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State/Territory Name: MT

State Plan Amendment (SPA) MT: 25-0001

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

April 29, 2025

Rebecca de Camara
Montana Department of Public Health & Human Services State Medicaid Director
Attn: Carla Rime
P.O. Box 4210
Helena, MT 59604

RE: TN 25-0001

Dear Acting Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Montana state plan amendment (SPA) to Attachment 4.19-B MT 25-0001, which was submitted to CMS on March 30, 2025. This state plan amends the fee schedules for services listed on the Introduction Pages.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. 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 Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 25-0001	2. STATE Montana
		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 1/1/25	
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 25 \$0.00 FFY 26 \$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, 2025. 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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency	
SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Montana Dept. of Public Health and Human Services Rebecca de Camara State Medicaid Director Attn: Carla Rime PO Box 4210 Helena, MT 59604	
12. TYPED NAME Rebecca de Camara			
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director			
14. DATE SUBMITTED March 30, 2025			
FOR CMS USE ONLY			
16. DATE RECEIVED March 30, 2025		17. DATE APPROVED April 29, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025		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 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 <https://medicaidprovider.mt.gov/enduserproviders>. 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	January 1, 2025
4b EPSDT	Attachment 4.19B, Pages 1-13	July 1, 2024
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2025
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	January 1, 2025
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Licensed Marriage and Family Therapists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 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)

Service	Attachment	Effective Date
6d Pediatric Complex Care Assistant Services	Attachment 4.19B, Page 1	July 1, 2024
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2024
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2024
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	January 1, 2025
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2024
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2024
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2025
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	January 1, 2025
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	January 1, 2025
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2024
12c Prosthetic Devices	Attachment 4.19B, Page 1	January 1, 2025
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	January 1, 2025
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2024
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2024
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, 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)

Service	Attachment	Effective Date
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2024
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2024
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2024
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2024
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, 2024
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2024
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2024
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	January 1, 2025
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2024