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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 18-0060**

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**

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November 26, 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-18-0060. This amendment revises the effective date for only those fee schedules for services that are based upon the Medicare fee.

Please be informed that this State Plan Amendment was approved today, with an effective date of January 1, 2019. 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 Richard C. Allen.

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

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		<b>1. TRANSMITTAL NUMBER:</b> 18-0060	<b>2. STATE</b> Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		<b>3. PROGRAM IDENTIFICATION:</b> Title XIX of the Social Security Act (Medicaid)	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>4. PROPOSED EFFECTIVE DATE</b> 01/01/19	
<b>5. TYPE OF PLAN MATERIAL (Check One):</b> <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 (Separate Transmittal for each amendment)			
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act		<b>7. FEDERAL BUDGET IMPACT:</b> <b>Total</b> FFY 19 (9 months)    \$417,022 FFY 20 (12 months) \$562,700 FFY 21 (3 months)    \$145,026  <b>6.b Optometrists' Services</b> FFY 19 (9 months)    \$102,782 FFY 20 (12 months)    \$138,678 FFY 21 (3 months)      \$35,736  <b>7a, 7b and 7d Home Health Services</b> FFY 19 (9 months)      \$5,448 FFY 20 (12 months)      \$7,390 FFY 21 (3 months)      \$1,928  <b>7c Durable Medical Equipment and Supplies</b> FFY 19 (9 months)      \$271,413 FFY 20 (12 months)      \$366,200 FFY 21 (3 months)      \$94,366  <b>12c Prosthetic Devices</b> FFY 19 (9 months)      \$34,232 FFY 20 (12 months)      \$46,187 FFY 21 (3 months)      \$11,902  <b>12e Hearing Aids</b> FFY 19 (9 months)      \$3,147 FFY 20 (12 months)      \$4,245 FFY 21 (3 months)      \$1,094	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2.		<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 2 of 2.	
<b>10. SUBJECT OF AMENDMENT:</b>  The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for state plan services on the Introduction Page, effective January 1, 2019. This will allow the department to update Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule. The following fee schedules will remain budget neutral: Other Laboratory and X-Ray Services, Physician Services, and Free Standing Birthing Centers-Licensed Direct Entry Midwives.			
<b>11. GOVERNOR'S REVIEW (Check One):</b> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> <div style="background-color: black; width: 200px; height: 40px; margin-top: 5px;"></div>		<b>16. RETURN TO:</b> Montana Dept. of Public Health and Human Services Marie Matthews State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
<b>13. TYPED NAME:</b> Marie Matthews			
<b>14. TITLE:</b> State Medicaid Director			

15. DATE SUBMITTED:	11-9-18	
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED:	November 9, 2018	18. DATE APPROVED: November 26, 2018
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	January 1, 2019	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 1<sup>st</sup> of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1<sup>st</sup> 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	January 1, 2019
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2019
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2019
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	January 1, 2019
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	January 1, 2019
7d Home Health Services	Attachment 4.19B, Page 1	January 1, 2019
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)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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	January 1, 2019
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2019
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	January 1, 2019

TN: 18-0060  
Supersedes: 18-0040

Approved: 11/26/2018

Effective: 01/01/2019