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State/Territory Name: Montana

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS Form 179
3) Approved SPA Pages
August 10, 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

Re: Montana State Plan Amendment (SPA) MT-22-0008

Dear Mr. Randol:

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-22-0008. 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-22-0008 is approved effective July 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 M. Deboy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid & CHIP Services

Enclosures
Montana Medicaid is proposing to apply an incremental increase to the facility specific Urban Indian Organization (UIO) Prospective Payment System (PPS) rates effective July 1, 2021, through the duration of the Public Health Emergency (PHE). The change is necessary to recognize the increase in costs due to providing services necessary to treat and prevent disease in a high-risk population.

10. GOVERNOR'S REVIEW (Check One)
   OTHER, AS SPECIFIED:
   Montana Department of Public Health and Human Services
   State Medicaid Director
   Attn: Mary Eve Kulawik
   PO Box 4210, Helena, MT 59601

11. SIGNATURE OF STATE AGENCY OFFICIAL
   [Redacted]

12. TYPED NAME: Marie Matthews

13. TITLE: Acting State Medicaid Director

14. DATE SUBMITTED: 5-16-22

15. RETURN TO:

FOR CMS USE ONLY

16. DATE RECEIVED: May 16, 2022
17. DATE APPROVED: August 10, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021
19. SIGNATURE OF APPROVING OFFICIAL: Alissa M. Deboy -S

20. TYPED NAME OF APPROVING OFFICIAL: Alissa Mooney DeBoy
21. TITLE OF APPROVING OFFICIAL: On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS
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.
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:


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.


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.

   

TN: MT 22-0008  Approval Date: 08/10/2022
Supersedes TN: New  Effective Date: 07/01/2021

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

Please describe the manner in which professional dispensing fees are adjusted.

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:

Increases to state plan payment methodologies:

2. X____ The agency increases payment rates for the following services:

   Montana is proposing to apply an incremental increase to the current Urban Indian Organization (UIO) Prospective Payment System (PPS) rates effective July 1, 2021, through the duration of the Public Health Emergency (PHE).

   a. _____ Payment increases are targeted based on the following criteria:
      Please describe criteria.

   b. Payments are increased through:
      i. ___ A supplemental payment or add-on within applicable upper payment limits:
ii. _____ An increase to rates as described below.

Rates are increased:

___X__ Uniformly by the following percentage: ___61.1%

____ 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.

____ 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:
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:

   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

APM for FQHCs that are Urban Indian Organizations (UIOs)

FQHCs that are UIOs will receive an APM for FQHC services they provide to better reflect the costs associated with the higher risk population these facilities serve. Each UIO FQHC must agree to receive the APM payment and the amount paid under this APM must be at least equal to PPS.

Each UIO will receive a percent increase to their current PPS rate as follows:

Rates will be increased by 61.1%. It was confirmed that using this APM will give the UIO’s an increase as compared to the current PPS rates.

The 61.1% increase is a proposed Alternative Payment Methodology comprised of the following factors:

High Risk Population Factor = Calculated difference between the risk-score of the populations served at UIOs vs. non-UIO FQHCs.
Increased Cost Adjuster = The percent increase of the IHS AIR from CY 2020 to CY 2022.

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.