

## **Table of Contents**

**State/Territory Name: MT**

**State Plan Amendment (SPA) MT: 23-0022**

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



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**Financial Management Group**

January 12, 2024

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 23-0022**

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 December 21, 2023. This state plan amends the fee schedules for services listed on the Introduction Pages.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. 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](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

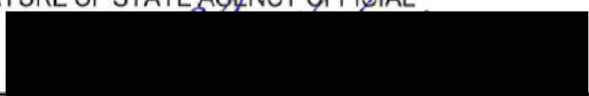
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 23-0022	2. STATE Montana
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ✓ XIX XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 1/1/24	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) Total FFY 24 \$0.00 FFY 25 \$0.00	
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 update the date of the fee schedule for state plan services on the Introduction Page, effective January 1, 2024. This will allow the department to update Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule. The fiscal impact will be budget neutral.

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

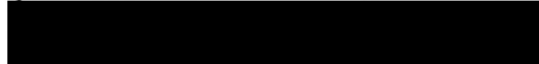
OTHER, AS SPECIFIED:  
Single Agency

SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Dept. of Public Health and Human Services Mike Randol State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604
12. TYPED NAME Mike Randol	
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director	
14. DATE SUBMITTED 12-21-2023	

FOR CMS USE ONLY

16. DATE RECEIVED 12-21-2023	17. DATE APPROVED January 12, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2024	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 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 1<sup>st</sup> of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1<sup>st</sup> 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.

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	January 1, 2024
4b EPSDT	Attachment 4.19B, Pages 1-13	July 1, 2023
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	January 1, 2024
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	January 1, 2024
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

TN: 23-0022  
Supersedes: 23-0019

Approved: January 12, 2024

Effective: 01/01/2024

**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)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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	January 1, 2024
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	January 1, 2024
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2024
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	January 1, 2024
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2023
12c Prosthetic Devices	Attachment 4.19B, Page 1	January 1, 2024
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2024
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

TN: 23-0022  
Supersedes: 23-0019

Approved: January 12, 2024

Effective: 1/1/2024

**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)**

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
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	January 1, 2024
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2023