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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0034

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

REGION VIII - DENVER

January 24, 2019

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-18-0034. This amendment explicitly articulates compliance with federal requirements by removing homebound status and adding availability of Home Health services in any setting where life activities occur.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 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 and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

For Home Health Services, the expenditures should be reported on: Line 12 – Home Health Services.

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

Sincerely,

[redacted]

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

cc: Sheila Hogan, Department Director
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: 18-0034

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
07/01/2018

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

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

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.70

7. FEDERAL BUDGET IMPACT:
FFY 2018 $1,816 3 months
FFY 2019 $7,390 12 months
FFY 2020 $1,929 9 months

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Home Health Services 7a,7b,7c & 7d, pages 1 and 1a of 2.
Attachment 3.1B, Home Health Services 7a,7b,7c & 7d, pages 1 and 1a of 2.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 3.1A, Home Health Services 7a,7b,7c & 7d, page 1.
Attachment 3.1B, Home Health Services 7a,7b,7c & 7d, page 1.

10. SUBJECT OF AMENDMENT:

The purpose of the proposed rule amendment is, to ensure that the home health program is compliant with the federal requirements contained in 42 CFR 440.70 as amended February 2, 2016.

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:

[redacted]

13. TYPED NAME: Marie Matthews

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: September 17, 2018 RESUBMITTED January 17, 2019

16. RETURN TO:

Montana Dept of Public Health and Human Services
Marie Matthews
Attn: Mary Eve Kulawik
PO Box 4210
Helena MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 17, 2018

18. DATE APPROVED: January 24, 2019

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:

[redacted]

21. TYPED NAME: Richard C. Allen

22. TITLE: ARA, DMCHO

23. REMARKS:

MONTANA

Home Health Services

1. Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services, medical supplies, equipment, and appliances, physical therapy, occupational therapy, and speech language pathology services.
2. Home health services can be provided in any non-institutional setting in which normal life activities take place.
3. Services are provided to a member on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3).
4. A face to face encounter, in accordance with 42 CFR 440.70(f) is required.
5. Medicaid members do not have to be home bound to receive home health services.
6. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3) and with established Medicaid policy covering medical supplies.
7. Home health aide services are services that include assistance with the direct provision of routine care and do not require specialized nursing skill. These services are performed under the written instruction and close supervision of a registered nurse.
8. Nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area may be used by home infusion therapy agencies for the administration of home infusion therapy. Home infusion nursing services are provided in accordance with Service 6 (d), Home Infusion Therapy Nursing Services, Supplement to Attachment 3.1 A, page 4A of 4.

Provider Qualifications

1. Physical, occupational and speech language pathology services are available and arranged by the home health agency through a physician order.
    a. Physical therapy services are provided by a licensed physical therapist who has met the qualifications set forth in MCA 37-11-303 and in accordance with Service 11a, Physical Therapy, Supplement to Attachment 3.1A.
    b. Occupational therapy services are provided by a licensed occupational therapist who has met the qualifications set forth in MCA 37-24-303 and in accordance with Service 11b, Occupational Therapy, Supplement to Attachment 3.1 A.
    c. Speech language pathology services are provided by a licensed speech language pathologist who has met the qualifications set forth in MCA 37-15-303 and in accordance with Service 11c, Speech Therapy, Supplement to Attachment 3.1A.
2. The durable medical equipment and supplies required for home infusion therapies will be provided by home infusion therapy agencies licensed by the Department of Health and Human Services. Home infusion medical supplies are provided in accordance with Services 7c, Medical Equipment and Supplies, Supplement to Attachment 3.1A, Page 2 of 2.
3. Home health agencies must meet the Medicare conditions of participation including the capitalization requirements under 42 CFR 489.28.

MONTANA

Limitations

1. Audiology services are provided under Service 11C, Audiology Services, Supplement to Attachment 3.1A, page 1 of 1.
2. Home health services do not include respite services.
3. Medical supplies equipment and appliances included in the plan of care are subject to the coverage of the Durable Medical Equipment, Prosthetic, Orthotic and Medical Supply Program.
4. Home health limits members to one (1) Wheelchair every five (5) years: sooner based on medical necessity review performed by the Department.
5. Limits members using diapers, to 180 diapers, per month.
6. Purchases or rental of medical equipment exceeding $1,000 must be prior authorized by the Department or its designee.
7. Breast pumps are limited as described in the Services 7.C, Durable Medical Equipment and Supplies State Plan, Supplement to Attachment 3.1A, Page 1 of 1.
8. Services considered experimental are not a benefit of the Montana Medicaid Program.
9. Home health services may be provided by providers out of state only when the services are authorized by the Department.
10. A person receiving personal care attendant services may not receive concurrent home health aide services.
11. Services cannot be provided in a hospital, nursing facility, or ICF-ID except as allowed at 42 CFR 470.7(c)
12. The agency may exceed the limitation on existing covered services if its medical staff determines that the proposed services are medically necessary.

Experimental Services

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. 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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