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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-16-0009

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

September 19, 2016

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

Re: SPA MT-16-0009

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-16-0009. The Attachment 4.1 9B Introduction Page is being amended to update the date of the fee schedule for all state plan services on the Introduction Page, effective July 1, 2016; and to add the following two services: 19.a Targeted Case Management Services (TCM) for High Risk Pregnant Women, and 19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs.

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

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

A solid black rectangular box used to redact the signature of Matthew J. Rodriguez.

Matthew J. Rodriguez, PharmD, Ph.C., BCPS
Acting 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: 16-0009	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 07/01/2016	
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: Section 1902(a)(30)		7. FEDERAL BUDGET IMPACT: Total FFY 16 (3 months) \$935,837 FFY 17 (12 months) \$3,749,042 FFY 18 (9 months) \$2,843,747 3 Other Laboratory & X-Ray Services FFY 16 (3 months) \$9,452 FFY 17 (12 months) \$37,903 FFY 18 (9 months) \$28,449 5.a Physicians' Services FFY 16 (3 months) \$343,318 FFY 17 (12 months) \$1,376,633 FFY 18 (9 months) \$1,033,263 6.b Optometrists' Services FFY 16 (3 months) \$18,921 FFY 17 (12 months) \$75,302 FFY 18 (9 months) \$56,972 6c Chiropractic Services FFY 16 (3 months) \$2,624 FFY 17 (12 months) \$10,547 FFY 18 (9 months) \$7,910 6d Licensed Clinical Social Workers' Services FFY 16 (3 months) \$16,516 FFY 17 (12 months) \$69,059 FFY 18 (9 months) \$59,228 6d Licensed Professional Counselors' Services FFY 16 (3 months) \$29,488 FFY 17 (12 months) \$122,123 FFY 18 (9 months) \$102,207 6d Licensed Psychologists' Services FFY 16 (3 months) \$2,983 FFY 17 (12 months) \$11,998 FFY 18 (9 months) \$9,275 6d Denturist Services 6d Dental Hygienist Services 10 Dental Services 12b Denture Services FFY 16 (3 months) \$284,397 FFY 17 (12 months) \$1,131,842 FFY 18 (9 months) \$856,327 6e Nutritionists' Services FFY 16 (3 months) \$54 FFY 17 (12 months) \$216 FFY 18 (9 months) \$162	

7a and 7b Home Health Services

FFY 16	(3 months)	\$63,743
FFY 17	(12 months)	\$254,923
FFY 18	(9 months)	\$191,082

7d Home Health Services

FFY 16	(3 months)	\$19,040
FFY 17	(12 months)	\$76,146
FFY 18	(9 months)	\$57,075

7c Durable Medical Equipment (DME)

FFY 16	(3 months)	\$0
FFY 17	(12 months)	\$0
FFY 18	(9 months)	\$0

8 Private Duty Nursing Services

FFY 16	(3 months)	\$30,987
FFY 17	(12 months)	\$124,556
FFY 18	(9 months)	\$93,417

11a Physical Therapy Services

FFY 16	(3 months)	\$14,732
FFY 17	(12 months)	\$58,631
FFY 18	(9 months)	\$44,359

11b Occupational Therapy Services

FFY 16	(3 months)	\$10,178
FFY 17	(12 months)	\$40,507
FFY 18	(9 months)	\$30,647

11c Speech Therapy & Audiology Services

FFY 16	(3 months)	\$10,544
FFY 17	(12 months)	\$41,962
FFY 18	(9 months)	\$31,748

12.e Hearing Aids

FFY 16	(3 months)	\$1,250
FFY 17	(12 months)	\$4,975
FFY 18	(9 months)	\$3,764

12.c Prosthetic Devices

FFY 16	(3 months)	\$0
FFY 17	(12 months)	\$0
FFY 18	(9 months)	\$0

19.a Targeted Case Management Services (TCM) for High Risk Pregnant Women

FFY 16	(3 months)	\$365
FFY 17	(12 months)	\$1,468
FFY 18	(9 months)	\$1,101

19 b Targeted Case Management Services for Adults with Severe Disabling Mental Illness

FFY 16	(3 months)	\$7,236
FFY 17	(12 months)	\$28,944
FFY 18	(9 months)	\$21,708

19c Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or Who Reside in a DD Children's Group Home

FFY 16	(3 months)	\$20,789
FFY 17	(12 months)	\$83,384
FFY 18	(9 months)	\$63,907

19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)

FFY 16	(3 months)	\$33,816
FFY 17	(12 months)	\$135,819
FFY 18	(9 months)	\$104,566

