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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0013

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-15-0013

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0013. This amendment updates the fee schedule for TCM Services for Youth with Serious Emotional Disturbance and to move the rate reference to the Amendment 4.19-B Introduction page.

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 Oppen, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0013	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 July 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441 Subpart D; 42 CFR 440.160		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 (3 months) b. FFY 2016 \$0 (12 months) c. FFY 2017 \$0 (9 months)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Page 1 of 1 Service 19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19B, Page 1 of 1 Service 19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to update the fee schedule for Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED) and to move the rates reference to the Attachment 4.19B Introduction Page.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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 State 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: Jo Thompson  PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 8-18-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/3/15 originally submitted		18. DATE APPROVED: 8/24/15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/15		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

Targeted Case Management (TCM) for youth with Serious Emotional Disturbance (SED) 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 youth with SED are reimbursed on a fee per unit of service basis. A unit of service is a period of 15 minutes.

Reimbursement for TCM services for youth with SED is the lower of: the providers' actual charge for the service or the Department's fee. Unless otherwise noted in the State Plan, fees are the same for both governmental and private providers.

The Department's fee schedule rate for both governmental and private providers was set as of the date on the Attachment 4.19B Introduction Page and is effective for services provided on or after that date. All rates are published on the agency's website at medicaidprovider.mt.gov.