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State/Territory Name: Montana

State Plan Amendment (SPA) #: 26-0003

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

Medicaid and CHIP Operations Group

June 8, 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) – 26-0003

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0003. This amendment expands the eligibility population for targeted case management services to include parents/caregivers with a child zero through five years of age in the home with a substance use disorder/severe disabling mental illness diagnosis, updates provider qualifications to encompass the new target population, updates demonstrated experience to reflect the new population, and updates the program name.

We conducted our review of your submittal according to statutory requirements in Section 1902(a)(19) and 1902(a)(30)(A) of the Social Security Act. This letter informs you that Montana's Medicaid SPA TN 26-0003 was approved on June 8, 2026, with an effective date of January 1, 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,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Carla Rime

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER 26-0003	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 01/01/2026	
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(19) 42 CFR 441.18(8)(i) and 441.18(9) 42 CFR 440 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2026 \$1,035,408 b. FFY 2027 \$1,091,452	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1A Attachments to 3.1A and 3.1B Service 19a, Targeted Case Management Services for High-Risk Pregnant Women and Healing and Ending Addiction through Recovery and Treatment Pages 1-6 of 6 Attachment 4.19B, Methods and Standards for Establishing Payment Rates, Service 19a Targeted Case Management Services for High-Risk Pregnant Women and Healing and Ending Addiction through Recovery and Treatment Page 1-1 of 1 Attachment 4.19B, Introduction Page Page 2-2 of 3		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1A Attachments to 3.1A and 3.1B Service 19a, Targeted Case Management Services (TCM) Services for High Risk Pregnant Women (HRPW) Pages 1-6 of 6 Attachment 4.19B, Methods and Standards for Establishing Payment Rates, Service 19a Targeted Case Management Services for High Risk Pregnant Women Page 1-1 of 1 Attachment 4.19B, Introduction Page Page 2-2 of 3	
9. SUBJECT OF AMENDMENT <p>The Supplement 1A Attachments to 3.1A and 3.1B are being amended to encompass the Montana legislatively approved expanded HEART Initiative populations (pregnant women with SUD/SDMI and Parent/Caregiver of a child aged 0-5 in the home having a SUD/SDMI diagnosis) to the current HRPW TCM program by updating the program name, provider qualifications, and align with other state TCM programs. This state plan also updates the program name in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, Service 19a and 4.19B Introduction Page. It does not make any changes to the current reimbursement.</p>			
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		OTHER, AS SPECIFIED: X Single Agency Review	
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO Montana Department of Public Health and Human Services 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 March 17, 2026			

FOR CMS USE ONLY

16. DATE RECEIVED

May 17, 2026

17. DATE APPROVED

June 8, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

FORM CMS-179 (09/24)

Instructions on Back

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate typed transmittal form with each plan/amendment.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a calendar year basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

Block 2 - State - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

Block 3 - Program Identification - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

Block 5 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 6 - Federal Budget Impact - 6(a) - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st Federal Fiscal Year (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

Block 7 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

Block 9 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 10 - Governor's Review - Check the appropriate box. See SMM section 13026 A.

MONTANA

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
[Describe target group and any subgroups. If any of the following differs among the subgroups, submit a separate State plan amendment describing case management services furnished; qualifications of case management providers; or methodology under which case management providers will be paid.]

High-Risk Pregnant Women (HRPW) and Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative Targeted Case Management (TCM) Program:

TCM services will be provided to Medicaid-eligible HRPW or a HEART member, (parent/caregiver with a child zero through five years of age in the home) with a Substance Use Disorder/Severe Disabling Mental Illness (SUD/SDMI) diagnosis, who meets the following criteria:

<i>Eligible Populations</i>	<i>Criteria</i>
<i>High-Risk Pregnant Women (served through 12 months postpartum)</i>	<p><i>Who meets one of the following criteria:</i></p> <ol style="list-style-type: none"> <i>1. is age 17 or younger;</i> <i>2. is experiencing medical conditions, including mental illness or depression, which indicate the potential for a poor pregnancy outcome;</i> <i>3. abuses alcohol, tobacco, or substances;</i> <i>4. has someone in their immediate environment who abuses alcohol, tobacco, or substances;</i> <i>5. has a SUD/SDMI diagnosis;</i> <i>6. is currently experiencing intimate partner violence (IPV);</i> <i>7. is homeless or has had multiple residences (>3 during pregnancy); or</i> <i>8. demonstrates an inability to obtain necessary resources and services, and meets 3 of the following criteria:</i> <ol style="list-style-type: none"> <i>a. has a history of physical or sexual abuse;</i> <i>b. lacks support system;</i> <i>c. is not educated beyond 12th grade or does not have a GED;</i> <i>d. has a physical or developmental disability;</i> <i>e. has had no prenatal care before or during first 20 weeks of gestation;</i> <i>f. has not had a dental cleaning in the past year;</i> <i>g. is age 18 or 19;</i> <i>h. is age 35 or over;</i> <i>i. has limited English proficiency; or</i> <i>j. is a migrant worker or has refugee status.</i>
<i>HEART (Parent/Caregiver)</i>	<p><i>Who meets all the following criteria:</i></p> <ol style="list-style-type: none"> <i>1. has a child in the home aged 0-5 years of age</i> <i>2. has a SUD/SDMI Diagnosis</i>

