
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 20-0003

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

January 14, 2020

Marie Matthews, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

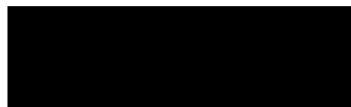
Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-20-0003. This amendment changes the fee schedule effective date to January 1, 2020 for those services tied to the Medicare quarterly rate changes.

Please be informed that this State Plan Amendment was approved today, with an effective date of January 1, 2020. 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,



Mary Marchioni
Acting Director
Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Department Director
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0003	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 01/01/20	
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: Total FFY 20 (9 months) \$147,480 FFY 21 (12 months) \$200,156 FFY 22 (3 months) \$50,590 6.b Optometrists' Services FFY 20 (9 months) \$34,383 FFY 21 (12 months) \$46,664 FFY 22 (3 months) \$11,794 7c Durable Medical Equipment and Supplies FFY 20 (9 months) \$99,146 FFY 21 (12 months) \$134,559 FFY 22 (3 months) \$34,010 12c Prosthetic Devices FFY 20 (9 months) \$12,505 FFY 21 (12 months) \$16,971 FFY 22 (3 months) \$4,290 12e Hearing Aids FFY 20 (9 months) \$1,446 FFY 21 (12 months) \$1,962 FFY 22 (3 months) \$496	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.	
10. SUBJECT OF AMENDMENT: The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedules effective January 1, 2020 to update Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule. Fee schedule updates for the following services will remain budget neutral: Other Laboratory and X-Ray; Physicians; Free Standing Birthing Centers; Licensed Direct Entry Midwives; Denturists; Dental Hygienists; Dentures; Dental; and Transportation.			
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 State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 01-09-2020			

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

January 9, 2020

18. DATE APPROVED:

January 14, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary Marchioni

22. TITLE:

Acting Director, WROG

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)
- 3) 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	January 1, 2020
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2020
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2020
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	January 1, 2020
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	January 1, 2020

**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
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2019
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2019
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	January 1, 2020
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2019
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2019
10 Dental Services	Attachment 4.19B, Pages 1 and 2	January 1, 2020
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
12b Denture Services	Attachment 4.19B, Pages 1 and 2	January 1, 2020
12c Prosthetic Devices	Attachment 4.19B, Page 1	January 1, 2020
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2020
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2019
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2019

**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
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2019
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2019
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2019
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2019
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, 2019
24a Transportation Services	Attachment 4.19B, Page 1	January 1, 2020
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2019
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	January 1, 2020
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2019