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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0064

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



Denver Regional Operations Group

March 25, 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-18-0064. This amendment is a MT Personal Care Services reimbursement SPA that brings their methodology up to date and removes some obsolete language.

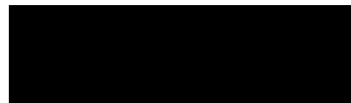
Please be informed that this State Plan Amendment was approved today, with an effective date of October 1, 2018. We are enclosing the summary page and the amended plan page(s).

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 Personal Care services, the expenditures should be reported on: Line 23A – Personal Care Services.



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

Sincerely,



Mary Marchioni
Acting Deputy Director

cc: Sheila Hogan, Department Director
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0064	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 10/1/18	
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 440.167		7. FEDERAL BUDGET IMPACT: a. FFY 19: \$134,981 b. FFY 20: \$131,364	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Service 25, Personal Care Services Attachment 4.19B, Pages 1 – 3 of 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Service 25, Personal Care Services Attachment 4.19B, Pages 1 – 3 of 3	
10. SUBJECT OF AMENDMENT: Personal Care Services will be amended to clarify the payment methodology and update the date of the fee schedule.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews		17. DATE RECEIVED: December 31, 2018	
14. TITLE: State Medicaid Director		18. DATE APPROVED: March 25, 2019	
15. DATE SUBMITTED: 12-31-18 original submitted 03/22/19 resubmitted		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting Deputy Director, DROG	
23. REMARKS:			

MONTANA

I. In-State Personal Care Services (PCS)

a. PCS Reimbursement

The PCS rate is a set fee established by the Department based upon historical costs and adjusted at the beginning of each state fiscal year for services on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of PCS. The agency's fee schedule rate is effective October 1, 2018, for services provided on or after that date. All rates are published on the agency's website <http://medicaidprovider.mt.gov>.

The Department will pay a provider for each Medicaid unit of PCS. A unit of service means a unit of attendant service. A unit of attendant service is 15 minutes and means an on-site visit specific to the individual. The on-site visit unit rate includes the administrative components of providing the direct care service, including nurse supervision, planning and oversight components.

Medicaid payment for attendant services is not allowable for services provided in a hospital or nursing facility.

b. PCS Direct Care Wage Add-on Payments

Effective October 1, 2018 through June 30, 2020, additional payment pools will be established for PCS providers for direct care wage reimbursement. These payment pools will provide supplemental payments; which will be distributed proportionally to the participating PCS providers based on the number of units of Medicaid PCS provided by each provider. The calculated pro rata amount is distributed to each participating provider two times a year. Providers select distribution dates from the available distribution periods identified by the Department.

To qualify for the direct care wage supplemental payments a provider must be currently enrolled and billing direct care worker PCS services, submit an application to the Department, and outline the agency plan to distribute the supplemental payments to direct care workers.

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Example: If the total to be distributed was \$500,000

Provider	Units	Percentage	Allocation Formula	Annual Pro Rata Share	First Payment	Second Payment
A	15,000	30%	\$500,000 x.30	\$150,000	\$75,000	\$75,000
B	15,000	30%	\$500,000 x.30	\$150,000	\$75,000	\$75,000
c	20,000	40%	\$500,000 x.40	\$200,000	\$100,000	\$100,000
Total	50,000	100%		\$500,000	\$250,000	\$250,000

Payments will be made as a lump-sum add-on payment according to the following payment pool amount:

October 1, 2018-June 30, 2019	\$219,743
July 1, 2019-June 30, 2020	\$219,743

c. PCS Health Insurance for Health Care Worker Payments

Effective October 1, 2018 through June 30, 2020, additional payment pools will be established for PCS providers for health insurance for health care workers reimbursement, for the purpose of providing health insurance coverage to eligible PCS workers. These payment pools will provide supplemental payments which will be distributed proportionally to the participating personal care providers based on the number of units of Medicaid PCS provided by each provider.

To qualify for the health insurance for health care worker reimbursement supplemental payments, a provider must be currently enrolled and billing direct care worker PCS services, submit an application to the Department, and outline the provider's plan to provide health insurance coverage to direct care workers.

Payments are made monthly as a lump-sum add-on payment according to the following payment pool amount.

October 1, 2018 - June 30, 2019	\$ 256,304
July 1, 2019 - June 30, 2020	\$ 256,304

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Example: If the total to be distributed was \$500,000

Provider	Units	Percentage	Allocation Formula	Annual Pro Rata Share	Monthly Payment
A	15,000	30%	\$500,000 x .30	\$150,000	\$12,500
B	15,000	30%	\$500,000 x .30	\$150,000	\$12,500
C	20,000	40%	\$500,000 x .40	\$200,000	\$16,667
Total	50,000	100%		\$500,000	\$41,667

II. Out of State Personal Care Services

Reimbursement for PCS for services provided outside the borders of the State of Montana is established by the Department and published on the agency's website at <http://medicaidprovider.mt.gov>.

Consideration may be given to reimburse out of state PCS providers, up to their state's established Medicaid rate, if the following criteria are met: Montana's established rates are lower, the out of state provider refuses to serve the member at Montana's standard rate, and the other state's Medicaid established rate is a rate established for a service similar in scope and duration to the PCS Medicaid service.