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State/Territory Name: MT

State Plan Amendment (SPA) MT: 25-0011

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

March 30, 2026

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 25-0011

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 25-0011, which was submitted to CMS on September 19, 2025. This state plan amends the fee schedules for services listed on the Introduction Pages and for Other Rehabilitative services.

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 July 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 solid 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
25-0011

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
07/01/2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440
42 CFR 447.203
1902(a)(30)(A) of the Social Security Act
1905(a)(3)
1905(a)(4)(b)
1905(a)(5)(a)
1905(a)(6)
1905(a)(7)
1905(a)(8)
1905(a)(11)
1905(a)(12)
1905(a)(13)
1905(a)(19)
1905(a)(24)
1905(a)(25)
1905(a)(28)
1915(k)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)		
TOTAL		
FFY 2025 Federal Funds	\$3,234,924	\$4,090,894
	\$12,981,995	
FFY 2026 Federal Funds		\$13,863,644
SERVICE		
3 Other Laboratory & X-Ray Services		
FFY 2025 Federal Funds		\$8,677
FFY 2026 Federal Funds		\$35,075
4b EPSDT		
FFY 2025 Federal Funds		\$246,158
FFY 2026 Federal Funds		\$981,807
5a Physicians' Services		
FFY 2025 Federal Funds		\$1,673,183
FFY 2026 Federal Funds		\$6,719,929
6b Optometrist' Services		
FFY 2025 Federal Funds		\$41,849
FFY 2026 Federal Funds		\$168,400
6c Chiropractic Services		
FFY 2025 Federal Funds		\$3,198
FFY 2026 Federal Funds		\$12,795
6d Licensed Clinical Social Workers' Services		
FFY 2025 Federal Funds		\$99,660
FFY 2026 Federal Funds		\$402,481
6d Licensed Professional Counselors' Services		
FFY 2025 Federal Funds		\$149,953
FFY 2026 Federal Funds		\$604,815
6d Licensed Psychologists' Services		
FFY 2025 Federal Funds		\$6,235
FFY 2026 Federal Funds		\$24,926
6d Licensed Marriage and Family Therapists' Services		
FFY 2025 Federal Funds		\$745
FFY 2026 Federal Funds		\$3,035
6d Denturist Services		
6d Dental Hygienist Services		
10 Dental Services		
12b Denture Services		
FFY 2025 Federal Funds		\$374,050
FFY 2026 Federal Funds		\$1,500,004
6e Nutritionists' Services		
FFY 2025 Federal Funds		\$976
FFY 2026 Federal Funds		\$3,998
7a, 7b and 7d Home Health Services		
FFY 2025 Federal Funds		\$2,376
FFY 2026 Federal Funds		\$9,421
7c Durable Medical Equipment and Supplies		
12 Prosthetic Devices		
FFY 2025 Federal Funds		\$27,812
FFY 2026 Federal Funds		\$112,406

8 Private Duty Nursing Services		
	FFY 2025 Federal Funds	\$19,001
	FFY 2026 Federal Funds	\$74,610
11a Physical Therapy Services		
	FFY 2025 Federal Funds	\$56,103
	FFY 2026 Federal Funds	\$224,514
11b Occupational Therapy Services		
	FFY 2025 Federal Funds	\$31,305
	FFY 2026 Federal Funds	\$127,169
11c Speech Therapy and Audiology Services		
	FFY 2025 Federal Funds	\$21,817
	FFY 2026 Federal Funds	\$87,506
12e Hearing Aids		
	FFY 2025 Federal Funds	\$1,027
	FFY 2026 Federal Funds	\$4,132
19a, Targeted Case Management (TCM) Services for High Risk Pregnant Women		
	FFY 2025 Federal Funds	\$7
	FFY 2026 Federal Funds	\$27
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)		
	FFY 2025 Federal Funds	\$19,974
	FFY 2026 Federal Funds	\$79,414
19c Targeted Case Management Services for Individuals with Developmental Disabilities Enrolled in the 0208 1915(c) Waiver or Eligible Individuals Age 16 and Over		
	FFY 2025 Federal Funds	\$0
	FFY 2026 Federal Funds	\$0
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)		
	FFY 2025 Federal Funds	\$29,160
	FFY 2026 Federal Funds	\$116,223
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs		
	FFY 2025 Federal Funds	\$172
	FFY 2026 Federal Funds	\$679
19G Targeted Case Management Services for Substance Use Disorders – Youth		
	FFY 2025 Federal Funds	\$48
	FFY 2026 Federal Funds	\$194
19H Targeted Case Management Services for Substance Use Disorders – Adult		
	FFY 2025 Federal Funds	\$2,241
	FFY 2026 Federal Funds	\$8,977
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)		
	FFY 2025 Federal Funds	\$194
	FFY 2026 Federal Funds	\$774
24a Transportation Services		
	FFY 2025 Federal Funds	\$93,967
	FFY 2026 Federal Funds	\$375,804
25 Personal Care Services		
	FFY 2025 Federal Funds	\$4,027
	FFY 2026 Federal Funds	\$15,919
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives		
	FFY 2025 Federal Funds	\$0
	FFY 2026 Federal Funds	\$0
1915K Community First Choice Services		
	FFY 2025 Federal Funds	\$321,009

