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State/Territory Name: Montana

State Plan Amendment (SPA) #: 23-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 28, 2023

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

Dear Mr. Randol:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-23-0013. This amendment was submitted on June 8, 2023, to make permanent telehealth flexibilities for home health services and to expand qualified providers to conform with federal regulatory changes.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations.

Please be informed that MT SPA 23-0013 was approved on August 28, 2023, with an effective date of May 12, 2023. Enclosed is a copy of the CMS 179 summary page and the approved pages for incorporation into the Montana State Plan.

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures


cc: Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 23-0013	2. STATE MT
	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 05/12/2023	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905 (a)(7) (1) (18) of the Social Security Act 42 CFR 440.70	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 23 \$ 0.00 b. FFY 24 \$ 0.00	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT • Supplement to Attachment 3.1A, Services 7 a,b,c & d Home Health Services, page 1 of 2, Page 1a • Supplement to Attachment 3.1B, Services 7 a,b,c & d Home Health Services, page 1 of 2, Page 1a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) • Supplement to Attachment 3.1A, Services 7 a,b,c & d Home Health Services, page 1 of 2, Page 1a • Supplement to Attachment 3.1B, Services 7 a,b,c & d Home Health Services, page 1 of 2, Page 1a	

9. SUBJECT OF AMENDMENT
The Home Health State Plan is being amended to allow telehealth to be used in the delivery of home health services and the expansion of allowed practitioners in the certifying/recertifying of patient eligibility, development of plans of care, and the ordering of medical supplies, equipment, and appliances.

10. GOVERNOR'S REVIEW (Check One)
GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY NEEDED IF SUBMITTAL

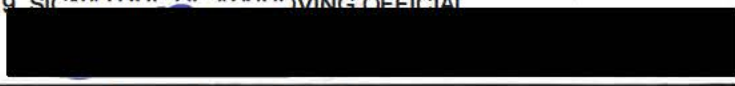
OTHER, AS SPECIFIED:
Single State Agency Review

11. SIGNATURE 	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 & Health Services Executive Director/ State Medicaid Director	
14. DATE SUBMITTED 6-8-2023	

FOR CMS USE ONLY

16. DATE RECEIVED June 8, 2023	17. DATE APPROVED August 28, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
Authorization for Pen & Ink changes to Boxes, 5, 7, and 8 received via email on 7/7/2023 to correct federal citations and to add Page 1a to accurately reflect the submitted pages and superseded pages.

MONTANA

Home Health Services

1. Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services, medical supplies, equipment, and appliances, physical therapy, occupational therapy, and speech language pathology services.
2. Home health services can be provided in any non-institutional setting in which normal life activities take place.
3. Home Health services may be provided through telehealth, as implemented by the State.
4. Home health services are provided to a member on orders written by a physician, nurse practitioner, clinical nurse specialist, or physician's assistant, working in accordance with state law, as part of a written plan of care that the ordering practitioner reviews every 60 days for services described in (b)(1), (2) and (4) of 42 CFR 440.70.
5. A face to face encounter, in accordance with 42 CFR 440.70(f) is required.
6. Medicaid members do not have to be home bound to receive home health services.
7. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided on orders written by a licensed practitioner of the healing arts acting within the scope of practice authorized under State law, as part of a written plan of care for services described in paragraph (b)(3) of 42 CFR 440.70. The plan of care must be reviewed by the ordering practitioner as specified in paragraph (b)(3)(ii) of 42 CFR 440.70.
8. Home health aide services are services that include assistance with the direct provision of routine care and do not require specialized nursing skill. These services are performed under the written instruction and close supervision of a registered nurse.
9. Nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area may be used by home infusion therapy agencies for the administration of home infusion therapy. Home infusion nursing services are provided in accordance with Service 6 (d), Home Infusion Therapy Nursing Services, Supplement to Attachment 3.1 A, page 4A of 4.

Provider Qualifications

1. Physical, occupational and speech language pathology services are available and arranged by the home health agency through a physician order.
 - a. Physical therapy services are provided by a licensed physical therapist who has met the qualifications set forth by the state and in accordance with Service 11a, Physical Therapy, Supplement to Attachment 3.1A.
 - b. Occupational therapy services are provided by a licensed occupational therapist who has met the qualifications set forth by the state and in accordance with Service 11b, Occupational Therapy, Supplement to Attachment 3.1 A.
 - c. Speech language pathology services are provided by a licensed speech language pathologist who has met the qualifications set forth by the state and in accordance with Service 11c, Speech Therapy, Supplement to Attachment 3.1A.
2. The durable medical equipment and supplies required for home infusion therapies will be provided by home infusion therapy agencies licensed by the Department of Health and Human Services. Home infusion medical supplies are provided in accordance with Services 7c, Medical Equipment and Supplies, Supplement to Attachment 3.1A, Page 2 of 2.
3. Home health agencies must meet the Medicare conditions of participation including the capitalization requirements under 42 CFR 489.28.

MONTANA

Limitations

1. Audiology services are provided under Service 11C, Audiology Services, Supplement to Attachment 3.1A, page 1 of 1.
2. Home health services do not include respite services.
3. Medical supplies equipment and appliances included in the plan of care are subject to the coverage of the Durable Medical Equipment, Prosthetic, Orthotic and Medical Supply Program in accordance with 42 CFR 440.70(b)(3)(v).
4. Home health limits members to one (1) Wheelchair every five (5) years: sooner based on medical necessity review performed by the Department.
5. Limits members using diapers, to 180 diapers, per month. A prior authorization is required to exceed the limits.
6. Purchases or rental of medical equipment exceeding \$1,000 must be prior authorized by the Department or its designee.
7. Breast pumps are limited as described in the Services 7.C, Durable Medical Equipment and Supplies State Plan, Supplement to Attachment 3.1A, Page 1 of 1.
8. Services considered experimental are not a benefit of the Montana Medicaid Program.
9. Home health services may be provided by providers out of state only when the services are authorized by the Department.
10. A person receiving personal care attendant services may not receive concurrent home health aide services.
11. Services cannot be provided in a hospital, nursing facility, or ICF-ID except as allowed at 42 CFR 470.7(c)
12. The agency may exceed the limitation on existing covered services if its medical staff determines that the proposed services are medically necessary.

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