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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0033

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

February 25, 2016

Mary Dalton, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: SPA MT-15-0033

Dear Ms. Dalton:

We reviewed Montana's proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0033. This amendment eliminates a 40-hour limitation per state fiscal year for occupational, physical and speech therapy services.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. We are enclosing the CMS 179 Form and the approved State Plan pages.

If you have any questions regarding this SPA please contact Sophia Hinojosa at (303) 844-7129.

Sincerely,

A solid black rectangular box used to redact the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & 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: 15-0033	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 01/01/2016	
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: If applicable, provide CFR citation: Section 1902 (a)(30)(A)		7. FEDERAL BUDGET IMPACT: a. FFY \$0.00 b. FFY \$0.00 This ammendment to the Physical, Occupational and Speech Therapies is related to Montana's Medicaid expansion effective 1/1/16. Its fiscal impact is reported on the MT 15-0025 179.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachments 3.1A and 3.1B, Service 11a, Physical Therapy, Pages 1 and 2 of 2 Supplement to Attachments 3.1A and 3.1B, Service 11b, Occupational Therapy, Pages 1 and 2 of 2 Supplement to Attachments 3.1A and 3.1B, Service 11c, Speech Therapy, Pages 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachments 3.1A and 3.1B, Service 11a, Physical Therapy, Pages 1 and 2 of 2 Supplement to Attachments 3.1A and 3.1B, Service 11b, Occupational Therapy, Pages 1 and 2 of 2 Supplement to Attachments 3.1A and 3.1B, Service 11c, Speech Therapy, Pages 1 and 2 of 2	
10. SUBJECT OF AMENDMENT: Establish the elimination of the limit of 40 hours per state fiscal year for each of the therapies.			
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: [Redacted Signature]		16. RETURN TO: Montana Department of Public Health and Human Services Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 12-30-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 30, 2015		18. DATE APPROVED: February 25, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016		20. REGIONAL OFFICIAL: [Redacted Signature]	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

The following limitations apply to Physical Therapy Services:

1. Licensed or unlicensed assistants, students, or aides work under the supervision of a State-licensed therapist. The therapist assumes professional responsibility for the patient and uses that clinical information to evaluate and then treat (or not treat) the patient. The therapist is practicing within the State's Scope of Practice which permits the use of licensed or unlicensed therapy assistants or aides. Montana Medicaid does not require qualifications in addition to the Montana Code Annotated for Business and Occupations.
2. Physical therapy Services will be provided in accordance with 42 CFR 440.110.
3. "Physical therapist assistant" or "assistant" means a person who:
 - (a) is a graduate of an accredited physical therapist assistant curriculum approved by the board;
 - (b) assists a physical therapist in the practice of physical therapy but who may not make evaluations or design treatment plans; and
 - (c) is supervised by a licensed physical therapist.
4. "Physical therapist assistant student" means a person who is enrolled in an accredited physical therapist assistant curriculum and who, as part of the clinical and educational training, is practicing under the supervision of a licensed physical therapist.
5. "Physical therapy aide" or "aide" means a person who aids in the practice of physical therapy, whose activities require on-the-job training, and who is supervised by a licensed physical therapist or a licensed physical therapist assistant.

MONTANA

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the United States Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

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2. Speech therapy will be provided in accordance with 42 CFR 440.110.
3. "Speech-language pathology aide or assistant" means a person meeting the minimum requirements established by the board who works directly under the supervision of a licensed speech-language pathologist.

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2. Occupational Therapy Services will be provided in accordance with 42 CFR 440.110.
3. "Certified occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under this chapter, who works under the general supervision of an occupational therapist in accordance with the provisions of the National Board for Certification in Occupational Therapy, Inc.
4. "Occupational therapy aide" means a person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant; and whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.
5. "Occupational therapy assistant" means a person who is licensed to assist in the practice of occupational therapy and who works under the general supervision of an occupational therapist.

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