	<p style="text-align: right;">FFY 2026 Federal Funds \$1,286,961</p> <p><i>13D Other Rehabilitative Services</i> <i>FFY 2025 Federal Funds</i> <i>\$855,970</i> <i>FFY 2026 Federal Funds</i> <i>\$881,649</i></p>
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3, <i>Attachment 4.19B, Service 1915 K Community First Choice,</i> <i>page 1 of 3</i> <i>Attachment 4.19B, Service 25 Personal Care Services, page</i> <i>1 of 3</i> <i>Attachment 4.19B, 13D Other Rehab services, page 1 of 18</i></p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3, <i>Attachment 4.19B, Service 1915 K Community First Choice,</i> <i>page 1 of 3</i> <i>Attachment 4.19B, Service 25 Personal Care Services, page 1</i> <i>of 3</i> <i>Attachment 4.19B, 13D Other Rehab services, page 1 of 18</i></p>
<p>9. SUBJECT OF AMENDMENT The Attachment 4.19B Introduction Page is being amended to incorporate the Montana legislatively approved provider rate increase and update the date of the fee schedule for state plan services on the Introduction Page, effective July 1, 2025. <i>The Attachment 4.19B Service 1915 K Community First Choice is being amended to incorporate the Montana legislatively approved provider rate increase and update the date of the fee schedule for state plan services, effective July 1, 2025. Attachment 4.19B Service 25 Personal Care Services is being amended to incorporate the Montana legislatively approved provider rate increase and update the date of the fee schedule for state plan services, effective July 1, 2025. The Attachment 4.19B 13D Other Rehabilitative Services is being amended to incorporate the Montana legislatively approved provider rate increase and update the date of the fee schedule for state plan services, effective July 1, 2025.</i></p>	
<p>10. GOVERNOR'S REVIEW <i>(Check One)</i> GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>	<p>OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> Single Agency Review</p>
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p> <p>12. TYPED NAME Rebecca de Camara</p> <p>13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director</p> <p>14. DATE SUBMITTED 09/19/2025</p>	<p>15. RETURN TO Montana Department of Public Health and Human Services State Medicaid Director Attn: Carla Rime PO Box 4210 Helena, MT 59604</p>
<p>FOR CMS USE ONLY</p>	
<p>16. DATE RECEIVED 09/19/2025</p>	<p>17. DATE APPROVED March 30, 2026</p>
<p>PLAN APPROVED - ONE COPY ATTACHED</p>	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2025</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review</p>
<p>22. REMARKS 1/30/26: State provides concurrence for pen and ink updates to Boxes 5,6,7,8, and 9. 02/02/26: State concurs with additional CMS pen and ink changes to Box 5, adding all applicable 1905(a) benefit categories.</p>	