MONTANA

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire State

Only in the following geographic areas (authority of section 1915(g) (1) of the Act is invoked to provide services less that Statewide)

Comparability of Services (§1902(a)(10)(B) and 1915(g)(1):

Services are provided in accordance with 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope (§1915(g)(1)).

Definition of Services (42 CFR 440.169):

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted case management includes the following assistance:

❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
- [Specify and justify the frequency of assessments.]

1. *Face-to-face assessments occur at least monthly.*
2. *Re-assessments occur yearly or more often as indicated by change in individual needs.*

MONTANA

- ❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
 - **specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;**
 - **includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and**
 - **identifies a course of action to respond to the assessed needs of the eligible individual;**
- ❖ **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including**
 - **activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**
- ❖ **Monitoring and follow-up activities:**
 - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
 - **services are being furnished in accordance with the individual's care plan;**
 - **services in the care plan are adequate; and**
 - **changes in the needs or status of the individual are reflected in the care plan.**

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. [Specify the type of monitoring and justify the frequency of monitoring.]

Types of monitoring may include face-to-face, by telephone, and via telehealth. Monitoring will occur as frequently as necessary, to include at least one annual monitoring, according to 42 CFR 440.169(d)(4).

(X) Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

MONTANA

Qualifications of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Any provider who meets the following provider qualifications may furnish TCM for HRPW and HEART Program:

1. *Provider organizations must be approved by the Montana Department of Public Health and Human Services (DPHHS).*
2. *Providers must demonstrate the following:*
 - a. *Demonstrate an understanding to provide all core elements of targeted case management services;*
 - i. *Comprehensive assessment and periodic reassessment*
 - ii. *Comprehensive care/service plan development*
 - iii. *Linking/coordinating of services*
 - iv. *Monitoring and follow-up of services*
 - v. *Reassessment of the client's status and needs*
 - b. *Experience in the delivery of home and community services to the target populations;*
 - c. *Experience working with low-income families, especially pregnant or parenting women, caregivers, and children;*
 - d. *Demonstrated linkages and referral ability with essential social and health services agencies and individual practitioners in the area to be served;*
 - e. *Demonstrated knowledge of federal, state and local programs for children and pregnant women such as: Title V programs, WIC, immunizations, perinatal health care, family planning, genetic services, hepatitis B screening, EPSDT, etc.; and nationally recognized perinatal and child health care standards;*
3. *A sufficient number of staff to meet the case management service needs of the target population. With approval from Montana DPHHS, a qualified paraprofessional may also be part of the team. However, the targeted case management provider must directly employ at a minimum either a nurse or social worker who also holds a current Montana license. The requirements for the targeted case management team members are as follows:*
 - a. *A nurse who is currently licensed in Montana as either:*
 - i. *A registered nurse who also holds a current Montana license, which includes course work in public health, community health or child health nursing; or*
 - ii. *A certified nurse practitioner who also holds a current Montana license; or*
 - iii. *A licensed practical nurse with over six months case management experience who is under the supervision of a registered nurse or certified nurse practitioner.*
 - b. *A social worker with*
 - i. *A master's degree in social work (MSW) or counseling; or*
 - ii. *A bachelor's degree in social work (BSW) with two years' experience; or*
 - c. *If the targeted case management team includes a paraprofessional, the paraprofessional must work under the direct supervision of a qualified professional team member, as defined in this subsection, who would conduct a preliminary member assessment and determine the suitability of using a paraprofessional as part of the targeted case management team.*

MONTANA

- i. A paraprofessional must have an Associate Degree in Behavioral Sciences or related field and two years of closely related work experience; or*
- ii. Complete a state-sponsored training for paraprofessional case managers; or*
- iii. Qualifying experience may be substituted, year for year, for education and approved by the Department.*

Freedom of Choice (42) CFR 441.18(a)(1):

1. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

MONTANA

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

**FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))
[Specify any additional limitations.]**

The following activities may not be billed as targeted case management and are not reimbursable as a unit of targeted case management:

1. *Direct medical services, including counseling or the transportation or escort of members;*
2. *Duplicate payments made to public agencies or private entities under the State Plan and other program authorities including block grants and waivers;*
3. *Writing, recording, or entering case notes for the member's files;*
4. *Coordination of the investigation of any suspected abuse, neglect, and/or exploitation cases;*
5. *Travel to and from member activities; and*
6. *Any service less than 8 minutes duration if it is the only service provided that day.*

MONTANA

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):
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<i>Eligible Populations</i>	<i>Criteria</i>
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<i>HEART (Parent/Caregiver)</i>	<p><i>Who meets all the following criteria:</i></p> <ol style="list-style-type: none"> <i>1. has a child in the home aged 0-5 years of age</i> <i>2. has a SUD/SDMI Diagnosis</i>

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- taking client history;
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 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
- [Specify and justify the frequency of assessments.]

