

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 22-0010**

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



---

August 5, 2022

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

Re: Montana State Plan Amendment (SPA) 22-0010

Dear Mr. Randol:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MT 22-0010. This amendment proposes to add coverage of COVID-19 testing in accordance with the American Rescue Plan Act and Section 1905(a)(4)(F) of the Social Security Act (Act).

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 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.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Montana's Medicaid SPA Transmittal Number 22-0010 is approved effective March 11, 2021.

If you have any questions, please contact Barbara Prehmus at (303) 844-7472 or via email at [barbara.prehmus@cms.hhs.gov](mailto:barbara.prehmus@cms.hhs.gov).

Sincerely,

**Alissa M.  
Deboy -S**

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.08 05  
07 31:49 -04'00'

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE  
PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID  
SERVICES**

1. TRANSMITTAL NUMBER  
2 2 - 0 0 1 0

2. STATE  
**Montana**

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT  
✓ XIX XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**03/11/2021**

5. FEDERAL STATUTE/REGULATION CITATION  
**Section 1905(a)(4)(F) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2021 \$ 0  
b. FFY 2022 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 7.7-B  
Page 1-3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If Applicable)  
**New**

9. SUBJECT OF AMENDMENT

**Attests to the state's coverage of COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act**

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:  
**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

15. RETURN TO

12. TYPED NAME

13. TITLE **Acting State Medicaid Director**

14. DATE SUBMITTED

**5-12-2022**

**FOR CMS USE ONLY**

16. DATE RECEIVED

**May 13, 2022**

17. DATE APPROVED

**August 5, 2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**March 11, 2021**

19. SIGNATURE OF APPROVING OFFICIAL  
**Alissa M. Deboy -S**  
Digitally signed by Alissa M. Deboy -S  
Date: 2022.08.05  
07:32:08 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

**Alissa Mooney DeBoy**

21. TITLE OF APPROVING OFFICIAL  
**On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services**

22. REMARKS

**COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(l) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

**At-home tests** – Limited to 2 tests per claim and 8 test per member per month. Providers may call to request an override of the limit for members who have a medical need for additional tests.

**Clinic based tests** – No limit on amount, duration or scope of COVID-19 testing.

Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

**Reimbursement**

The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

Attachment 4.19B – Services 2a Outpatient Hospital Services  
Attachment 4.19B - Introduction  
Attachment 4.19B – Service 9 Clinic Services

**IHS/638 Facilities** – All-inclusive rate (Attachment 4.19B Service 9a – A)

**FQHC/RHC Providers** – COVID-19 testing, without an office visit, is considered an incident to an encounter, and is therefore not separately reimbursable. When testing is done as part of a billable encounter, FQHC/RHC providers are reimbursed their facility specific PPS rate.

The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state’s rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

- Medicare national average, OR
- Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state’s rate is as follows and the state’s fee schedule is published in the following location :

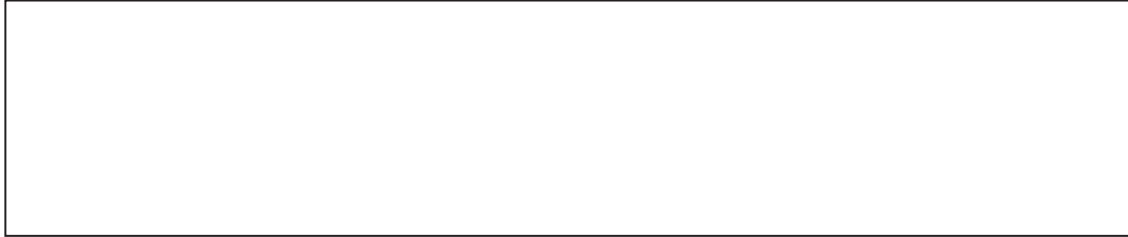
The state’s fee schedule is the same for all governmental and private providers.

Pharmacies are reimbursed \$12 per at-home test through the point of sale pharmacy system.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

*Additional Information (Optional):*

\_ The payment methodologies for COVID-19 testing for providers listed above are described below:



***PRA Disclosure Statement*** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.