**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 were last set on the dates below and are effective for services provided on or after those dates 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/providertype>, after agreeing to the terms of service. 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	July 1, 2025
4b EPSDT	Attachment 4.19B, Pages 1-13	July 1, 2025
5a Physicians’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6b Optometrists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6d Licensed Clinical Social Workers’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6d Licensed Professional Counselors’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6d Licensed Psychologists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6d Licensed Marriage and Family Therapists’ Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025

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

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

MONTANA

Reimbursement for Other Rehabilitative Services

- I. The Department will reimburse Medicaid providers for Other Rehabilitative Services the lower of:
 - A. The provider's usual and customary (billed) charge for the service.
 - B. The Department's fee schedule published on the agency's website at <https://medicaidprovider.mt.gov/providertype>, after agreeing to the terms of service. The rate for each Other Rehabilitative Services is a set fee per unit of service. Unless otherwise specified in this state plan, reimbursement rates are the same for governmental and non-governmental providers. The reimbursement rates on the fee schedules are provided in accordance with the methodology described in this state plan.
 1. The Department's fee schedule rates were set as of, July 1, 2025, and are effective for services provided on or after that date. Rates on Fee Schedules will reflect an increase to the bundled rates for existing services.
- II. In accordance with the Social Security Act, the Department provides medically necessary Other Rehabilitative Services.
- III. For services not included in the RBRVS methodology, the Department's fee schedule for Other Rehabilitation Services is determined as follows:

A Rate-Setting Method:

Montana has a prospective Medicaid rate-setting method that was developed to reflect service definitions, provider requirements, operational service delivery, and administrative considerations.

MONTANA

I. In-State Personal Care Services (PCS)

a. PCS Reimbursement

The PCS rates for (1) PCS attendant service and (2) PCS mileage are a set fee established by the Department based upon historical costs. Fee schedule rates are effective for the dates listed below. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of PCS. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published on the Personal Assistance/Community First Choice fee schedule, at <https://medicaidprovider.mt.gov/providertype>, after agreeing to the terms of service.

The Department assures there is no duplication of Community First Choice Services (CFCS) and Transportation with PCS attendant services and PCS mileage.

1. The Department will pay a provider for each Medicaid unit of PCS. A unit of service means a unit of attendant service. A unit of attendant service is 15 minutes and means an on-site visit specific to the individual. The on-site visit unit rate includes the administrative components of providing the direct care service, including nurse supervision, planning and oversight components.

Medicaid payment for attendant services is not allowable for services provided in a hospital or nursing facility.

2. The Department will pay a provider for mileage incurred while transporting a client. A PCS mileage unit of service is a minimum of one mile and means that a provider's employee used their personal vehicle or an agency-owned vehicle to provide transportation to a client during the provision of PCS.

MONTANA

I. In-State Community First Choice Services (CFCS)

a. CFCS Reimbursement

The CFCS rates for (1) CFCS attendant service, (2) CFCS mileage, and (3) CFCS Personal Emergency Response System (PERS) are set fees established by the Department based upon historical costs. Fee schedule rates are effective for the dates listed below. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community First Choice Services. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published on the Personal Assistance/ Community First Choice fee schedule, at <https://medicaidprovider.mt.gov/providertype>, after agreeing to the terms of service.

The Department assures there is no duplication of Personal Care Services (PCS) and Transportation with CFCS attendant services and CFCS mileage.

1. The Department will pay a provider for each Medicaid unit of CFCS attendant service. A unit of CFCS attendant service means a unit of attendant service that is an on-site visit specific to a client. A unit of attendant service is 15 minutes. The on-site visit unit rate includes the administrative components of providing the direct care service, including nurse supervision, planning and oversight components.

Medicaid payment for CFCS attendant services is not allowable for services provided in a hospital or nursing facility.

2. The Department will pay a provider for mileage incurred while transporting a client. A CFCS mileage unit of service is a minimum of one mile and means that a provider's employee used their personal vehicle or an agency-owned vehicle to provide transportation to a client during the provision of CFCS.
3. The Department will pay a provider for a CFCS PERS unit. The PERS unit is an electronic, telephonic, or mechanical system used to summon assistance in an emergency situation. The CFCS PERS unit must be connected to a local emergency response system with the capacity to activate emergency medical personnel.