

Table of Contents

State/Territory Name: MT

State Plan Amendment (SPA) MT: 25-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) 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

December 18, 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 25-0015

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 25-0015 which was submitted to CMS on September 29, 2025. This state plan authorizes the Direct Care Wage supplemental payment and the Health Insurance supplemental payment for personal care services (PCS) provided in State Fiscal Years 2026 and 2027.

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. Additionally, a companion letter is included with this approval package. CMS identified issues with the state's base payment methodology for out-of-state PCS providers. The letter clarifies that the SPA contains a previously approved methodology for base payment to out-of-state providers that may differ from base payments made to in-state providers and that CMS is not approving any payment that may violate Circuit opinion in *Asante v. Kennedy*, No. 23-5055 (D.C. Cir. 2025), petition for cert. filed (U.S. Sept. 17, 2025) (No. 25-361). The letter also notes that the approved methodology for out-of-state PCS providers does not meet CMS' comprehensiveness requirements as described at 42 CFR 430.10. More details can be found in the attached companion letter.

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,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Rebecca de Camara

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

RE: Montana base payments for out-of-state providers of Personal Care Services (PCS)

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) is providing this letter as a companion to the approval of SPA MT-25-0015, which updates supplemental payment methodologies for PCS providers, effective July 1, 2025.

It appears that some of the previously approved payment methodologies that pay out of state providers differently (noted in “same page” review) may be problematic in light of the D.C. Circuit opinion in *Asante v. Kennedy*, No. 23-5055 (D.C. Cir. 2025), *petition for cert. filed* (U.S. Sept. 17, 2025) (No. 25-361). By approving the corresponding SPA, CMS is expressly not approving any payment methodologies that would violate *Asante*. At this time, CMS will not take enforcement action against the state over such payment methodologies provided that the state does not implement such methodologies in a manner that conflicts with *Asante*. CMS is currently exploring options for how to proceed with this issue, which may include rulemaking.

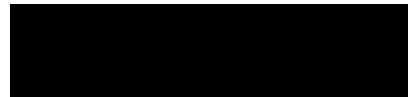
In addition, please note that 42 CFR 430.10 requires that the state plan comprehensively describe the basis for FFP. Please note that the following provision, while not integral to the provision modified in the SPA submission, does not comprehensively describe how payment rates for out-of-state providers are set.

Reimbursement for PCS for services provided outside the borders of the State of Montana is established by the Department and published on the agency’s website at <http://medicaidprovider.mt.gov>. Consideration may be given to reimburse out of state CFCS providers, up to their state’s established Medicaid rate if the following criteria are met: Montana’s established rates are lower, the out of state provider refuses to serve the member at Montana’s standard rate, and the other state’s Medicaid established rate is a rate established for a service similar in scope and duration to the PCS Medicaid service.

Please provide a timeline for updating the out-of-state methodology in this SPA with comprehensive language.

Please provide the information requested above no later than 60 days after receipt of this letter.
Please reach out to Financial Management Group staff in the Division of Reimbursement Review
(blake.holt@cms.hhs.gov) should you have any questions.

Sincerely,

A large black rectangular redaction box covering the signature of Todd McMillion.

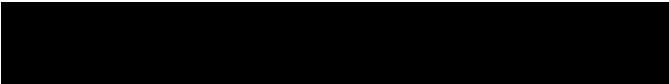
Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER 25 - 0015		2. STATE Montana
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> 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 440.167	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 (July-Sept) \$ 74,322 b. FFY 2026 (Oct-Sept) \$ 293,000	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Service 25, Personal Care Services Attachment 4.19B, Pages 1 - 3 of 3 2-3 of 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Service 25, Personal Care Services Attachment 4.19B, Pages 1 - 3 of 3 2-3 of 3	

9. SUBJECT OF AMENDMENT

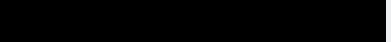
Personal Care Services will be amended to update the PCS reimbursement section and the dates and amounts of the direct care wage and health care for health care worker add-on payments.

