

## **Table of Contents**

**State/Territory Name: MT**

**State Plan Amendment (SPA) #: 24-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

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July 10, 2024

Rebecca de Camara

Interim Medicaid and Health Services Executive Director/State Medicaid Director

Montana Department of Public Health & Human Services

P.O. Box 4210

Helena, MT 59604

Re: MONTANA State Plan Amendment (SPA) -24-0014

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This amendment proposes to increase the frequency of optometrist visit/eye examinations to an annual limit for individuals aged 21 and older.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(6) of the Social Security Act and regulations at 42 CFR 440.60. This letter informs you that Montana's Medicaid SPA TN 24-0014 was approved on July 10, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Montana State Plan.


If you have any questions, please contact Barbara B. Prehmus at (303) 844-7472 or via email at [Barbara.Prehmus@cms.hhs.gov](mailto:Barbara.Prehmus@cms.hhs.gov).

Sincerely,

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Mary Eve Kulawik  
Carla Rime

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>24 - 0014</b>	2. STATE <b>Montana</b>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="text-align: right;">✓ XIX    XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>07/01/2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>Section <del>1902(a)(30)(A)</del> 1905(a)(6) 42 CFR 440.60</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 92,003 b. FFY 2025 \$ 365,234	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement to Attachments 3.1A and 3.1B Service 6b, Optometrist Page 1 of 1</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement to Attachments 3.1A and 3.1B Service 6b, Optometrist Page 1 of 1</b>	
9. SUBJECT OF AMENDMENT <b>The eye examination frequency for adults will mirror the benefit for members aged 20 and under. All Medicaid members can receive medically necessary eye examinations once every 365 days.</b>			
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: <b>Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601</b>	
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO Montana Department of Public Health and Human Services State Medicaid Director Attn: SPA/Waiver Coordinator PO Box 4210 Helena, MT 59601	
12. TYPED NAME <b>Mike Randol</b>			
13. TITLE <b>State Medicaid Director</b>			
14. DATE SUBMITTED <b>5/13/2024</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>May 13, 2024</b>		17. DATE APPROVED <b>July 10, 2024</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2024</b>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <b>Ruth A. Hughes</b>		21. TITLE OF APPROVING OFFICIAL <b>Acting Director, Division of Program Operations</b>	
22. REMARKS <b>Authorization for Pen &amp; Ink changes received on 7/8/24 to correct the federal citation in Box 5 and to move the state return address to Box 15.</b>			

MONTANA

The following limitations apply to Optometric Services:

1. Eye examinations for the determination of refractive state are limited to one per 365-day. Optometrist service limits can be exceeded based on medical necessity.

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