

Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 20-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 23, 2020

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

RE: TN 20-0006

Dear Ms. Matthews:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B 20-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2020. This plan amendment updates fee schedule reimbursement as of March 1, 2020 for targeted case management services: (1) Youth with Serious Emotional Disturbance (SED), (2) Youth with SED in an Out-of-State PRTF, (3) Adults with Severe Disabling Mental Illness, (4) Substance Use Disorders (SUD) – Youth and (5) SUD - Adult.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tom Couch at 208-861-9838 or Thomas.Couch@cms.hhs.gov.


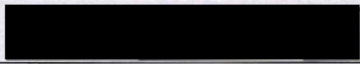
Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

Cc: Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0006	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 03/01/2020	
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: 19D Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED) 19i TCM Services for Youth with SED in an Out of State PRTF FFY 20 (7 months) \$723,759 FFY 21 (12 months) \$2,406,013 FFY 22 (5 months) \$1,785,310 19b TCM Services for Adults with Severe Disabling Mental Illness 19G TCM Services for Substance Use Disorders (SUD) – Youth 19H TCM Services for SUD – Adult FFY 20 (7 months) \$0.00 FFY 21 (12 months) \$0.00 FFY 22 (5 months) \$0.00	
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 fee schedule effective date March 1, 2020 for TCM Services for Youth with SED and TCM Services for Youth with SED in an Out of State PRTF. The Introduction Page also updates the fee schedule dates for the following TCM services because they share a fee schedule with the two State Plans for Youth with SED: TCM Services for Adults with Severe Disabling Mental Illness, TCM Services for SUD – Youth, and TCM Services for SUD – Adult.			
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: 3-30-2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 6/23/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
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	March 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
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	March 1, 2020
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	March 1, 2020
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	March 1, 2020
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	March 1, 2020
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