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State/Territory Name: Montana

State Plan Amendment (SPA) #: 19-0013

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Denver Regional Operations Group

August 15, 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-19-0013. This amendment is clarifying the payment methodology for Community First Choice services and also moving the fee schedule effective date to the Intro Page.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 1, 2019. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Sonja Madera at (303) 844-3522.

Sincerely,

[redacted]

Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director
Mary Eve Kulawik, Montana

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: 19-0013

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
07/1/2019

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:

42 CFR Part 441.500-590

7. FEDERAL BUDGET IMPACT:
a. FFY19: $ 55,517
b. FFY20: $216,004
c. FFY21: $154,621

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B
Service 1915K, Community First Choice
Pages 1-3 of 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 4.19B
Service 1915K, Community First Choice
Pages 1-3 of 3

10. SUBJECT OF AMENDMENT:

Community First Choice will be amended to clarify the payment methodology and update the date of the fee schedule.

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: 7-24-19

16. RETURN TO:
Montana Department of Public Health and Human Services
Marie Matthews
Attn: Mary Eve Kulawik
PO Box 4210
Helena MT 59620

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
July 24, 2019

18. DATE APPROVED:
August 15, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
Richard C. Allen

22. TITLE:
Director, WROG

23. REMARKS:

FORM HCFA-179 (07-92)

MONTANA

I. In-State Community First Choice Services (CFCS)

a. CFCS Reimbursement

The CFCS rates for (1) CFCS attendant service, (2) CFCS mileage, and (3) CFCS Personal Emergency Response System (PERS) are set fees established by the Department based upon historical costs. Fee schedule rates are effective for the dates listed below. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community First Choice Services. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.medicaidprovider.mt.gov.

The Department assures there is no duplication of Personal Care Services (PCS) and Transportation with CFCS attendant services and CFCS mileage.

1. The Department will pay a provider for each Medicaid unit of CFCS attendant service. A unit of CFCS attendant service means a unit of attendant service that is an on-site visit specific to a client. A unit of attendant service is 15 minutes. 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 CFCS attendant services is not allowable for services provided in a hospital or nursing facility.

2. The Department will pay a provider for mileage incurred while transporting a client. A CFCS mileage unit of service is a minimum of one mile and means that a provider's employee used their personal vehicle or an agency-owned vehicle to provide transportation to a client during the provision of CFCS.

3. The Department will pay a provider for a CFCS PERS unit. The PERS unit is electronic, telephonic, or mechanical system used to summon assistance in an emergency situation. The CFCS PERS unit must be connected to a local emergency response system with the capacity to activate emergency medical personnel.

MONTANA

b. CFCS Direct Care Wage Add-on Payment

Additional payment pools will be established for CFCS providers for direct care wage reimbursement effective on or after July 1, 2019-June 30, 2021. These payment pools will provide supplemental payments which will be distributed proportionally to the participating CFCS provider based on the number of units of Medicaid CFCS provided by each provider. The calculated pro rata amount is distributed to each participating provider two times a year. Providers select payment distribution dates from the available distribution periods identified by the Department.

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

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:

July 1, 2019-June 30, 2020	$5,471,991
July 1, 2020-June 30, 2021	$5,451,049

The Department assures there is no duplication of CFCS Direct Care Wage Add-on Payment and PCS Direct Care Wage Add-on.

c. CFCS Health Insurance for Health Care Worker Payment

Additional payment pools will be established for Community First Choice providers for health insurance for health care workers reimbursement, for the purpose of providing health insurance coverage to eligible CFCS workers. This reimbursement will be effective on or after July 1, 2019-June 30, 2021. These payment pools will provide supplemental payments which will be distributed proportionally to the participating Community First Choice providers based on the number of units of Medicaid CFCS 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 CFCS services, submit an application to the Department, and outline the provider's plan to provide health insurance coverage to direct care workers.

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

July 1, 2019-June 30, 2020	$4,869,761
July 1, 2020-June 30, 2021	$4,869,761

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

The Department assures there is no duplication of CFCS Health Insurance for Health Care Worker Payments and PCS Health Insurance for Health Care Worker Payments.

II. Out of State Community First Choice Services

Reimbursement for CFCS 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 CFCS 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 CFCS Medicaid service.