
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0040

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

October 18, 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-18-0040. This amendment restores rates to levels prior to the State's budget reduction.

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.

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
Mary Eve Kulawik

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|---------------------|---|-------------|--|-------------|-------------------|-------------|-------------------|-----------|--------------------|-----------|-------------------|-----------|-------------------|-------------|--------------------|-------------|-------------------|-------------|-------------------|----------|--------------------|-----------|-------------------|-----------|-------------------|-------|--------------------|-------|-------------------|-------|-------------------|----------|--------------------|-----------|-------------------|-----------|-------------------|-----------|--------------------|-----------|-------------------|-----------|-------------------|---------|--------------------|----------|-------------------|----------|-------------------|-----------|--------------------|-------------|-------------------|-------------|-------------------|-------|--------------------|---------|-------------------|-------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. TRANSMITTAL NUMBER: 18-0040</td> <td style="width: 50%;">2. STATE Montana</td> </tr> <tr> <td colspan="2">3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)</td> </tr> <tr> <td colspan="2">4. PROPOSED EFFECTIVE DATE 07/01/18</td> </tr> </table> | 1. TRANSMITTAL NUMBER: 18-0040 | 2. STATE Montana | 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid) | | 4. PROPOSED EFFECTIVE DATE 07/01/18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. TRANSMITTAL NUMBER: 18-0040 | 2. STATE Montana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. PROPOSED EFFECTIVE DATE 07/01/18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act | 7. FEDERAL BUDGET IMPACT: <table style="width: 100%;"> <tr> <td colspan="2">Total</td> </tr> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$2,251,084</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$8,447,517</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$7,042,470</td> </tr> </table> 3 Other Laboratory & X-Ray Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$126,037</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$509,087</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$391,674</td> </tr> </table> 5.a Physicians' Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$1,114,574</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$4,507,487</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$3,477,488</td> </tr> </table> 6.b Optometrists' Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$42,884</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$173,630</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$134,304</td> </tr> </table> 6.c Chiropractic Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$148</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$601</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$471</td> </tr> </table> 6d Licensed Clinical Social Workers' Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$65,009</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$263,347</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$203,943</td> </tr> </table> 6d Licensed Professional Counselors' Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$117,620</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$476,623</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$369,471</td> </tr> </table> 6d Licensed Psychologists' Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$9,071</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$36,753</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$28,476</td> </tr> </table> 6d Denturist Services 6d Dental Hygienist Services 10 Dental Services 12b Denture Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$413,687</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$1,676,409</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$1,299,258</td> </tr> </table> 6e Nutritionists' Services <table style="width: 100%;"> <tr> <td style="text-align: right;">FFY 18 (3 months)</td> <td style="text-align: right;">\$258</td> </tr> <tr> <td style="text-align: right;">FFY 19 (12 months)</td> <td style="text-align: right;">\$1,045</td> </tr> <tr> <td style="text-align: right;">FFY 20 (9 months)</td> <td style="text-align: right;">\$812</td> </tr> </table> | Total | | FFY 18 (3 months) | \$2,251,084 | FFY 19 (12 months) | \$8,447,517 | FFY 20 (9 months) | \$7,042,470 | FFY 18 (3 months) | \$126,037 | FFY 19 (12 months) | \$509,087 | FFY 20 (9 months) | \$391,674 | FFY 18 (3 months) | \$1,114,574 | FFY 19 (12 months) | \$4,507,487 | FFY 20 (9 months) | \$3,477,488 | FFY 18 (3 months) | \$42,884 | FFY 19 (12 months) | \$173,630 | FFY 20 (9 months) | \$134,304 | FFY 18 (3 months) | \$148 | FFY 19 (12 months) | \$601 | FFY 20 (9 months) | \$471 | FFY 18 (3 months) | \$65,009 | FFY 19 (12 months) | \$263,347 | FFY 20 (9 months) | \$203,943 | FFY 18 (3 months) | \$117,620 | FFY 19 (12 months) | \$476,623 | FFY 20 (9 months) | \$369,471 | FFY 18 (3 months) | \$9,071 | FFY 19 (12 months) | \$36,753 | FFY 20 (9 months) | \$28,476 | FFY 18 (3 months) | \$413,687 | FFY 19 (12 months) | \$1,676,409 | FFY 20 (9 months) | \$1,299,258 | FFY 18 (3 months) | \$258 | FFY 19 (12 months) | \$1,045 | FFY 20 (9 months) | \$812 |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$2,251,084 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$8,447,517 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$7,042,470 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$126,037 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$509,087 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$391,674 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$1,114,574 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$4,507,487 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$3,477,488 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$42,884 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$173,630 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$134,304 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$148 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$471 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$65,009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$263,347 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$203,943 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$117,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$476,623 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$369,471 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$9,071 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$36,753 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$28,476 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$413,687 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$1,676,409 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$1,299,258 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 18 (3 months) | \$258 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 19 (12 months) | \$1,045 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FFY 20 (9 months) | \$812 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|------------|
| 7a, 7b and 7d Home Health Services | |
| FFY 18 (3 months) | \$1,816 |
| FFY 19 (12 months) | \$7,390 |
| FFY 20 (9 months) | \$5,783 |
| 7c Durable Medical Equipment and Supplies | |
| FFY 18 (3 months) | \$115,514 |
| FFY 19 (12 months) | \$468,426 |
| FFY 20 (9 months) | \$363,600 |
| 11a Physical Therapy Services | |
| FFY 18 (3 months) | \$49,832 |
| FFY 19 (12 months) | \$201,430 |
| FFY 20 (9 months) | \$155,229 |
| 11b Occupational Therapy Services | |
| FFY 18 (3 months) | \$14,567 |
| FFY 19 (12 months) | \$59,191 |
| FFY 20 (9 months) | \$46,153 |
| 11c Speech Therapy & Audiology Services | |
| FFY 18 (3 months) | \$15,038 |
| FFY 19 (12 months) | \$61,166 |
| FFY 20 (9 months) | \$47,798 |
| 12c Prosthetic Devices | |
| FFY 18 (3 months) | \$14,569 |
| FFY 19 (12 months) | \$59,080 |
| FFY 20 (9 months) | \$45,859 |
| 12e Hearing Aids | |
| FFY 18 (3 months) | \$3,640 |
| FFY 19 (12 months) | \$14,799 |
| FFY 20 (9 months) | \$11,556 |
| 19a Targeted Case Management Services (TCM) for High Risk Pregnant Women | |
| FFY 18 (3 months) | \$1,490 |
| FFY 19 (12 months) | \$6,063 |
| FFY 20 (9 months) | \$4,740 |
| 19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness | |
| FFY 18 (3 months) | \$ 39,238 |
| FFY 19 (12 months) | \$ 159,008 |
| FFY 20 (9 months) | \$ 123,241 |
| 19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED) | |
| 19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Treatment Facility (PRTF) | |
| FFY 18 (3 months) | \$33,642 |
| FFY 19 (12 months) | \$136,921 |
| FFY 20 (9 months) | \$107,145 |
| 19e Targeted Case Management (TCM) Services for Children with Special Health Care Needs | |
| FFY 18 (3 months) | \$438 |
| FFY 19 (12 months) | \$1,784 |
| FFY 20 (9 months) | \$1,396 |
| 19G Targeted Case Management Services For Substance Use Disorders – Youth | |
| FFY 18 (3 months) | \$153 |
| FFY 19 (12 months) | \$616 |
| FFY 20 (9 months) | \$473 |

