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State/Territory Name: MT

State Plan Amendment (SPA) MT: 22-0021

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



Financial Management Group

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 22-0021

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 increases the rate and conversion factor to reflect the 2021 legislative appropriation of 1.9% increase and add the service to the state's reimbursement Introduction Page, as it pertains to Targeted Case Management for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Comprehensive Waiver or Eligible Individuals Age 16 and Over.

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

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

1. TRANSMITTAL NUMBER
22-0021

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
07/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 440.169
42 CFR Part 441.18
42 CFR Par 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 22 (3 months): \$11,380
b. FFY 23 (12 months): \$45,518

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B, Methods & Standards for Establishing Payment Rates, Service 19c, Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over Pages 1-2 of 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


Attachment 4.19B, Methods & Standards for Establishing Payment Rates, Service 19c, Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over Pages 1-2 of 2

9. SUBJECT OF AMENDMENT

Effective July 1, 2022, Targeted Case Management (TCM) State Plan Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over rate and conversion factor will be increased to reflect the 2021 legislative appropriation of 1.9% increase.

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:

Montana Department of Public Health and Human Services
Marie Matthews
Attn: Mary Eve Kulawik
PO Box 4210
Helena MT 59620

12. TYPED NAME

13. TITLE **Acting State Medicaid Director**

14. DATE SUBMITTED **6-20-22**


FOR CMS USE ONLY

16. DATE RECEIVED
06-20-2022

17. DATE APPROVED
September 9, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07-01-2022

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

Targeted case management (TCM) services for individuals enrolled in the 0208 1915(c) Waiver or with developmental disabilities age 16 and over are provided by State of Montana employees and private contracted case management agencies. TCM services include comprehensive assessment and periodic reassessment of individual needs; development (and periodic revision) of a specific care plan that is based on the information collected through the assessment; referral and related activities; and monitoring and follow-up activities. These four TCM services are described in more detail in Supplement 1C to Attachment 3.1A of the state plan. State TCM services are paid based on actual cost as described in number 1 below; contracted TCM services are paid via a monthly rate as described in number 2 below.

1. TCM services provided by State-employed targeted case managers are reimbursed via actual cost. Cost applicable to TCM services provided by State-employed targeted case managers is recorded within the State's Cost Allocation System (CAS). The following expenditures can be included as part of the State's case management claim of expenditure on the CMS-64. These expenditures are captured and allocated through CAS:

- Salaries/Wages of the applicable case managers
- Fringe benefits for the applicable case managers
- Consult and Professional Services
- Broadcast Distribution Services
- Photocopy Pool Services
- Photo and Reproduction
- Telephone Equipment
- Telephone Voice and Long Distance Services
- Mileage
- Motor Pool Expenses
- Meals Expenses (Overnight)
- Postage
- Leased Vehicles
- Rent
- Vehicles

In order to identify the portion of the above expenditures that is applicable to Medicaid, the State maintains a record of TCM units delivery by its targeted case managers. A unit of service is expressed in 15-minute increments. The State records the total units of TCM delivered within a month, as well as the number of units delivered to Medicaid beneficiaries. The ratio of Medicaid units over total units is then applied to the amounts applicable to the above expenditures to determine the portion of total cost to be claimed as the State's case management expenditure. As the State's claim of expenditure is made via the CMS-64, the State repeats this process for the remaining months within the quarter and includes its expenditure for the applicable three-month period on the CMS-64.

MONTANA

2. The payment unit for private contractors is a monthly unit. The rate does not include costs related to room and board or other unallowable facility costs. Private TCM agency documents contacts with, or on behalf of members on caseloads. In addition to the date of contact, the contracted targeted case manager documents the type of contact, with whom, and a summary of the content. The contractor is paid through the bundled payment rate, based on the previous month's membership, and cannot bill separately for services included in the bundle. The monthly payment rate shall not be paid unless an allowable TCM service is provided to an eligible beneficiary within the month. Any Medicaid providers delivering separate services outside of the bundle may bill for those services in accordance with the state's Medicaid billing procedures.

The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published on the agency's website www.medicicaidprovider.mt.gov. Unless otherwise noted in the Plan, State-developed fee schedule rates are the same for both governmental and private providers.

The state periodically monitors the actual provision of targeted case management services paid under the bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.