DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

December 29, 2021

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

Dear Ms. Matthews:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-21-0033. This amendment adds the state's attestation that it meets all the minimum requirements under Section 1902(a)(87) of the Social Security Act; otherwise known as Section 209 of the Medicaid Coverage of Certain Medical Transportation under the Consolidated Appropriations Act, 2021 (P.L. 116-260).

Please be informed that this State Plan Amendment was approved effective December 1, 2021. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

[redacted] Digitally signed by James . Scott -S ate: 2021.12.29 13:22:33 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Adam Meier, Department Director
Mary Eve Kulawik

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: 21-0033	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 12/01/2021	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.53 42 CFR 440.170(a) 1902(a)(4) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 22 $0 b. FFY 23 $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1D1 Page 1 of 1 Service 24a Transportation Services	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: New

10. SUBJECT OF AMENDMENT:

The purpose of this amendment is to incorporate into the Montana Medicaid State Plan the minimum requirements outlined in 1902(a)(87) of the Act. Through this amendment Montana Medicaid attests any provider (including a transportation network company) or individual driver of non-emergency transportation to medically necessary services receiving payments (but excluding any public transit authority) meet the minimum requirements outlined in 1902(a)(87) of the Act.

11. 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
☒ OTHER, AS SPECIFIED: Single Agency Director Review

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620
13. TYPED NAME: Marie Matthews	
14. TITLE: State Medicaid Director	
15. DATE SUBMITTED: 12-22-2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 22, 2021	18. DATE APPROVED: December 29, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: December 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted] Digitally signed by James G. Scott -S Date: 2021.12.29 13:22:00 -06'00'
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

FORM HCFA-179 (07-92)

Montana

The Department ensures that any provider of Nonemergency Medical Transportation to medically necessary services receiving payments under this State Plan (but excluding any public transit authority) meets the following minimum requirements:

(A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

(B) Each such individual driver has a valid driver's license;

(C) Each such provider has in place a process to address any violation of a state drug law; and

(D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.