

Table of Contents

State/Territory Name: MT

State Plan Amendment (SPA) #: 25-0002-A

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

December 1, 2025

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

Re: Montana State Plan Amendment (SPA) – 25-0002-A

Dear Director De Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002-A. This amendment proposes adding Targeted Case Management (TCM) youth reentry services, as required under Section 5121 of the Consolidated Appropriations Act.

We conducted our review of your submittal according to the statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Montana's Medicaid SPA TN 25-0002-A was approved on December 1, 2025, effective October 1, 2025.

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 Dana Brown at 410-786-0421 or via email at Dana.Brown@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Carla Rime

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 2A

2. STATE

MT3. 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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 441.18(a)(8)(i) and 441.18(a)(9))

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 26 \$ 178,857b. FFY 27 \$ 259,446

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

New section

Att. 4.19-B., Service 19 J, Page 1

5121 25-0002A Supplement 1 to Attachment 3.1A pages 1-7

5121 25-0002A Supplement 1 to Attachment 3.1B pages 1-7

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~5121 25-0002A 3.1A pages 1-7~~~~5121 25-0002A 3.1B pages 1-7~~~~5121 25-0002A 4.19B - attachment J page 1~~

9. SUBJECT OF AMENDMENT

Section 5121 of the Consolidated Appropriations Act (CAA) mandatory youth reentry services.

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:

12. TYPED NAME
Rebecca de Camara13. TITLE
Medicaid and Health Services Executive Director/State Medicaid14. DATE SUBMITTED
March 31, 2025

15. RETURN TO

Montana Department of Public Health and Human Services
Rebecca de Camara
Attn: Carla Rime
PO Box 4210
Helena MT 59601**FOR CMS USE ONLY**16. DATE RECEIVED
March 31, 202517. DATE APPROVED
December 1, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2025

19. SIGNATURE OF APPR

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

The state authorized pen & ink changes for updating Box 7 to reflect new SPA pages, specifying "Supplement 1 to Attachment" for 3.1-A/3.1-B pages, and for removing pages from Box 8.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement. **[explain]:** The State will provide TCM services up to 12 months with assessments at least every 90 days during the 12-month period.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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TN: 25-0002A
Supersedes TN: New

Approval Date: 12/01/2025
Effective : 10/01/2025

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☒ Other frequency **[explain]:** The State will provide TCM services up to 12 months with assessments at least every 90 days during the 12-month period.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State/Territory: Montana

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

☐ Telephonic. Frequency: Click or tap here to enter text.

☐ In-person. Frequency: Click or tap here to enter text.

☒ Other [explain]: Both telephonic or in-person up to 12 months with monitoring and follow-up activities at least every 90 days during the 12-month period.

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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TN: 25-0002A

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Approval Date: 12/1/2025

Effective : 10/01/2025

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Case managers must meet the following qualifications:

Bachelor's degree in social work, psychology, sociology, criminal justice, or a related human services field and a minimum of one year of experience working with criminal justice involved individuals. Individuals with other educational background, who have developed the necessary skills, may also be employed as case managers.

Supervision:

Case managers must be supervised by a program supervisor.

Cultural Competence:

Providers must demonstrate cultural competence and the ability to work effectively with diverse populations.

Certification:

Case managers must obtain and maintain any required state certifications for working with justice-involved youth.

Background Checks:

All providers must pass criminal background checks as required by the Montana DOC.

Continuing Education:

Providers must complete annual continuing education requirements related to juvenile justice, case management, and relevant behavioral health topics.

Collaboration Skills:

Demonstrated ability to work collaboratively with correctional staff, community providers, and other stakeholders involved in the youth's care.

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State Plan under Title XIX of the Social Security Act

State/Territory: Montana**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

Click or tap here to enter text.

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State Plan under Title XIX of the Social Security Act

State/Territory: Montana

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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TN: 25-0002ASupersedes TN: NewApproval Date: 12/01/2025Effective : 10/1/2025

State Plan under Title XIX of the Social Security Act**State/Territory:** Click or tap here to enter text.**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

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

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☒ Other frequency **[explain]:** The State will provide TCM services up to 12 months with assessments at least every 90 days during the 12-month period.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
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 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:

activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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- services in the care plan are adequate; and
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Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

☐ Telephonic. Frequency: Click or tap here to enter text.

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☒ Other [explain]: Both telephonic or in-person up to 12 months with monitoring and follow-up activities at least every 90 days during the 12-month period.

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(42 CFR 440.169(e))

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Case managers must meet the following qualifications:

Bachelor's degree in social work, psychology, sociology, criminal justice, or a related human services field and a minimum of one year of experience working with criminal justice involved individuals. Individuals with other educational background, who have developed the necessary skills, may also be employed as case managers.

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Case managers must be supervised by a program supervisor.

Cultural Competence:

Providers must demonstrate cultural competence and the ability to work effectively with diverse populations.

Certification:

Case managers must obtain and maintain any required state certifications for working with justice-involved youth.

Background Checks:

All providers must pass criminal background checks as required by the Montana DOC.

Continuing Education:

Providers must complete annual continuing education requirements related to juvenile justice, case management, and relevant behavioral health topics.

Collaboration Skills:

Demonstrated ability to work collaboratively with correctional staff, community providers, and other stakeholders involved in the youth's care.

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TN: 25-0002A
Supersedes TN: New

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State Plan under Title XIX of the Social Security Act

State/Territory: Montana**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

Click or tap here to enter text.

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State/Territory: Montana

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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State Plan under Title XIX of the Social Security Act**State/Territory:** Click or tap here to enter text.**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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MONTANA

Targeted Case Management Services (TCM) for eligible juveniles who are inmates of a public institution post adjudication, are provided by a licensed mental health center with a license endorsement permitting the mental health center to provide case management services.

TCM services for eligible juveniles are reimbursed on a fee per unit of service basis. A unit of service is a period of 15 minutes.

Reimbursement for TCM services for eligible juveniles is the lower of: the providers' actual charge for the service or the Department's fee. Unless otherwise noted in the State Plan, fees are the same for both governmental and private providers.

The Department's fee schedule rate for both governmental and private providers was set as of 10/1/2025 and is effective for services provided on or after that date. All rates are published on the agency's website at <https://medicaidprovider.mt.gov/enduserproviders>