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State/Territory Name: Montana

State Plan Amendment (SPA) # 25-0003

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operation Group (MCOG)
230 South Dearborn Street, Suite 3370
Chicago, IL 60604-1505



Center for Medicaid & CHIP Services

April 14, 2025

Charlie Brereton
Director, DPHHS
Department of Public Health and Human Services
111 North Sanders, Room 301
Helena, MT 59604

Re: Approval of State Plan Amendment MT-25-0003

Dear Charlie Brereton,

On March 24, 2025, the Centers for Medicare & Medicaid Services (CMS) received Montana State Plan Amendment (SPA), MT-25-0003, to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Montana State Plan Amendment (SPA) MT-25-0003 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Tobias Griffin at tobias.griffin@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, on behalf of Courtney
Miller

MCOG Director

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MT2025MS0001O | MT-25-0003

CMS-10434 OMB 0938-1188

Package Header

Package ID	MT2025MS0001O	SPA ID	MT-25-0003
Submission Type	Official	Initial Submission Date	3/24/2025
Approval Date	04/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Montana	Medicaid Agency Name:	Department of Public Health and Human Services
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MT2025MS0001O | MT-25-0003

Package Header

Package ID	MT2025MS0001O	SPA ID	MT-25-0003
Submission Type	Official	Initial Submission Date	3/24/2025
Approval Date	04/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MT-25-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MT2025MS0001O | MT-25-0003

Package Header

Package ID	MT2025MS0001O	SPA ID	MT-25-0003
Submission Type	Official	Initial Submission Date	3/24/2025
Approval Date	04/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The Medicaid State Plan is updated to attest that Montana complies with all requirements for reporting on the Child and Adult Core Sets and will report annually on the measures in the Child Core Set and the behavioral health measures in the Adult Core Set.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 CFR Parts 433, 437, and 457

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MT2025MS0001O | MT-25-0003

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Approval Date	04/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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MT - Submission Package - MT2025MS0001O - (MT-25-0003) - Administration

Summary Reviewable Units Versions Analyst Notes Approval Letter Transaction Logs News Related Actions

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | MT2025MS0001O | MT-25-0003

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	New		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- 2. The agency reports annually, by December 31, on:
 - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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