

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 22-0011**

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) 22-0011

Dear Mr. Randol:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MT 22-0011. This amendment proposes to add coverage of COVID-19 treatment 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 22-0011 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  
07:33:56 -04'00'

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER  22-0011	2.STATE <b>Montana</b>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  <div style="text-align: right;"> <input checked="" type="checkbox"/> XIX    <input type="checkbox"/> XXI                 </div>	
5. FEDERAL STATUTE/REGULATION CITATION  Section 1905(a)(4)(F) of the Social Security Act		4. PROPOSED EFFECTIVE DATE  <b>03/11/2021</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 7.7-C Page 1-4		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2021 \$ 0 b. FFY 2022 \$ 0	
9. SUBJECT OF AMENDMENT  Attests to the state's coverage of COVID-19 Treatment at section 190S(a)(4)(F) of the Social Security Act		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  New	
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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 Kulawlk PO Box 4210, Helena, MT 59601</b>	
11. SIGNATURE OF STATE AGENCY OFFICIAL  <div style="background-color: black; width: 200px; height: 30px; margin: 0 auto;"></div>		15. RETURN TO	
12. TYPED NAME		16. DATE RECEIVED  May 13, 2022	
13. TITLE Acting State Medicaid Director			
14. DATE SUBMITTED  5-12-2022			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED  May 13, 2022		DATE APPROVED 117. August 5, 2022	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL  March 11, 2021		19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2022.08.05 07:34:17 -04'00'</small>	
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 Treatment 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 for the Treatment and Prevention of COVID**

The states assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) 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.

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):

**Coverage for a Condition that May Seriously Complicate the Treatment of COVID**

X The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

X The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) 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.

X 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.

X 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**

X The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

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

MT's established State Plan rates are to be found at Attachments 4.19A, B, and D.

\_\_\_The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rates or fee schedule is the same for all governmental and private providers.

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

Additional Information (Optional):

***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.

TN: 22-0011  
Supersedes TN: New

Approval Date: 08/05/2022

Effective Date: 03/11/2021