

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 20-0013**

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



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**Financial Management Group**

September 17, 2020

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

RE: TN 20-0013

Dear Director Matthews:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B 20-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2020. This plan amendment updates fee schedule reimbursement as of July 1, 2020 for multiple non-institutional services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 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](mailto:Thomas.Couch@cms.hhs.gov) or LaJoshica Smith via [lajoshica.smith@cms.hhs.gov](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

Cc: Mary Eve Kulawik

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b></p> <p>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1. TRANSMITTAL NUMBER: 20-0013</td> <td style="width:30%;">2. STATE Montana</td> </tr> <tr> <td colspan="2">3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)</td> </tr> <tr> <td colspan="2">4. PROPOSED EFFECTIVE DATE 07/01/2020</td> </tr> </table>	1. TRANSMITTAL NUMBER: 20-0013	2. STATE Montana	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)		4. PROPOSED EFFECTIVE DATE 07/01/2020	
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3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)							
4. PROPOSED EFFECTIVE DATE 07/01/2020							
5. TYPE OF PLAN MATERIAL (Check One): <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)							
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: <b>Total</b> FFY 20 \$1,440,608 FFY 21 \$5,508,383  <b>3 Other Laboratory &amp; X-Ray Services</b> FFY20 \$164,482 FFY21 \$591,540  <b>5a Physicians' Services</b> FFY20 \$491,987 FFY21 \$1,867,874  <b>6b Optometrist' Services</b> FFY20 \$25,324 FFY21 \$96,194  <b>6c Chiropractic Services</b> FFY20 \$111 FFY21 \$455  <b>6d Licensed Clinical Social Workers' Services</b> FFY20 \$58,907 FFY21 \$225,876  <b>6d Licensed Professional Counselors' Services</b> FFY20 \$92,959 FFY21 \$355,958  <b>6d Licensed Psychologists' Services</b> FFY20 \$6,458 FFY21 \$24,383  <b>6d Dental Hygienist Services</b> <b>6d Denturist Services</b> <b>10 Dental Services</b> <b>12b Denture Services</b> FFY20 \$240,189 FFY21 \$928,530  <b>6e Nutritionists' Services</b> FFY20 \$351 FFY21 \$1,398  <b>7a, 7b and 7d Home Health Services</b> FFY20 \$1,321 FFY21 \$5,283  <b>7c Durable Medical Equipment and Supplies</b> FFY20 \$84,749 FFY21 \$329,626						

**8 Private Duty Nursing Services**

FFY20 \$14,002  
FFY21 \$57,233

**11a Physical Therapy Services**

FFY20 \$32,424  
FFY21 \$120,655

**11b Occupational Therapy Services**

FFY20 \$13,351  
FFY21 \$53,588

**11c Speech Therapy and Audiology Services**

FFY20 \$12,835  
FFY21 \$51,833

**12e Hearing Aids**

FFY20 \$743  
FFY21 \$2,916

**19a, Targeted Case Management (TCM) Services for High Risk Pregnant Women**

FFY20 \$85  
FFY21 \$342

**19b, Targeted Case Management (TCM) Services for Adults with Severe Disabling Mental Illness (SDMI)**

FFY20 \$14,769  
FFY21 \$57,169

**19D, Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)**

**19i, Targeted Case Management Services (TCM) for Youth with Serious Emotional Disturbance (SED) in an Out of State Psychiatric Treatment Facility (PRTF)**

FFY20 \$19,654  
FFY21 \$79,718

**19e, Targeted Case Management (TCM) Services for Children with Special Health Care Needs**

FFY20 \$199  
FFY21 \$798

**19G, Targeted Case Management (TCM) Services for Substance Use Disorders - Youth**

FFY20 \$5  
FFY21 \$22

**19H, Targeted Case Management (TCM) Services for Substance Use Disorders - Adult**

FFY20 \$848  
FFY21 \$3,457

**24a Transportation Services**

FFY20 \$36,972  
FFY21 \$138,823

**25 Personal Care Services**

**26 Personal Care Services**

FFY20 \$1,504  
FFY21 \$6,055

**1915K Community First Choice Services**

FFY20 \$126,379  
FFY21 \$508,657

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 (If Applicable):  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 schedule for state plan services on the Introduction Page, effective July 1, 2020.  The following Medicaid State Plan services on the Introduction Page have \$0 federal fiscal impact: 12C Prosthetic Devices and 28 Free Standing Birthing Centers - Licensed Direct Entry Midwives.	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  	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: Marie Matthews	
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: 6-29-2020	
<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED:  06/29/2020	18. DATE APPROVED:  9/17/2020
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL:  07/01/2020	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 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.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	July 1, 2020
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2020

TN: 20-0013  
Supersedes: 20-0006

Approved: 9/17/20

Effective: 07/01/2020

**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)**

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

TN: 20-0013  
Supersedes: 20-0006

Approved: 9/17/20

Effective: 07/01/2020

**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)**

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