

## **Table of Contents**

**State/Territory Name: MT**

**State Plan Amendment (SPA) MT: 22-0006**

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



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**Financial Management Group**

Marie Matthews, 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 22-0006**

Dear Director Matthews:

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 April 28, 2022. This plan amendment updates the date of the fee schedule for state plan services on the Introduction Page. This will allow the department to update Medicaid fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule.

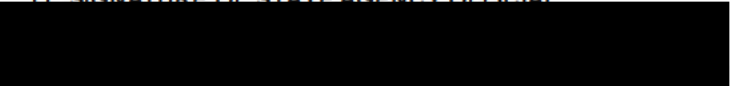
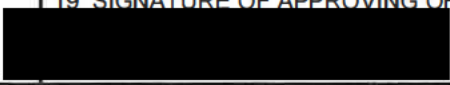
Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>22-0006</b>	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  <b>04/01/22</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440</b> <b>42 CFR 447.203</b> <b>1902(a)(30)(A) of the Social Security Act</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) <b>Total</b> <b>FFY 22 \$0.00</b> <b>FFY 23 \$0.00</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.	
9. SUBJECT OF AMENDMENT  The Attachment 4.19B Introduction Page is being amended to update the date of the fee schedule for state plan services on the Introduction Page, effective April 1, 2022. Durable Medical Equipment and Prosthetic Devices is being amended to allow the department to update Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule. The fiscal impact will be budget neutral.			
10. GOVERNOR'S REVIEW ( <i>Check One</i> ) 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</b> <b>State Medicaid Director</b> <b>Attn: Mary Eve Kulawik</b> <b>PO Box 4210, Helena, MT 59601</b>	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO  <b>Montana Dept. of Public Health and Human Services</b> <b>Marie Matthews</b> <b>State Medicaid Director</b> <b>Attn: Mary Eve Kulawik</b> <b>PO Box 4210</b> <b>Helena, MT 59604</b>	
13. TITLE <b>State Medicaid Director</b>			
14. DATE SUBMITTED <b>4-28-22</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>04/ 28/ 22</b>		17. DATE APPROVED <b>July 25, 2022</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>04/ 01/ 22</b>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>	
22. REMARKS			

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**Dates for Establishing Payment Rates for the following Attachment 4.19B Services:**

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page state plan amendment are effective for services provided on or after that date with two exceptions:

- 1) Medicaid reimbursement using Medicare rates are updated and effective on the 1<sup>st</sup> of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1<sup>st</sup> of each quarter based on the methodology specified in the Attachment 4.19B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, as referenced. Reimbursement rates/fee schedules are published on the Department’s website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	January 1, 2022
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	January 1, 2022
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	January 1, 2022
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Licensed Clinical Social Workers’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2021
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2021
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	April 1, 2022
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2021
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2021
10 Dental Services	Attachment 4.19B, Pages 1 and 2	January 1, 2022
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2022
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2022
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	January 1, 2022
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
12c Prosthetic Devices	Attachment 4.19B, Page 1	April 1, 2022
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2022
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2021
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2021

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2021
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2021
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2021
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2021
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)	Attachment 4.19B, Page 1	July 1, 2021
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2021
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2021
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	January 1, 2022
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2021