<p>19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">FFY 16 (3 months)</td> <td style="text-align: right;">\$2,070</td> </tr> <tr> <td>FFY 17 (12 months)</td> <td style="text-align: right;">\$8,319</td> </tr> <tr> <td>FFY 18 (9 months)</td> <td style="text-align: right;">\$6,239</td> </tr> </table> <p>19G Targeted Case Management Services For Substance Use Disorders – Youth</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">FFY 16 (3 months)</td> <td style="text-align: right;">\$41</td> </tr> <tr> <td>FFY 17 (12 months)</td> <td style="text-align: right;">\$163</td> </tr> <tr> <td>FFY 18 (9 months)</td> <td style="text-align: right;">\$122</td> </tr> </table> <p>19H Targeted Case Management Services For Substance Use Disorders – Adult</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">FFY 16 (3 months)</td> <td style="text-align: right;">\$41</td> </tr> <tr> <td>FFY 17 (12 months)</td> <td style="text-align: right;">\$614</td> </tr> <tr> <td>FFY 18 (9 months)</td> <td style="text-align: right;">\$460</td> </tr> </table> <p>19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Treatment Facility (PRTF)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">FFY 16 (3 months)</td> <td style="text-align: right;">\$38</td> </tr> <tr> <td>FFY 17 (12 months)</td> <td style="text-align: right;">\$152</td> </tr> <tr> <td>FFY 18 (9 months)</td> <td style="text-align: right;">\$117</td> </tr> </table>	FFY 16 (3 months)	\$2,070	FFY 17 (12 months)	\$8,319	FFY 18 (9 months)	\$6,239	FFY 16 (3 months)	\$41	FFY 17 (12 months)	\$163	FFY 18 (9 months)	\$122	FFY 16 (3 months)	\$41	FFY 17 (12 months)	\$614	FFY 18 (9 months)	\$460	FFY 16 (3 months)	\$38	FFY 17 (12 months)	\$152	FFY 18 (9 months)	\$117	<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</p> <p>Attachment 4.19B, Introduction, Pages 1 and 2 of 2</p>
FFY 16 (3 months)	\$2,070																								
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<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</p> <p>Attachment 4.19B, Introduction, Pages 1 and 2 of 2</p>	<p>10. SUBJECT OF AMENDMENT:</p> <p>The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for all state plan services on the Introduction Page, effective July 1, 2016; and to add the following two services: 19.a Targeted Case Management Services (TCM) for High Risk Pregnant Women, and 19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs.</p>																								
<p>11. GOVERNOR'S REVIEW (Check One):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review </div> </div>																									
<p>12. SIGNATURE OF STATE AGENCY OFFICIAL:</p> <div style="background-color: black; width: 200px; height: 40px; margin-top: 5px;"></div>	<p>16. RETURN TO:</p> <p>Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604</p>																								
<p>13. TYPED NAME: Mary E. Dalton</p>	<p>14. TITLE: State Medicaid Director</p>																								
<p>15. DATE SUBMITTED: originally submitted 7-25-16 resubmitted 9-9-16 (MEK)</p>																									
<p>FOR REGIONAL OFFICE USE ONLY</p>																									
<p>17. DATE RECEIVED:</p> <p style="text-align: center;">July 25, 2016</p>	<p>18. DATE APPROVED:</p> <p style="text-align: center;">September 19, 2016</p>																								
<p>PLAN APPROVED – ONE COPY ATTACHED</p>																									
<p>19. EFFECTIVE DATE OF APPROVED MATERIAL:</p> <p style="text-align: center;">July 1, 2016</p>	<p>20. SIGNATURE OF REGIONAL OFFICIAL:</p> <div style="background-color: black; width: 200px; height: 40px; margin-top: 5px;"></div>																								
<p>21. TYPED NAME:</p> <p style="text-align: center;">Matthew J. Rodriguez</p>	<p>22. TITLE:</p> <p style="text-align: center;">Acting ARA, DMCHO</p>																								
<p>23. REMARKS:</p>																									

State Plan under Title XIX of the Social Security Act
State/Territory: Montana

Dates for Establishing Payment Rates for the following Attachment 4.19B Services:

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page state plan amendment are effective for services provided on or after that date with two exceptions:

- 1) Medicaid reimbursement using Medicare rates are updated and effective on the 1st of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1st of each quarter based on the methodology specified in the Attachment 4.19B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, as referenced. Reimbursement rates/fee schedules are published on the Department's website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	July 1, 2016
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2016
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2016
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2015
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2016
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2016
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016

State Plan under Title XIX of the Social Security Act
State/Territory: Montana

Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

Service	Attachment	Effective Date
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2016
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2015
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2016
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2016
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2016
19c Targeted Case Management Services for Individuals with Developmental Disabilities Age 16 and Over or who Reside in a DD Children's Group Home	Attachment 4.19B, Page 1	July 1, 2016
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2016
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2016
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2016
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2016
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)	Attachment 4.19B, Page 1	July 1, 2016