

Table of Contents

State/Territory Name: MT

State Plan Amendment (SPA) MT: 23-0004

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

October 20, 2023

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 23-0004

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 July 25, 2023. This amendment updates the fee schedules listed on the Introduction Pages.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review


| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| 7c Durable Medical Equipment and Supplies | | |
| 12 Prosthetic Devices | | |
| | FFY 2023 Federal Funds | \$49,330 |
| | FFY 2024 Federal Funds | \$198,354 |
| 8 Private Duty Nursing Services | | |
| | FFY 2023 Federal Funds | \$267,652 |
| | FFY 2024 Federal Funds | \$1,084,540 |
| 11a Physical Therapy Services | | |
| | FFY 2023 Federal Funds | \$74,514 |
| | FFY 2024 Federal Funds | \$302,066 |
| 11b Occupational Therapy Services | | |
| | FFY 2023 Federal Funds | \$34,817 |
| | FFY 2024 Federal Funds | \$141,769 |
| 11c Speech Therapy and Audiology Services | | |
| | FFY 2023 Federal Funds | \$25,654 |
| | FFY 2024 Federal Funds | \$103,143 |
| 12e Hearing Aids | | |
| | FFY 2023 Federal Funds | \$1,197 |
| | FFY 2024 Federal Funds | \$4,809 |
| 19a, Targeted Case Management (TCM) Services for High Risk Pregnant Women | | |
| | FFY 2023 Federal Funds | \$74 |
| | FFY 2024 Federal Funds | \$297 |
| 19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI) | | |
| | FFY 2023 Federal Funds | \$81,079 |
| | FFY 2024 Federal Funds | \$329,052 |
| 19c Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over | | |
| | FFY 2023 Federal Funds | \$2,978 |
| | FFY 2024 Federal Funds | \$11,956 |
| 19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) | | |
| | FFY 2023 Federal Funds | \$0 |
| | FFY 2024 Federal Funds | \$0 |
| 19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs | | |
| | FFY 2023 Federal Funds | \$325 |
| | FFY 2024 Federal Funds | \$1,304 |
| 19G Targeted Case Management Services for Substance Use Disorders – Youth | | |
| | FFY 2023 Federal Funds | \$660 |
| | FFY 2024 Federal Funds | \$2,670 |
| 19H Targeted Case Management Services for Substance Use Disorders – Adult | | |
| | FFY 2023 Federal Funds | \$11,331 |
| | FFY 2024 Federal Funds | \$45,873 |
| 19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF) | | |
| | FFY 2023 Federal Funds | \$0 |
| | FFY 2024 Federal Funds | \$0 |

| | |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 24a Transportation Services FFY 2023 Federal Funds \$98,007 FFY 2024 Federal Funds \$392,270 25 Personal Care Services 50,774.26 FFY 2023 Federal Funds \$49,134 FFY 2024 Federal Funds \$197,648 28 Free Standing Birthing Centers: Licensed Direct Entry Midwives 204,006.82 FFY 2023 Federal Funds \$0 FFY 2024 Federal Funds \$0 1915K Community First Choice Services 3,280,591.85 FFY 2023 Federal Funds \$3,249,427 FFY 2024 Federal Funds 13,148,630.52 \$13,027,813 |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

9. SUBJECT OF AMENDMENT
The Attachment 4.19B Introduction Page is being amended to incorporate the Montana legislatively approved provider rate increase and update the date of the fee schedule for state plan services on the Introduction Page, effective July 1, 2023.


| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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: <input checked="" type="checkbox"/> Single Agency Review |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. SIGNATURE OF STATE AGENCY OFFICIAL  | 15. RETURN TO Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601 |
| 12. TYPED NAME Mike Randol | |
| 13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director | |
| 14. DATE SUBMITTED 07/25/2023 | |

FOR CMS USE ONLY

| | |
|----------------------------------------|----------------------------------------------|
| 16. DATE RECEIVED 07/25/2023 | 17. DATE APPROVED October 20, 2023 |
|----------------------------------------|----------------------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2023 | 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
State authorizes P&I change - Box 14 to add Date Submission date
Box 6 to adjust PCS (PAS) and CFC fiscal amounts

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services:

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page state plan amendment are effective for services provided on or after that date with two exceptions:

- 1) Medicaid reimbursement using Medicare rates are updated and effective on the 1st of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1st of each quarter based on the methodology specified in the Attachment 4.19B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, as referenced. Reimbursement rates/fee schedules are published on the Department’s website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

| Service | Attachment | Effective Date |
|------------------------------------------------------|---------------------------------|-----------------------|
| 3 Other Laboratory & X-Ray Services | Attachment 4.19B, Page 1 | July 1, 2023 |
| 4b EPSDT | Attachment 4.19B, Pages 1-13 | July 1, 2023 |
| 5a Physicians’ Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6b Optometrists’ Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6c Chiropractic Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6d Licensed Clinical Social Workers’ Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6d Licensed Professional Counselors’ Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6d Licensed Psychologists’ Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6d Licensed Marriage and Family Therapists’ Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6d Denturist Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 6d Dental Hygienist Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

| Service | Attachment | Effective Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|
| 6e Nutritionists' Services | Attachment 4.19B, Page 1 | July 1, 2023 |
| 7a and 7b Home Health Services | Attachment 4.19B, Page 1 | July 1, 2023 |
| 7c Durable Medical Equipment and Supplies | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 7d Home Health Services | Attachment 4.19B, Page 1 | July 1, 2023 |
| 8 Private Duty Nursing Services | Attachment 4.19B, Page 1 | July 1, 2023 |
| 10 Dental Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 11a Physical Therapy Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 11b Occupational Therapy Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 11c Speech Therapy & Audiology Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 12b Denture Services | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 12c Prosthetic Devices | Attachment 4.19B, Page 1 | July 1, 2023 |
| 12e Hearing Aids | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |
| 19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women | Attachment 4.19B, Page 1 | July 1, 2023 |
| 19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI) | Attachment 4.19B, Page 1 | July 1, 2023 |
| 19 c. Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over | Attachment 4.19B, Pages 1 and 2 | July 1, 2023 |

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

| Service | Attachment | Effective Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
| 19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) | Attachment 4.19B, Page 1 | July 1, 2023 |
| 19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs | Attachment 4.19B, Page 1 | July 1, 2023 |
| 19G Targeted Case Management Services for Substance Use Disorders – Youth | Attachment 4.19B, Page 1 | July 1, 2023 |
| 19H Targeted Case Management Services for Substance Use Disorders – Adult | Attachment 4.19B, Page 1 | July 1, 2023 |
| 19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF) | Attachment 4.19B, Page 1 | July 1, 2023 |
| 24a Transportation Services | Attachment 4.19B, Page 1 | July 1, 2023 |
| 25 Personal Care Services | Attachment 4.19B, Pages 1-3 | July 1, 2023 |
| 28 Free Standing Birthing Centers: Licensed Direct Entry Midwives | Attachment 4.19B, Page 1 | July 1, 2023 |
| 1915K Community First Choice Services | Attachment 4.19B, Pages 1-3 | July 1, 2023 |