1. *Face-to-face assessments occur at least monthly.*
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MONTANA

- ❖ **Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that**
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 - **identifies a course of action to respond to the assessed needs of the eligible individual;**
- ❖ **Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including**
 - **activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and**
- ❖ **Monitoring and follow-up activities:**
 - **activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:**
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MONTANA

Qualifications of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

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2. *Providers must demonstrate the following:*
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 - i. *Comprehensive assessment and periodic reassessment*
 - ii. *Comprehensive care/service plan development*
 - iii. *Linking/coordinating of services*
 - iv. *Monitoring and follow-up of services*
 - v. *Reassessment of the client's status and needs*
 - b. *Experience in the delivery of home and community services to the target populations;*
 - c. *Experience working with low-income families, especially pregnant or parenting women, caregivers, and children;*
 - d. *Demonstrated linkages and referral ability with essential social and health services agencies and individual practitioners in the area to be served;*
 - e. *Demonstrated knowledge of federal, state and local programs for children and pregnant women such as: Title V programs, WIC, immunizations, perinatal health care, family planning, genetic services, hepatitis B screening, EPSDT, etc.; and nationally recognized perinatal and child health care standards;*
3. *A sufficient number of staff to meet the case management service needs of the target population. With approval from Montana DPHHS, a qualified paraprofessional may also be part of the team. However, the targeted case management provider must directly employ at a minimum either a nurse or social worker who also holds a current Montana license. The requirements for the targeted case management team members are as follows:*
 - a. *A nurse who is currently licensed in Montana as either:*
 - i. *A registered nurse who also holds a current Montana license, which includes course work in public health, community health or child health nursing; or*
 - ii. *A certified nurse practitioner who also holds a current Montana license; or*
 - iii. *A licensed practical nurse with over six months case management experience who is under the supervision of a registered nurse or certified nurse practitioner.*
 - b. *A social worker with*
 - i. *A master's degree in social work (MSW) or counseling; or*
 - ii. *A bachelor's degree in social work (BSW) with two years' experience; or*
 - c. *If the targeted case management team includes a paraprofessional, the paraprofessional must work under the direct supervision of a qualified professional team member, as defined in this subsection, who would conduct a preliminary member assessment and determine the suitability of using a paraprofessional as part of the targeted case management team.*

MONTANA

- i. A paraprofessional must have an Associate Degree in Behavioral Sciences or related field and two years of closely related work experience; or*
- ii. Complete a state-sponsored training for paraprofessional case managers; or*
- iii. Qualifying experience may be substituted, year for year, for education and approved by the Department.*

Freedom of Choice (42) CFR 441.18(a)(1):

1. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

MONTANA

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

**FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))
[Specify any additional limitations.]**

The following activities may not be billed as targeted case management and are not reimbursable as a unit of targeted case management:

- 1. Direct medical services, including counseling or the transportation or escort of members;*
- 2. Duplicate payments made to public agencies or private entities under the State Plan and other program authorities including block grants and waivers;*
- 3. Writing, recording, or entering case notes for the member's files;*
- 4. Coordination of the investigation of any suspected abuse, neglect, and/or exploitation cases;*
- 5. Travel to and from member activities; and*
- 6. Any service less than 8 minutes duration if it is the only service provided that day.*

**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 Services for High-Risk Pregnant Women and Healing and Ending Addiction through Recovery and Treatment	Attachment 4.19B, Page 1	January 1, 2026
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

Attachment 4.19B
Methods and Standards for
Establishing Payment Rates
Service 19a
Targeted Case Management Services
for High-Risk Pregnant Women and
Healing and Ending Addiction through Recovery and Treatment

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

- I. Targeted case management services for High-Risk Pregnant Women (HRPW) and Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative will be reimbursed on a fee per unit of service basis. A unit of service is 15 minutes.
- II. The Department will pay the lower of the following for targeted case management services for HRPW and HEART:
 - A. The provider's actual submitted charge for the services; or
 - B. The Department's fee schedule.
- III. Unless otherwise noted in the plan, the Department's fee schedule rate for both governmental and private providers was set as of the date on the Attachment 4.19B Introduction Page and is effective for services on or after that date. All rates are published on the agency's website at <http://medicaidprovider.mt.gov/providertype>, after agreeing to the terms of service.