connected to a local emergency response system with the capacity to activate emergency medical personnel.

   The agency's fee schedule rate for CFCS PERS is the same as the Elderly and Physically Disabled Waiver PERS rate. The Elderly Physically Disabled Waiver PERS rate was set as of July 1, 2015. All rates are published on the agency's website http://medicaidprovider.mt.gov.

b. CFCS Direct Care Wage Add-on Funding

   Additional payments will be made to CFCS providers for direct care wage reimbursement effective on or after July 1, 2015 through June 30, 2017. These funds will be distributed proportionally to the participating CFCS provider based on the number of units of Medicaid CFCS provided by each provider. The calculated pro rata amount is distributed to each participating provider two times a year. Providers select the two distribution dates from the available distribution periods identified by the Department.

   Example: If the total to be distributed was $500,000

Provider	Units	Percentage	Allocation Formula	Annual Pro Rata Share	First Payment	Second Payment
A	15,000	30%	$500,000 x.30	$150,000	$75,000	$75,000
B	15,000	30%	$500,000 x.30	$150,000	$75,000	$75,000
c	20,000	40%	$500,000 x.40	$200,000	$100,000	$100,000
Total	50,000	100%		$500,000	$250,000	$250,000

Payments will be made according to the following schedule and pool amount:

		Available distribution dates (provider selects two for each distribution period)
July 1, 2015 - June 30, 2016	$1,586,523	
		September 2015
		December 2015
		January 2016
		April 2016

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July 1, 2016 - June 30, 2017 $2,308,995

September 2016
December 2016
January 2017
April 2017

The Department assures there is no duplication of CFCS Direct Care Wage Add-on Funding and PCS Direct Care Wage Add-on.

c. CFCS Health Insurance for Health Care Worker Funding

Additional payments will be made to Community First Choice providers for health insurance for health care workers reimbursement, for the purpose of providing health insurance coverage to eligible CFCS workers. This reimbursement will be effective on or after July 1, 2015 through June 30, 2017. These funds will be distributed proportionally to the participating Community First Choice providers based on the number of units of Medicaid CFCS provided by each provider according to the following schedule and pool amounts. Payments are made monthly.

July 1, 2015 - June 30, 2016 $ 4,684,511
July 1, 2015 - June 30, 2017 $ 4,869,761

Example: If the total to be distributed was $500,000

Provider	Units	Percentage	Allocation Formula	Annual Pro Rata Share	Monthly Payment
A	15,000	30%	$500,000 x.30	$150,000	$12,500
B	15,000	30%	$500,000 x.30	$150,000	$12,500
C	20,000	40%	$500,000 x .40	$200,000	$16,667
Total	50,000	100%		$500,000	$41,667

The Department assures there is no duplication of CFCS Health Insurance for Health Care Worker Funding and PCS Health Insurance for Health Care Worker Funding.

II. Out of State Community First Choice Services

Reimbursement for CFCS for services provided outside the borders of the State of Montana is established by the Department and published on the agency's website at www.mtmedicaid.org. Consideration may be given to reimburse out of state CFCS providers, up to their state's established Medicaid usual and customary reimbursement rate, if Montana established rates are lower.