

Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 21-0032

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



November 19, 2021

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

Re: Montana State Plan Amendment (SPA) MT-21-0032

Dear Ms. Matthews:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) MT-21-0032. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Montana also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Montana also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

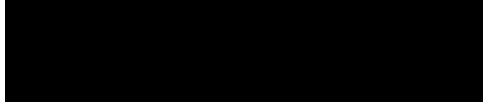
We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Montana's Medicaid SPA Transmittal Number MT-21-0032 is approved effective April 1, 2021. This SPA is in addition to all other approved Disaster Relief SPAs in the State of Montana, and does not supersede anything approved in those SPAs.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Barbara B. Prehmus at 303-844-7472 or by email at Barbara.prehmus@cms.hhs.gov if you have any questions about this approval.

We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Montana and the health care community.

Sincerely,



Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid & CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 21-0032	2. STATE Montana
		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 04/01/2021	
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: Section 1135 of the Social Security Act Title XIX Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 21 (5 months): \$ 0 b. FFY 22 (12 months): \$ 17,279,423 c. FFY 23 (12 months): \$ 4,459,206	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7 – General Provisions 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency, Pages 1-10 of 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT. (If Applicable): New	
10. SUBJECT OF AMENDMENT: Effective April 1, 2021, Montana is increasing payment rates for several Medicaid State Plan services.			
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. NAME OF STATE AGENCY OFFICIAL: [REDACTED]		16. RETURN TO: Montana Department 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: October 8, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 8, 2021		18. DATE APPROVED: November 19, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2021		20. SIGNATURE: [REDACTED]	
21. TYPED NAME: Alissa Mooney DeBoy		22. TITLE: On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid & CHIP Services	
23. REMARKS: Pen & Ink change to Box 6 to add Title XIX citation; authorized by state via email 11/02/2021.			

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

The changes identified below are implemented for the duration of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), unless a shorter period has been identified elsewhere in the below amendment for specific items.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

TN: MT 21-0032

Supersedes TN: NEW

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Effective Date: 04/01/2021

This SPA is in addition to all other approved Disaster Relief SPAs in Montana.

- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. X Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Montana Medicaid state plan, as described below:

DPHHS will consult with I/T/U's by standard mail or email concurrent or following the submission of an amendment or waiver to CMS. DPHHS will be available to host meetings with I/T/U's to discuss any amendment or waiver following its submission.

"I/T/U's" mean Tribal Presidents or Tribal Chairmen from Federally recognized Tribes, the Director of the Billings Area Indian Health Service, Urban Indian Organizations, and Tribal Health Departments.

Section A – Eligibility

1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
 - a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

 - b. Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

--

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

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6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

--

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

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3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

2. ____ The agency suspends enrollment fees, premiums and similar charges for:
 - a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Section D – Benefits*Benefits:*

1. ____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):
2. ____ The agency makes the following adjustments to benefits currently covered in the state plan:
3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
4. ____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Drug Benefit:

6. ____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.
7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. ____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. ____ Newly added benefits described in Section D are paid using the following methodology:

- a. ____ Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

- b. ____ Other:

2. *Increases to state plan payment methodologies:*

X ____ *The agency increases payment rates for the following services:*

Community First Choice
Home Health Services*
Private Duty Nursing
Personal Care Services

Mental Health Center

- Mental Health Outpatient Therapy
- Other Practitioner Services – Psychologist
- Other Practitioner Services – Licensed Clinical Social Worker
- Other Practitioner Services – Licensed Professional Counselor
- Other Practitioner Services – Licensed Marriage and Family Therapist
- Other Practitioner Services – Advance Practice Registered Nurse, with a clinical specialty in psychiatric mental health nursing
- Other Practitioner Services –Dually Licensed Practitioner
- EPSDT – Community Based Psychiatric Rehabilitation and Support
- EPSDT – Comprehensive School and Community Treatment

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This SPA is in addition to all other approved Disaster Relief SPAs in Montana.

