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State/Territory Name: MT

State Plan Amendment (SPA) MT: 22-0020

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
Financial Management Group

September 9, 2022

Michael Randol  
Montana Medicaid and Health Services Executive Director/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 22-0020

Dear Director Randol:

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 June 20, 2022. This plan amendment updates the date of the fee schedule for the Licensed Marriage and Family Therapists state plan.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 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.

Sincerely,

Todd McMillion  
Director  
Division of Reimbursement Review
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

### TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
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<td>22 - 0020</td>
<td>MT</td>
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<th>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</th>
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<td>✔ XIX XXI</td>
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<th>4. PROPOSED EFFECTIVE DATE</th>
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<th>5. FEDERAL STATUTE/REGULATION CITATION</th>
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<tbody>
<tr>
<td>42 CFR 440.130(d)</td>
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<th>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</th>
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<tbody>
<tr>
<td>a. FFY 22 (3 months) $ 127</td>
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<tr>
<td>b. FFY 23 (12 months) $ 509</td>
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<tr>
<th>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</th>
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<tbody>
<tr>
<td>Attachment 4.19B, Service 6d, Other Practitioners' Services, Licensed Marriage &amp; Family Therapists (LMFT), Pages 1 to 2 of 2</td>
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<tr>
<th>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</th>
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<tbody>
<tr>
<td>Attachment 4.19B, Service 6d, Other Practitioners’ Services, Licensed Marriage &amp; Family Therapists (LMFT), Pages 1 to 2 of 2</td>
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### 9. SUBJECT OF AMENDMENT

Attachment 4.19B, Service 6d  
The Other Practitioners' Services, Licensed Marriage & Family Therapists (LMFT) State Plan is being amended to add the date of the fee schedule, effective July 1, 2022.

### 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

### 12. TYPED NAME

### 13. TITLE  
Acting State Medicaid Director

### 14. DATE SUBMITTED

6-20-22

### 15. RETURN TO

### FOR CMS USE ONLY

<table>
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<tr>
<th>16. DATE RECEIVED</th>
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<th>17. DATE APPROVED</th>
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<td>September 9, 2022</td>
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**PLAN APPROVED - ONE COPY ATTACHED**

### 18. EFFECTIVE DATE OF APPROVED MATERIAL

07-01-22

### 19. SIGNATURE OF APPROVING OFFICIAL

### 20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

### 21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

### 22. REMARKS
MONTANA

I. Reimbursement for Licensed Marriage and Family Therapists’ Services shall be:

A. The lower of:
   1. The provider’s usual and customary charge for the service; or
   2. The reimbursement provided in accordance with the methodology described in Section II.

II. The Department’s fee schedule rates were set as of July 1, 2022, and are effective for services provided on or after that date. The rates for Licensed Marriage and Family Therapists’ Services are determined:

   A. In accordance with the Resource Based Relative Value Scale (RBRVS) methodology, by multiplying Medicare’s Relative Value Units (RVU), or Medicare’s base and time units for anesthesia services, which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjuster (either plus or minus) to affect the fee.

      1. RBRVS means the version of the Medicare resource based relative value scale contained in the Medicare Physician Fee Schedule (MPFS) adopted by the Centers for Medicare and Medicaid Services (CMS). The Department will update Medicare additions, deletions, or changes to procedure codes on the first of each quarter.

      2. RVU means a numerical value assigned by Medicare in the RBRVS methodology to each procedure code used to bill for services provided by a health care provider. The RVU assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.
MONTANA

B. For services not included in the RBRVS methodology, a Medicaid fee is determined by:

1. Reviewing cost information for the service if available or by reviewing the reimbursement of similar services if cost information is not available for procedure codes that are new (less than one year in existence); have no or low utilization; or have inconsistent charges.

2. For procedure codes that cannot be determined by the methodology in II. B. 1., by multiplying the average charge for the service by the payment-to-charge ratio. The payment-to-charge ratio means the percent determined by dividing the previous state fiscal year’s total Medicaid reimbursement for RBRVS provider covered services by the previous state fiscal year’s total Medicaid charges for RBRVS provider covered services.