Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0007

This file contains the following documents in the order listed:

1) Approval Letter
2) 179
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

May 8, 2018

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

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-18-0007. This revised approval package is being issued as the original version, issued on May 4, 2018, had the wrong TN (MT-18-0035). This amendment updates the eligibility requirements and removes the dietician from the required care team.

Please be informed that this State Plan Amendment was approved May 4, 2018, with an effective date of March 1, 2018. 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 Waiver, those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

For TCM Services for CYSHCN for beneficiaries under age 21, the expenditures should be reported on Line 24A – Targeted Case Management Services.

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

Sincerely,

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 18-0007

2. STATE: Montana

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: 03/01/18

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(g)

7. FEDERAL BUDGET IMPACT:

a. FFY 2018: $ 0
b. FFY 2019: $ 0
c. FFY 2020: $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplements to Attachment 3.1A and 3.1B , Pages 1-6 of 6, Service 19e for Targeted Case Management Services For Children and Youth With Special Health Care Needs.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Supplements to Attachment 3.1A and 3.1B, Pages 1-5 Service 19e for Targeted Case Management Services For Children and Youth With Special Health Care Needs

10. SUBJECT OF AMENDMENT:
The TCM for Children and Youth with Special Health Care Needs will update the eligibility requirements and remove the dietician from the required care team.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Single Agency Director Review.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Marie Matthews**

14. TITLE: **State Medicaid Director**

15. DATE SUBMITTED: original 3-7-18
resubmittal 5-4-18

16. RETURN TO:
Montana Dept. of Public Health and Human Services
Marie Matthews
State Medicaid Director
Attn: Mary Eve Kulawik
PO Box 4210
Helena, MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 7, 2018

18. DATE APPROVED: May 4, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard C. Allen

22. TITLE: ARA, DMCHO

23. REMARKS:

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

A child who is receiving Medicaid or is presumptively eligible for Medicaid is eligible if they meet one of the requirements in (a)or(b) and meets one of the requirements in (c):

(a)The child is under the age of one and meets one of the following:
(i)was born to a mother who abused drugs or alcohol during her pregnancy;
(ii)was born prior to 37 weeks gestation;
(iii)was born at a birth weight of less than 2500 grams;
(iv)the Department has care and placement authority, a voluntary services agreement or a voluntary placement agreement with the parents/guardians; or

(b)The child is birth through 18 years of age and meets one of the following:
(i)is infected with the human immunodeficiency virus (HIV), as determined by a positive HIV antibody or antigen test, or who has a diagnosis of HIV disease or AIDS;
(ii)has been diagnosed with a congenital heart condition;
(iii)has been diagnosed with a neurological disorder or brain injury;
(iv)has been diagnosed with a condition that requires use of a ventilator;
(v)has been diagnosed with a condition that causes paraplegia or quadriplegia;
(vi)has been diagnosed with failure to thrive in the past year; or
(vii)has been diagnosed with another chronic physical health condition that is expected to last at least 12 months and causes difficulty performing activities of daily living; and

(c)The child is at high risk for medical compromise due to one of the following:
(i)failure to take advantage of necessary health care services;
(ii)noncompliance with their prescribed medication regime; or
(iii)an inability to coordinate multiple medical, social, and other services.

(*X*) Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to *180* consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

MONTANA

Areas of State in which services will be provided (§1915(g)(1) of the Act:
(*X*) Entire State

( ) Only in the following geographic areas (authority of section 1915(g) (1) of the Act is invoked to provide services less than Statewide)

Comparability of Services (§1902(a)(10)(B) and 1915(g)(1):
( ) Services are provided in accordance with section 1902(a)(10)(B)of the Act.
(*X*) Services are not comparable in amount, duration, and scope §1915(g)(1)).

Definition of Services (42 CFR 440.169):
Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted case management includes the following assistance:

- **Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include**
  - **taking client history;**
  - **identifying the individual's needs and completing related documentation; and**
  - **gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;**
    [Specify and justify the frequency of assessments.]
    Assessments are conducted annually. Reassessments are conducted as needed on a case-by-case basis.

- **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
  - **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
  - **includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
  - **identifies a course of action to respond to the assessed needs of the eligible individual;**

- **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including**
  - **activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**

❖ **Monitoring and follow-up activities:**
- **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
    - **services are being furnished in accordance with the individual's care plan;**
    - **services in the care plan are adequate; and**
    - **changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. [Specify the type of monitoring and justify the frequency of monitoring.]**

      Types of monitoring may include face-to-face, by telephone, and via telehealth. Monitoring will occur as frequently as necessary, to include at least one annual monitoring, according to 42 CFR 440.169(d)(4).

(*X*) Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Any provider who meets the TCM for CYSHCN provider qualifications may furnish TCM to the target group:

1. *Experience in the delivery of home and community services to the target group;*
2. *Experience working with low-income families, especially children;*
3. *Demonstrated linkages and referral ability with essential social and health services agencies and individual practitioners in the area to be served;*
4. *Demonstrated knowledge of federal, state and local programs for children, such as: Title V programs, WIC, immunizations, perinatal health care, family planning, genetic services, hepatitis B screening, EPSDT, etc.; and nationally recognized perinatal and child health care standards;*
5. *Approval by the Montana Department of Public Health and Human Services (DPHHS);*

Montana

6. *An interdisciplinary team that includes members from the professions of nursing and social work. With approval from Montana DPHHS, a qualified paraprofessional may also be part of the team. The requirements for the TCM team members are as follows:*

   a. A nurse who is currently licensed in Montana as either:
      i. a registered nurse who also holds a current Montana license, which includes course work in public health; or
      ii. a certified nurse practitioner who also holds a current Montana license;

   b. A social worker with:
      i. a master's degree in social work (MSW) or counseling; or
      ii. a bachelor's degree in social work (BSW) with two years' experience; and

   c. If the TCM team includes a paraprofessional, that individual must have an Associate Degree in Behavioral Sciences or related field and two years of closely related work experience, and complete a state-sponsored training for paraprofessional case managers. Qualifying experience may be substituted, year for year, for education.
      - *The paraprofessional must work under the direct supervision of a qualified professional team member, as defined in this subsection, who would conduct a preliminary member assessment and determine the suitability of using a paraprofessional as part of the targeted case management team.*

7. *To accommodate special agency and geographic needs and circumstances, exceptions to the staffing requirements may be allowed if approved by DPHHS. However, the TCM provider must directly employ at a minimum either a nurse or a social worker. The other discipline may be provided through subcontracts.*
   - *If services are provided through a subcontractor, the subcontract must be submitted to DPHHS or its designee for review and approval.*

Freedom of Choice (42) CFR 441.18(a)(1)):

1. **The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.**
2. **Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.**

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

( ) Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

- **Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.**
- **Individuals will not be compelled to receive targeted case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and**
- **Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.**

Payment (42 CFR 441.18(a)(4)):
Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):
Providers maintain case records that document for all individuals receiving targeted case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:
Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))
[Specify any additional limitations.]

The following activities may not be billed as TCM and are not reimbursable as a unit of TCM:

1. *Outreach, application, and referral activities;*
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4. *Writing, recording, or entering case notes for the member's files;*
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[Specify any additional limitations.]

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