
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0015

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-15-0015

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0015. This amendment updates the fee schedule for Adults with Severe Disabling Mental Illness (SDMI). This service is also being added to the 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 Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0015	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 07/01/2015	
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: 1902(a)(30)(A)		7. FEDERAL BUDGET IMPACT: FFY 15 (3 months) \$0 FFY 16 (12 months) \$0 FFY 17 (9 months) \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Page 1 of 1 Service 19 b 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Page 1 of 1 Service 19 b Targeted Case Management Services for Adults with Severe Disabling Mental Illness	
10. SUBJECT OF AMENDMENT: Update the date of the fee schedule to July 1, 2015, and add the service to the Introduction Page 4.19B.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Single Agency Director review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: 8-18-15 Updated			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/3/15 Original Submission Date		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: /s/	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

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)

MONTANA

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 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.