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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0035

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

March 25, 2016

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

Re: SPA MT-15-0035

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0035. This amendment will eliminate the limit of one pair of eyeglasses every 730 days and replace it with one pair of eyeglasses every 365 days.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. We are enclosing the summary page and the amended plan page(s).



If you have any questions regarding this SPA please contact Michelle Baldi at (312) 353-0909.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & 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: 15-0035	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 b. FFY \$0 This state plan amendment is related to Montana's Medicaid expansion, effective 1/1/16. Its estimated federal fiscal impact is reported on the MT 15-0025 HCFA 179.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1A , Service 12d, Eyeglasses, Page 1 of 1 Supplement to Attachments 3.1 B, Service 12d, Eyeglasses, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1A , Service 12d, Eyeglasses, Page 1 of 1 Supplement to Attachments 3.1 B, Service 12d, Eyeglasses, Page 1 of 1	
10. SUBJECT OF AMENDMENT: Eliminate the limit of one pair of eyeglasses every 730 days and replace it with one pair of eyeglasses every 365 days.			
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: 		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: March 25, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

The following limitations apply to Eyeglass Services:

1. Eyeglasses (frames and lenses) are limited to one pair per 365 day period.
2. Individuals under the age of 21 are eligible for one pair of eyeglasses (frames and lenses) every 365 days with one replacement during this time.

Additional replacements for children must be prior authorized by the Department.

3. Eyeglasses (frames and lenses) limits can be exceeded based on medical necessity.

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Attachment 4.19B,
Methods & Standards
For Establishing
Payment Rates,
Service 12.d,
Eyeglasses

MONTANA

- I. Reimbursement for eyeglasses is through a single volume purchase contract issued by the Department through the competitive Request for Proposal process pursuant to 42 CFR 431.54(d).
- II. Reimbursement for medically necessary contact lenses is not included in the volume purchase contract for eyeglasses and is reimbursed as follows:
 - A. The lower of;
 - 1. The provider's usual and customary charge; or
 - 2. The Department's fee schedule.
- III. The Department's fee schedule is determined by:
 - A. Establishing a fee for each new service which has been billed at least 50 time by all providers in the aggregate during the previous 12 month period. The Department shall set each fee at 90% of the average charge billed by all providers in the aggregate.
 - B. The Fee Schedule for Eyeglasses can be found at:
<http://medicaidprovider.mt.gov/47#184922613-fee-schedules--eyeglasses>