Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 26-0001

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

August 5, 2026

Rebecca de Camara
State Medicaid Director
Montana Department of Public Health & Human Services
PO Box 4210
Helena, MT 59601

Re: Montana State Plan Amendment (SPA) – 26-0001

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0001. This amendment amends the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) State Plan pages to update the Comprehensive Behavioral Health Treatment unit rate from per diem to per 15-minute unit and to add a description of Home Support Services Group services.

We conducted our review of your submittal according to statutory requirements in Section 1905(r) of the Social Security Act and implementing regulations 42 CFR 440.130. This letter informs you that Montana's Medicaid SPA TN 26-0001 was approved on August 5, 2026, with an effective date of May 9, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Montana's State Plan.

If you have any questions, please contact Justyna Redlinski at (312) 353-7370 or via email at Justyna.Redlinski@cms.hhs.gov.

Sincerely,

Mandy L. Strom
Acting Deputy Director, Division of Program Operations

Enclosures

cc: Carla Rime

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

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

1. TRANSMITTAL NUMBER: **26-0001**

2. STATE: **MT**

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
05/09/2026

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(r) of the Social Security Act
42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

	Federal Share	State Share
CBHT		
a. FFY26 (6 months)	$ 2,214,118	$ 817,675
b. FFY27 (12 months)	$ 4,059,315	$ 1,499,106
HSS		
a. FFY26 (6 months)	$ (1,217,368)	$ (449,574)
b. FFY27 (12 months)	$ (2,616,282)	$ (966,194)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachments 3.1 A and 3.1 B, Service 4.b, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services, pages 6, 6a (new) of ~~17~~ 16

Attachment 4.19B, Reimbursement Service 4.b, EPSDT, pages 1, 4, 5, 8, 10, and 13 of 14

Attachment 4.19B, Introduction Page 4.1B, page 1 of 3.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Supplement to Attachments 3.1 A and 3.1 B, Service 4.b, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services, page 6 of ~~17~~ 16

Attachment 4.19B, Reimbursement Service 4.b, EPSDT, pages 1, 4, 5, 8, 10, and 13 of 14

Attachment 4.19B, Introduction Page 4.1B, page 1 of 3.

9. SUBJECT OF AMENDMENT
Effective May 9, 2026, the EPSDT Medicaid State Plan is being amended to add a description of Home Support Services (HSS) Group services to Supplement to Attachments 3.1A and 3.1B. Attachment 4.19B, Reimbursement Service 16 4b, EPSDT is being amended to update the Comprehensive Behavioral Health Treatment (CBHT) unit rate from per diem to per 15-minute unit. Attachment 4.19B, Introduction Page is being amended to update service 4b EPSDT's effective date.

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
X OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Rebecca de Camara

13. TITLE **Medicaid and Health Services Executive/State Medicaid Director**

14. DATE SUBMITTED
5/8/2026

15. RETURN TO
Montana Department of Public Health and Human Services State Medicaid Director
Attn: Carla Rime
PO Box 4210, Helena, MT 59620

FOR CMS USE ONLY

16. DATE RECEIVED
May 8, 2026

17. DATE APPROVED
August 5, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 9, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Mandy Strom

21. TITLE OF APPROVING OFFICIAL
Acting Deputy Director, Division of Program Operations

22. REMARKS

8/5/26 State authorized pen and ink change to Boxes 7 and 8

Instructions on Back

Name of Service	Definition of Services
Therapeutic Group Home (TGH) (continued)	training needed to reach their identified treatment goals and function in normal life roles in the community. During skill training, the behavioral aide clearly describes the skill and expectations of member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. • Within a TGH, additional CBPRS may be provided as a medically necessary add-on service. This service is referred to as Extraordinary Needs Aide (ENA) when provided one-on-one and CBPRS Group when provided in group setting. • ENA and Group CBPRS within a TGH are delivered face-to-face. • This service is provided by agencies licensed to operate as Mental Health Centers and Therapeutic Group Homes.
Home Support Services	Home Support Services are in-home services for member living in biological, adoptive, temporary guardianship, or kinship families. Home Support Services are delivered under a treatment plan that includes the following components: • Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members.

Montana

Name of Service	Definition of Services
Home Support Services (continued)	Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member and family. • Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. • This service is provided by agencies licensed to operate as Mental Health Centers.

