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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-17-0016

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

November 15, 2017

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

Re: Montana #17-0016

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-17-0016. This amendment changes the language from birth attendant to licensed direct entry midwife to better define the actual service provider that Montana Medicaid covers for reimbursement. The update is necessary to alleviate confusion within the provider community that the intent of birth attendants is for licensed direct entry midwives, not doulas or lactation consultants.

Please be informed that this State Plan Amendment was approved today, with an effective date of October 1, 2017. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

For the addition of Direct Entry Mid-Wife Services reimbursement, expenditures should be reported on:

Line 42 – Freestanding Birth Center

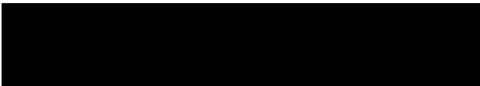

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

A black rectangular box redacting the signature of Trinia J. Hunt.

Trinia J. Hunt
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0016	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 10/01/17	
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: 1905(a) (28) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2018: \$0 b. FFY 2019: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, Service 25(a), Licensed Direct Entry Midwife in Free Standing Birthing Center Services, Page 10 of 10. Attachment 3.1B, Service 24(a), Licensed Direct Entry Midwife in Free Standing Birthing Centers, Page 9 of 9. Attachment 4.19B, Service 24(a) and 25(a), Licensed Direct Entry Midwife in Free Standing Birthing Center Services, Page 1 of 1.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1A, Service 25(a), Birth Attendant in Free Standing Birthing Center Services, Page 10 of 10. Attachment 3.1B, Service 24(a), Birth Attendant in Free Standing Birthing Centers, Page 9 of 9. Attachment 4.19B, Service 24(a) and 25(a), Birth Attendant in Free Standing Birthing Center Services, Page 1 of 1.	
10. SUBJECT OF AMENDMENT: Change the language from birth attendant to licensed direct entry midwife to better define the actual service provider that Montana Medicaid covers for reimbursement. The update is necessary to alleviate confusion within the provider community that the intent of birth attendants is for licensed direct entry midwives, not doulas or lactation consultants. 4.19B page has been updated to specify facility rates for OPSS and APC in I and II respectively and the addition of III to specify fee schedules rates for professional services.			
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 Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: original submittal 9/27/17 Resubmittal 11/14/17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 27, 2017		18. DATE APPROVED: November 15, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Trinia J. Hunt		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

State/Territory: MONTANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

g. Critical Access Hospital(CAH)services.

Provided: No limitations With limitations Not provided

Description provided on attachment.

25a. Freestanding Birthing Center Services. Licensed or otherwise state-approved Freestanding Birthing Centers.

Provided: No Limitations With Limitations*

(i) Licensed or otherwise state-recognized covered professionals providing services in the Freestanding Birthing Center.

Provided: No Limitations With Limitations (please describe below)

Not applicable (there are no licensed or state approved Freestanding Birth Centers)

Please describe any limitations:

A. For physicians, those limits provided for under Supplement to Attachment 3.1A for Service 5(a) Physician Services;

B. For mid-level practitioners, those limits provided for under Supplement to Attachment 3.1A for Service 6(d) Other Practitioner Services

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.*

* For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

(b): For mid-level practitioners, those limits provided under Supplement to Attachment 3.1A and 3.1B for Service 6d Other Practitioner Services. Mid-level practitioners include physician assistant, nurse anesthetist, nurse practitioner, and clinical nurse specialist.

(c): Birth attendant means a person that is licensed as a direct entry midwife as defined in Title 37, chapter 27, Montana Codes Annotated (MCA) and Administrative Rules of Montana (ARM) Title 24, chapter 111, subchapter 6.

State/Territory: MONTANA

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Provided: No Limitations With Limitations*

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Provided: No Limitations With Limitations (please describe below)
 Not applicable (there are no licensed or state approved Freestanding Birth Centers)

Please describe any limitations:

- A. For physicians, those limits provided for under Supplement to Attachment 3.1B for Service 5(a) Physician Services;
- B. For mid-level practitioners, those limits provided for under Supplement to Attachment 3.1B for Service 6(d) Other Practitioner Services

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*

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- (b): For mid-level practitioners, those limits provided under Supplement to Attachment 3.1A and 3.1B for Service 6d Other Practitioner Services. Mid-level practitioners include physician assistant, nurse anesthetist, nurse practitioner, and clinical nurse specialist.
- (c): Birth attendant means a person that is licensed as a direct entry midwife as defined in Title 37, chapter 27, Montana Codes Annotated (MCA) and Administrative Rules of Montana (ARM) Title 24, chapter 111, subchapter 6.

MONTANA

- I. Reimbursement for the facility charges of a Free Standing Birthing Center Services shall be the lower of:
 - A. The provider's usual and customary charge for the service; or
 - B. Reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 2.a, Outpatient Hospital Services. The agency's rates were set as of July 1, 2017, and are effective for services provided on or after that date. Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. All rates are published on the agency's website, www.medicicaidprovider.mt.gov
- II. Reimbursement for Freestanding Birthing Center Services provided by:
 - A. Physicians, physician assistants and advanced practice nurses shall be the lower of:
 - i. The provider's usual and customary charge for the service; or
 - ii. Reimbursement under Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 5a, Physician Services, and 6d, Other Practitioner Services.
 - B. Certified Nurse Midwives shall be the lower of:
 - i. The provider's usual and customary charge for the services; or
 - ii. Reimbursement under Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 17, Nurse Midwife Services.
 - C. Licensed Direct Entry Midwives shall be the lower of:
 - i. The provider's usual and customary charge for the services; or
 - ii. Reimbursement in accordance to a state-developed fee schedule. The agency rates were set as of October 1, 2017, and are effective for services provided on or after that date. All rates are published on the agency's website, www.medicicaidprovider.mt.gov. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.