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State/Territory Name: MT

State Plan Amendment (SPA) MT: 21-0012

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

May 19, 2023

Michael Randol
Montana Medicaid and Health Services Executive Director/State Medicaid Director
Montana Department of Public Health & Human Services
Attn: Mary Eve Kulawik
P.O. Box 4210
Helena, MT 59604

RE: Montana State Plan Amendment (SPA) Transmittal Number 21-0012

Dear Director Randol:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 24, 2021. This plan amendment updates the distribution for add-on payments for Direct Care Wages and Health Insurance for Health Care Workers and also updates the reimbursement section and reference to the fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. 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 LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.


Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 21 - 0012	2. STATE MT
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="text-align: right;">✓ XIX XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2021	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 441.500-590		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 21 \$ -15,765 b. FFY 22 \$ - 63,059	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B Service 1915K, Community First Choice Pages 1-3 of 3		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B Service 1915K, Community First Choice Pages 1-3 of 3	

9. SUBJECT OF AMENDMENT

Community First Choice will be amended to update the date of the fee schedule and to clarify the payment methodology and amounts of the direct care wage and health care for health care worker add-on payments.

This has been updated to reflect a change in the Federal Budget Impact. The previous 179 mistakenly calculated the impact based on the difference between SFY 2018 and 2019. The new Federal Budget Impact numbers were calculated by comparing the difference between State Fiscal Years 2021 and 2022.

10. GOVERNOR'S REVIEW (Check One)		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency
<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		
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601
12. TYPED NAME Mike Rando		
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director		
14. DATE SUBMITTED original submittal 9/24/2021 resubmittal 4/3/2023		

FOR CMS USE ONLY

16. DATE RECEIVED 09/24/2021	17. DATE APPROVED May 19, 2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2021	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

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, 2021-June 30, 2023. 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%	$\$500,000 \times .30$	\$150,000	\$75,000	\$75,000
B	15,000	30%	$\$500,000 \times .30$	\$150,000	\$75,000	\$75,000
c	20,000	40%	$\$500,000 \times .40$	\$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, 2021-June 30, 2022	\$5,585,193
July 1, 2022-June 30, 2023	\$5,585,193

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

MONTANA

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, 2021-June 30, 2023. 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, 2021-June 30, 2022	\$3,107,721
July 1, 2022-June 30, 2023	\$3,088,721

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%	$\$500,000 \times .30$	\$150,000	\$12,500
B	15,000	30%	$\$500,000 \times .30$	\$150,000	\$12,500
C	20,000	40%	$\$500,000 \times .40$	\$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.

TN: 21-0012

Approval Date: May 19, 2023 Effective date: 07/01/2021

Supersedes TN: 19-0013