Name of Service	Definition of Services
Therapeutic Group Home (TGH) (continued)	training needed to reach their identified treatment goals and function in normal life roles in the community. During skill training, the behavioral aide clearly describes the skill and expectations of member's behavior, models the skill and engages the member in practice of the skill, and provides feedback on skill performance. The ability to acquire and apply these skills helps prevent relapse and strengthens goal attainment. These aides may consult with family members, teachers or other key individuals that are part of a member's treatment team in order to determine how to help the member be more successful in meeting treatment goals. • Within a TGH, additional CBPRS may be provided as a medically necessary add-on service. This service is referred to as Extraordinary Needs Aide (ENA) when provided one-on-one and CBPRS Group when provided in group setting. • ENA and Group CBPRS within a TGH are delivered face-to-face. • This service is provided by agencies licensed to operate as Mental Health Centers and Therapeutic Group Homes.
Home Support Services	Home Support Services are in-home services for member living in biological, adoptive, temporary guardianship, or kinship families. Home Support Services are delivered under a treatment plan that includes the following components: • Individual Therapy: the use of a one-to-one therapeutic intervention for a specified period of time in which the problem or issue impeding recovery or full functioning is defined and treated. The member and the therapist establish the overall objective (or outcome sought) and develop specific goals. The service reduces disability and develops or restores skills needed to function in normal life roles in the community. The ability to acquire and apply these skills helps prevent relapse and strengthen goal attainment. • Group Therapy: much the same as individual therapy in terms of developing goals, objectives, and specific skills but utilizes a format which a group of members selected by the therapist are provided treatment in a group setting. The group may or may not have single therapeutic interests but is designed to treat the members by utilizing the group process and input of others in the group. Group therapy for rehabilitation of members who have a mental illness involves direct/indirect teaching by the therapist and the guided or facilitated group interaction with one another to bring about changes in functioning of all the group members.

Montana

Name of Service	Definition of Services
Home Support Services (continued)	Group therapy is effective when focusing on the development of goals which can be reinforced by other group members and when social skills and social connections will assist the member in reaching their therapeutic goals. The service reduces disability by facilitating development of skills needed for functioning in normal life roles in the community. The ability to acquire and apply these skills helps to prevent relapse and strengthen goal attainment. • Family Therapy: Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. • Functional assessment to evaluate the degree of impairment due to serious emotional disturbance in day-to-day functioning and provide specific behavioral information that leads to treatment planning to address those impairments. • Crisis services include pre-crisis planning using a functional assessment for behaviors and/or emotions experienced by the member that have led to crisis in the past. Crisis services also include a range of 24-hour response, from telephonic to face-to-face, depending on the needs of the member and family. • Family support services include skill development, training, and integration designed to serve members with significant impairment due to their mental illnesses. The services assist to improve the interaction between the member and his or her peers and family and to improve skills related to exhibiting appropriate behavior in a variety of settings including the home, school, and community setting. Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. • This service is provided by agencies licensed to operate as Mental Health Centers.

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	May 9, 2026
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

MONTANA

I. The Department will reimburse Medicaid providers for EPSDT 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 http://medicaidprovider.mt.gov/providertype, after agreeing to the terms of service. The rate for each EPSDT service is a set fee per unit of service and set as of the date on the Attachment 4.19B Introduction Page, and is effective for services provided on or after that date. 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.

II. In accordance with the Social Security Act, the Department provides medically necessary EPSDT services. When the Department has not established a fee schedule for a service required by an individual covered under EPSDT, a rate is negotiated with the provider. This rate is set at a comparable rate to a service similar in scope.

MONTANA

Name of Service	**Service Bundle Includes:**	**Rate Components Include:**	**Unit**
Community-Based Psychiatric Rehabilitation and Support (CBPRS)	Not a bundle but included here because its rate setting methodology is not included elsewhere.	• Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Travel costs • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor	Per 15 minutes
Comprehensive Behavioral Health Treatment (CBHT)	• Individual Therapy • Group Therapy • Family Therapy • CBPRS • Care Coordination • Crisis Services	• Usual and Customary Market Rate • Historical Utilization • CPI • Frontier Differential	Per 15 minutes