10. GOVERNOR'S REVIEW (Check One)	OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> Single Agency Director Review
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Department of Public Health and Human Services 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 9/29/2025	

FOR CMS USE ONLY

16. DATE RECEIVED 9/29/2025	17. DATE APPROVED December 18, 2025
---	---

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 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

CMS pen and ink changes made to Boxes 7 and 8 with state's 10/20 concurrence.

MONTANA

1. PCS Direct Care Wage Add-on Payments

Effective July 1, 2025 - June 30, 2027, additional payment pools will be established for PCS providers for direct care wage reimbursement. These payment pools will provide supplemental payments; which will be distributed proportionally to the participating PCS providers based on the number of units of Medicaid PCS attendant services provided by each provider. The calculated pro rata amount is distributed to each participating provider two times a year, no less than six months apart. The distributions are tied to the start and midpoint of the State Fiscal Year.

To qualify for the direct care wage supplemental payments a provider must be currently enrolled and billing direct care worker PCS services, submit an application to the Department, and outline the agency plan to distribute the supplemental payments to direct care workers.

Example: If the total to be distributed was \$500,000

Provider	Units	Percentage	Allocation Formula	Annual Pro Rata Share	First Payment	Second Payment
A	15,000	30%	\$500,000 x.30	\$150,000	\$75,000	\$75,000
B	15,000	30%	\$500,000 x.30	\$150,000	\$75,000	\$75,000
C	20,000	40%	\$500,000 x.40	\$200,000	\$100,000	\$100,000
Total	50,000	100%		\$500,000	\$250,000	\$250,000

Payments will be made as a lump sum, add-on payment according to the following payment pool amount:

July 1, 2025 - June 30, 2026	\$306,091
July 1, 2026 - June 30, 2027	\$306,091

The Department assures there is no duplication of PCS Direct Care Wage Add-on Payment and CFCS Direct Care Wage Add-on.

MONTANA

2. PCS Health Insurance for Health Care Worker Payments

Effective July 1, 2025 - June 30, 2027, additional payment pools will be established for PCS providers for health insurance for health care workers reimbursement, for the purpose of providing health insurance coverage to eligible PCS workers. These payment pools will provide supplemental payments which will be distributed proportionally to the participating personal care providers based on the number of units of Medicaid PCS attendant services provided by each provider.

To qualify for the health insurance for health care worker reimbursement supplemental payments, a provider must be currently enrolled and billing direct care worker PCS services, submit an application to the Department, and outline the provider's plan to provide health insurance coverage to direct care workers.

Example: If the total to be distributed was \$500,000

Provider	Units	Percentage	Allocation Formula	Annual Pro Rata Share	Monthly Payment
A	15,000	30%	\$500,000 x .30	\$150,000	\$12,500
B	15,000	30%	\$500,000 x .30	\$150,000	\$12,500
C	20,000	40%	\$500,000 x .40	\$200,000	\$16,667
Total	50,000	100%		\$500,000	\$41,667

Payments are made monthly as a lump sum add-on payment according to the following payment pool amount.

July 1, 2025 - June 30, 2026	\$170,564
July 1, 2026 - June 30, 2027	\$170,564

The Department assures there is no duplication of PCS Health Insurance for Health Care Worker Payments and CFCS Health Insurance for Health Care Worker Payments.

3. Out of State Personal Care Services

Reimbursement for PCS for services provided outside the borders of the State of Montana is established by the Department and published on the agency's website at <https://medicaidprovider.mt.gov/>.

Consideration may be given to reimburse out of state PCS providers, up to their state's established Medicaid rate, if the following criteria are met: Montana's established rates are lower, the out of state provider refuses to serve the member at Montana's standard rate, and the other state's Medicaid established rate is a rate established for a service similar in scope and duration to the PCS Medicaid service.