- EPSDT – Therapeutic Group Home
- EPSDT – Home Support Services
- EPSDT – Therapeutic Foster Care
- EPSDT – Therapeutic Foster Care Permanency
- EPSDT – Youth Day Treatment Services
- EPSDT - Extraordinary Needs Aide
- Other Rehab – Illness Management and Recovery Services
- Other Rehab – Certified Behavioral Health Peer Support Services
- Other Rehab – Dialectical Behavioral Therapy
- Other Rehab – Day Treatment
- Other Rehab – Adult Foster Care
- Other Rehab – Behavioral Health Group Home
- Other Rehab – Crisis Stabilization Program

Chemical Dependency

- Other Rehab - SUD Outpatient Therapy
- Other Rehab - SUD Certified Behavioral Health Peer Support Services
- Other Rehab – SUD Intensive Outpatient Therapy
- Other Rehab – SUD Partial Hospital (Day Treatment)
- Other Rehab- SUD Clinically Managed Low-Intensity Residential (ASAM 3.1)
- Other Rehab – SUD Clinically Managed High-Intensity Residential (ASAM 3.5)
- Other Rehab – SUD Medically Monitored Intensive Inpatient (ASAM 3.7) Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over.

Targeted Case Management Services for Youth with Serious Emotional Disturbance.
Targeted Case Management Services for Youth with Serious Emotional Disturbance in an Out of State PRTF.

Targeted Case Management Services for Adults with Severe Disabling Mental Illness.
Targeted Case Management Services for Substance Use Disorders – Youth.
Targeted Case Management Services for Substance Use Disorders – Adult.

Preventative- Autism Treatment Services/ Applied Behavior Analysis Services

*Not including durable medical equipment

- a. ☒ Payment increases are targeted based on the following criteria:

Supplemental payments will be issued for providers and their fee-for-service claims that meet the following criteria:

- 1) Specific services are listed in #2,*
- 2) Original dates of service and billing are during the applicable timeline in b.*

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This SPA is in addition to all other approved Disaster Relief SPAs in Montana.

b. Payments are increased through:

- i. X A supplemental payment or add-on within applicable upper payment limits:

Effective 10/01/2021

A quarterly supplemental payment of 15% of Medicaid allowable paid claims for dates of service between 04/1/2021 and 09/30/2021 and billed by 10/31/2021 will be issued to HCBS providers, as identified in (2). These supplemental payments are to support providers with the increased cost hazard/retention pay, higher staffing levels and personal protective equipment and other supplies. Montana will implement these temporary changes to maintain a stable workforce and preserve significantly impacted home and community-based service behavioral health provider networks.

A quarterly supplemental payment of 12% of Medicaid allowable paid claims for dates of service between 10/01/2021 and 12/31/2021 and billed by 01/31/2022 will be issued to HCBS providers. These supplemental payments are to support providers with the increased cost hazard/retention pay, higher staffing levels and personal protective equipment and other supplies. Montana will implement these temporary changes to maintain a stable workforce and preserve significantly impacted home and community-based service behavioral health provider networks.

A quarterly supplemental payment of up to 12% of Medicaid allowable paid claims for a) dates of service between 01/01/2022 and 03/31/2022, or the end of the PHE, whichever is earlier and b) billed by 04/30/2022 will be issued to HCBS providers. These supplemental will be made to providers who commit to sustaining and or increasing service delivery an investing in workforce recruitment and retention. Providers receiving the supplemental payments will be asked to demonstrate that the cost of delivering services during the applicable timeframe exceeds standard Medicaid payment rates.

- ii. An increase to rates as described below.

Rates are increased:

 Uniformly by the following percentage:

 Through a modification to published fee schedules –

Effective date (enter date of change):

Location (list published location):

 Up to the Medicare payments for equivalent services.

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Supersedes TN: NEW

Approval Date: 11/19/2021

Effective Date: 04/01/2021

This SPA is in addition to all other approved Disaster Relief SPAs in Montana.

_____ By the following factors:

Please describe.

Payment for services delivered via telehealth:

3. _____ For the duration of the emergency, the state authorizes payments for telehealth services that:

- a. _____ Are not otherwise paid under the Medicaid state plan;
- b. _____ Differ from payments for the same services when provided face to face;
- c. _____ Differ from current state plan provisions governing reimbursement for telehealth;

d. _____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

- i. _____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
- ii. _____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. _____ Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

1. _____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

- a. _____ The individual's total income
- b. _____ 300 percent of the SSI federal benefit rate
- c. _____ Other reasonable amount: _____

2. _____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

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Supersedes TN: NEW

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This SPA is in addition to all other approved Disaster Relief SPAs in Montana.

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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Effective Date: 04/01/2021

This SPA is in addition to all other approved Disaster Relief SPAs in Montana.