MONTANA

Name of Service	**Service Bundle Includes:**	**Rate Components Include:**	**Unit**
Therapeutic Group Home (TGH)	• Individual Therapy • Group Therapy • Family Therapy • CBPRS Within a TGH, additional CBPRS may be provided when medically necessary. This service is referred to as Extraordinary Needs Aide (ENA)when provided one-to-one and CBPRS Group when provided in group setting.	• Direct staff wages • Employee benefit costs • Direct supervision • Program support costs • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor	Per diem (TGH) Per 15 minutes (CBPRS)
Home Support Services	• Individual Therapy • Group Therapy • Family Therapy • Functional assessment • Crisis Services • Family Support Services	• Direct staff wages • Employee benefit costs • Direct supervision • On-call differential (crisis services) • Program support costs • Travel costs • Administrative overhead/Indirect costs • Auxiliary Operational Expenditures • Productivity adjustment factor • Medicaid offsets • CPI adjustment • Other inflationary adjustments • Policy adjustor • Frontier Differential	Per 15 minutes

MONTANA

Group therapy for Community-Based Psychiatric Rehabilitation and Support (CBPRS) has a maximum staff to member ratio of one to four. The rate for CBPRS group therapy is set at 30% of the individual rate.

There is a separate rate for Community-Based Psychiatric Rehabilitation and Support (CBPRS) when CBPRS is provided within a Therapeutic Group Home (TGH). The separate rate calculation for CBPRS provided within a TGH excludes the mileage component.

CBPRS Rate = ((((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Calculation Adjustors)) ÷ 4 to convert to 15-minute unit)

1. Therapeutic Group Home (TGH)

In the Therapeutic Group Home rate calculation, licensed therapies and non-licensed observations and supports are separate components of the rate. Room and board, educational components, and other non-allowable facility costs are excluded from the per diem Therapeutic Group Home rate.

For Auxiliary Operational Expenditures, only a designated dollar amount or percentage of the facility and equipment that is devoted to treatment and programming is included in the bundled rate (e.g. therapist office space, individual treatment or therapy rooms, and family or group treatment or therapy rooms).

In lieu of a productivity or billable time percentage, the Therapeutic Group Home rate calculation uses actual units of service or occupied bed days. The number of occupied bed days is used to allocate costs into a daily service unit. At time of calculation, the representative or current state fiscal year bed days or units is used to allocate expenditures into a daily unit rate.

TGH Rate = (((Provider Direct Costs + Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ Medicaid Bed Days or Units of Service) x Calculation Adjustors)

2. Home Support Services (HSS)

HSS Rate = (((Hourly Provider Direct Costs + Hourly Provider Indirect Costs and Auxiliary Operational Expenditures) ÷ (Productivity Adjustment Factor or Billable Hours) x Productive FTE Hours) ÷ 4 to convert to 15-minute unit.
HSS Group Rate = HSS Rate x 1/3

MONTANA

3. Comprehensive Behavioral Health Treatment (CBHT)

CBHT services are provided by Medicaid-enrolled public school districts. To provide CBHT, public school districts must be licensed as, or contract with, a mental health center with an endorsement to provide CBHT.Contracted service costs are considered under Provider Direct and Indirect Costs and Auxiliary Operational Expenditures.

CBHT services are reimbursed according to a 15-minute rate for services delivered in a non-frontier differential county, and a 15-minute rate for services delivered in a frontier differential county, based on historical program utilization and expenditures with adjustments for inflation.

One CBHT team with up to three employees will not be reimbursed for more than 1350 billing units per team per month. The licensed or licensure candidate mental health professional must provide a minimum of three core services per month to each youth enrolled in the CBHT team. There is no limit on the number of youth that may be served.

For youth who are referred to CBHT services but upon assessment do not meet admissions criteria; up to 20 units per youth, per state fiscal year, may be billed for an intervention, assessment, and if necessary, referral to other services. These units must be billed as part of the 1350-unit monthly team total.

4. Mental Health Intensive Outpatient Therapy (IOP)

The bundled all-inclusive daily rate includes the following services:

(a) individual psychotherapy
(b) group psychotherapy
(c) family psychotherapy
(d) community-based psychiatric rehabilitation and support (CBPRS)
(e) crisis services
(f) care coordination

The Mental Health Center will bill for the bundled services. Any provider delivering services through a bundle will be paid through that bundle’s payment rate and cannot bill separately.

MONTANA

Distribution to each participating provider is calculated in the following manner:

Step 1: Total amount appropriated / historical direct care wage allocation = amount direct care wage per participating provider type.

Step 2: Amount of direct care wage per participating provider type / all participating provider units (standardized) in the provider type = amount direct care wage per standardized unit of service.

Step 3: Amount of direct care wage per standardized unit of service × amount of direct care wage per unit = amount of individual provider direct care wage reimbursement.

Total amount appropriated per year for all EPSDT rehabilitation direct care wage reimbursement is $2,726,456 per state fiscal year.