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State/Territory Name: MT

State Plan Amendment (SPA) MT: 21-0013

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



Financial Management Group

May 8, 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 21-0013

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 Personal Care Services (PCS) 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 solid 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 - 0013	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ✓ XIX XXI	
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 440.167		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 21 \$ - 844.10 b. FFY 22 \$ - 3,376.40	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Service 25, Personal Care Services Attachment 4.19B, Pages 1 – 3 of 3		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Service 25, Personal Care Services Attachment 4.19B, Pages 1 – 3 of 3	
9. SUBJECT OF AMENDMENT Personal Care Services will be amended to update PCS reimbursement section and update the dates and amounts of the direct care wage and health care for health care worker add-on payments. This 179 has been updated to reflect a change in the Federal Budget Impact. The previous 179 Montana submitted in 2021 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) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601 X Single Agency Review	
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 Randol			
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director			
14. DATE SUBMITTED original submittal 9/24/2023 2021 resubmittal 3/16/2023			
FOR CMS USE ONLY			
16. DATE RECEIVED 09/24/2021		17. DATE APPROVED May 8, 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 05/03/23: State concurs with pen and ink change to Box 6 to reflect whole dollar amount; to Block 9 to correct wording to "in"; to Block 10 to correct address placement to "Single Agency Review"; to Block 15 to enter address; to Block 14 to correct submittal year to 2021.			

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I. In-State Personal Care Services (PCS)

a. PCS Reimbursement

The PCS rate for (1) PCS attendant service and (2) PCS mileage are a set fee 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 PCS. 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 Community First Choice Services (CFCS) and Transportation with PCS attendant services and CFCS mileage.

1. The Department will pay a provider for each Medicaid unit of PCS. A unit of service means a unit of attendant service. A unit of attendant service is 15 minutes and means an on-site visit specific to the individual. 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 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 PCS 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 PCS.

b. PCS Direct Care Wage Add-on Payments

Effective July 1, 2021-June 30, 2023, additional payment pools will be established for PCS providers for direct care wage reimbursement. These payment pools will provide supplemental payments; which will be distributed proportionally to the participating PCS providers based on the number of units of Medicaid PCS provided by each provider. The calculated pro rata amount is distributed to each participating provider two times a year. Providers select distribution dates from the available distribution periods identified by the Department.

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To qualify for the direct care wage supplemental payments a provider must be currently enrolled and billing direct care worker PCS 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, 2021-June 30, 2022	\$293,958
July 1, 2022-June 30, 2023	\$293,958

c. PCS Health Insurance for Health Care Worker Payments

Effective July 1, 2021-June 30, 2023, additional payment pools will be established for PCS providers for health insurance for health care workers reimbursement, for the purpose of providing health insurance coverage to eligible PCS workers. These payment pools will provide supplemental payments which will be distributed proportionally to the participating personal care providers based on the number of units of Medicaid PCS 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 PCS services, submit an application to the Department, and outline the provider's plan to provide health insurance coverage to direct care workers.

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

July 1, 2021-June 30, 2022	\$163,630
July 1, 2022-June 30, 2023	\$162,564

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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

II. Out of State Personal Care Services

Reimbursement for PCS 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 PCS 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 PCS Medicaid service.