

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 22-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid  
Services 601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

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June 23, 2022

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

Dear Mr. Randol:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-22-0005. This amendment removes coverage of the Nurse Advice Line from the state plan as the result of increased access to primary care advice through telehealth.

Please be informed that this State Plan Amendment was approved on June 23, 2022 with an effective date of April 1, 2022. 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](mailto:barbara.prehmus@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Adam Meier, Department Director  
Marie Matthews  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 22-0005	2. STATE <b>Montana</b>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 04/01/2022	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(13)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023: -\$83,785 b. FFY 2024: -\$83,785	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Service 13c, Preventive Services Attachment 4.19B Page 1 of 1 Supplement to Attachment 3.1A Page 1 of 1 Supplement to Attachment 3.1B Page 1 of 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Service 13c, Preventive Services Attachment 4.19B Page 1 of 1 Supplement to Attachment 3.1A Pages 1-3 of 3 Supplement to Attachment 3.1B Pages 1-3 of 3	

9. SUBJECT OF AMENDMENT  
  
Remove the Nurse Advice Line (NAL) services from the State Plan. The update is necessary as the current NAL contractor, Envolve, is no longer offering NAL services starting April 1, 2022, and Montana has decided to remove the services due to increasingly low call volume and increasing availability of telehealth services. We are encouraging members to contact their primary care provider if they have any questions regarding their health.

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	OTHER, AS SPECIFIED: <b>Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601</b>
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11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME <i>Marie Matthews</i>	
13. TITLE <b>State Medicaid Director</b>	
14. DATE SUBMITTED <i>3-31-22</i>	

**FOR CMS USE ONLY**

16. DATE RECEIVED March 31, 2022	17. DATE APPROVED June 23, 2022
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

MONTANA

The following limitations apply to preventive services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to questions but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

The following limitations apply to preventive services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

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2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to questions but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

Reimbursement for Other Preventive Services

- I. Reimbursement for Other Preventive Services shall be:
- a. For physicians and public health clinics, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 5(a) Physician Services;
  - b. For mid-level practitioners, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 6 (d) Other Practitioner Services;