| | |
|--|--|
| | 19H Targeted Case Management Services For Substance Use Disorders – Adult FFY 18 (3 months) \$2,901 FFY 19 (12 months) \$11,704 FFY 20 (9 months) \$8,982 24a Transportation Services FFY 18 (3 months) \$68,761 FFY 19 (12 months) \$278,112 FFY 20 (9 months) \$214,618 28 Free Standing Birthing Centers: Licensed Direct Entry Midwives FFY 18 (3 months) \$197 FFY 19 (12 months) \$587 FFY 20 (9 months) \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2. | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2. |
| 10. SUBJECT OF AMENDMENT: The purpose of this State Plan Amendment - Effective July 1, 2018, this amendment restores the across the board Medicaid provider rates and fee schedules that were reduced by 2.99% effective January 1, 2018, due to budget shortfalls in State Fiscal year 2018. The proposed 2.99% rate reversal is the result of two Temporary Restraining Orders (TRO) that were filed as court orders in August 2018. NOTE – The fee schedule for Private Duty Nurses was updated effective 07/01/18 – MT 18-0039 | |
| 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 <div style="text-align: right;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review</div> | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: Marie Matthews 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: 9-13-18 | 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: September 13, 2018 | 18. DATE APPROVED: October 18, 2018 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Richard C. Allen | 22. TITLE: ARA, DMCHO |
| 23. REMARKS: | |

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, 2018 |
| 5a Physicians' Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6b Optometrists' Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6c Chiropractic Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6d Licensed Clinical Social Workers' Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6d Licensed Professional Counselors' Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6d Licensed Psychologists' Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6d Denturist Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6d Dental Hygienist Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 6e Nutritionists' Services | Attachment 4.19B, Page 1 | July 1, 2018 |
| 7a and 7b Home Health Services | Attachment 4.19B, Page 1 | July 1, 2018 |
| 7c Durable Medical Equipment and Supplies | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 7d Home Health Services | Attachment 4.19B, Page 1 | July 1, 2018 |
| 8 Private Duty Nursing Services | Attachment 4.19B, Page 1 | July 1, 2018 |
| 10 Dental Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |

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, 2018 |
| 11b Occupational Therapy Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 11c Speech Therapy & Audiology Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 12b Denture Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 12c Prosthetic Devices | Attachment 4.19B, Page 1 | July 1, 2018 |
| 12e Hearing Aids | Attachment 4.19B, Pages 1 and 2 | July 1, 2018 |
| 19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women | Attachment 4.19B, Page 1 | July 1, 2018 |
| 19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI) | Attachment 4.19B, Page 1 | July 1, 2018 |
| 19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) | Attachment 4.19B, Page 1 | July 1, 2018 |
| 19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs | Attachment 4.19B, Page 1 | July 1, 2018 |
| 19G Targeted Case Management Services for Substance Use Disorders – Youth | Attachment 4.19B, Page 1 | July 1, 2018 |
| 19H Targeted Case Management Services for Substance Use Disorders – Adult | Attachment 4.19B, Page 1 | July 1, 2018 |
| 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, 2018 |
| 24a Transportation Services | Attachment 4.19B, Page 1 | July 1, 2018 |
| 28 Free Standing Birthing Centers: Licensed Direct Entry Midwives | Attachment 4.19B, Page 1 | July 1, 2018 |