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State/Territory Name: Montana

State Plan Amendment (SPA) #: 25-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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 10, 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) – 25-0012

Dear Director De Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0012. This amendment proposes implementing the mandatory exception to the Medicaid clinic services “four walls” requirement for Indian Health Service (IHS) and Tribal clinics.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Montana’s Medicaid SPA TN 25-0012 was approved on December 9, 2025, with an effective date of January 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
25-00122. STATE
Montana3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT
✓ XIX XXITO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
1/1/20255. FEDERAL STATUTE/REGULATION CITATION
**42 CFR 440.90
1902(a)(30)(A) and 1905(a)(9) of the Social Security Act**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025- \$0.00 impact (9 months)
b. FFY 2026- \$0.00 impact (12 months)
c. FFY 2027 - \$0.00 impact (3 months)7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A, Service 9, Pages 1-68. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A, Service 9, Pages 1 and 2
Supplement to Attachment 3.1-A, Service 9a, Page 1*9. SUBJECT OF AMENDMENT: **The purpose of this State Plan Amendment is to implement the mandatory exception to the Medicaid clinic services "four walls" requirement for IHS and Tribal clinics in the final rule amending 42 CFR 440.90.**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 SUBMITTALX OTHER, AS SPECIFIED:
**Montana Department of Public Health and Human Services
State Medicaid Director
Attn: Carla Rime
PO Box 4210, Helena, MT 59601**

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME: **Rebecca de Camara**13. TITLE: **Medicaid and Health Services Executive Director/
State Medicaid Director**14. DATE SUBMITTED:
March 30, 202515. 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 30, 2025

17. DATE APPROVED

December 9, 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

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Montana revised the following on 12/8/2025:

- **Box 7 to reflect Supplement to Attachment 3.1 A and any page number changes to pending pages**
- **Box 8 to reflect the new pages are replacing Supplement to Attachment 3.1-A, Service 9, Pages 1 and 2**

***The state authorized a pen & ink change on 12/9/25 to add "Supplement to 3.1-A, Service 9a, Page 1" to box 8.**

State Plan under Title XIX of the Social Security Act**State/Territory:** Montana**Section 1905(a)(9) Clinic Services**

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances**[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☒ Limitations apply to all services within the benefit category.

Service must be covered by Montana Healthcare Programs and not be considered cosmetic, experimental, or investigational

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0012

Approval Date: 12/09/2025

Supersedes TN: New

Effective: 01/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Montana

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☐ Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:

- ☐ Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☒ IHS and Tribal Clinics [Select below if applicable.]:

- ☐ Limitations apply only to this clinic type within the benefit category. [describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].

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State/Territory: Montana

Section 1905(a)(9) Clinic Services

☒ Renal Dialysis Clinics **[Select below if applicable.]**:☒ Limitations apply only to this clinic type within the benefit category.
[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Patient must be diagnosed with end-stage renal disease (ESRD) by a physician.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:Ambulatory Surgical Centers
Rural Emergency Hospitals☒ Limitations apply only to this clinic type within the benefit category.
[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

ASC's can only perform procedures that do not pose safety risks or where the member will need to be monitored more than 24 hours.

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State Plan under Title XIX of the Social Security Act

State/Territory: Montana

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- ☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- ☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

- ☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

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State Plan under Title XIX of the Social Security Act

State/Territory: Montana

Section 1905(a)(9) Clinic Services

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**

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State Plan under Title XIX of the Social Security Act**State/Territory:** Montana**Section 1905(a)(9) Clinic Services**

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

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