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State/Territory Name: MT

State Plan Amendment (SPA) MT: 26-0005

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

Rebecca de Camara
Montana Department of Public Health and Human Services
State Medicaid Director
Attn: Carla Rime
PO Box 4210, Helena, MT 59620

RE: TN 26-0005

Dear 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-26-0005 which was submitted to CMS on September 29, 2026. This plan amendment is being submitted to update the fee schedule date for several state plan 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, 2026. 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 LaJoshica Smith at 214-767-6453 or via email at lajoshica.smith@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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
26-0005

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
07/01/2026

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)(5)(a)
1905(a)(6)
1905(a)(7)
1905(a)(11)
1905(a)(12)
1905(a)(25)
1905(a)(28)
1915(k)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

TOTAL	
FFY 2026 Federal Funds	$1,376,560
FFY 2027 Federal Funds	$5,452,999
SERVICE	
3 Other Laboratory & X-Ray Services	
FFY 2026 Federal Funds	$2,671
FFY 2027 Federal Funds	$10,610
4b EPSDT	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
5a Physicians' Services	
FFY 2026 Federal Funds	$1,372,182
FFY 2027 Federal Funds	$5,435,708
6b Optometrist' Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
6c Chiropractic Services	
FFY 2026 Federal Funds	$1,707
FFY 2027 Federal Funds	$6,681
6d Licensed Clinical Social Workers' Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
6d Licensed Professional Counselors' Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
6d Licensed Psychologists' Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
6d Licensed Marriage and Family Therapists' Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
6d Denturist Services **6d Dental Hygienist Services** **10 Dental Services** **12b Denture Services**	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
6e Nutritionists' Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
7a, 7b and 7d Home Health Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
7c Durable Medical Equipment and Supplies **12 Prosthetic Devices**	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0

8 Private Duty Nursing Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
11a Physical Therapy Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
11b Occupational Therapy Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
11c Speech Therapy and Audiology Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
12e Hearing Aids	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
19a, Targeted Case Management (TCM) Services for High Risk Pregnant Women	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
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 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
19G Targeted Case Management Services for Substance Use Disorders – Youth	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
19H Targeted Case Management Services for Substance Use Disorders – Adult	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
24a Transportation Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
25 Personal Care Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0
1915K Community First Choice Services	
FFY 2026 Federal Funds	$0
FFY 2027 Federal Funds	$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3	**Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3**

9. SUBJECT OF AMENDMENT

The Attachment 4.19B Introduction Page is being amended to update the fee schedule date for several state plan services, effective July 1, 2026.

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 [redacted]	15. RETURN TO **Montana Department of Public Health and Human Services** **State Medicaid Director** **Attn: Carla Rime** **PO Box 4210, Helena, MT 59620**
12. TYPED NAME **Rebecca de Camara**	
13. TITLE **Medicaid and Health Services Executive Director/ State Medicaid Director**	
14. DATE SUBMITTED **9/29/2026**	

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
09/29/2026	

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL [redacted]
07/01/2026	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement Review

22. REMARKS

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) For services reimbursed using Medicare payment amounts as specified in Attachment 4.19B, the applicable Medicaid fee schedules are updated and effective on the 1st day of each quarter to reflect Medicare payment updates.

2) For services reimbursed using Medicare procedure codes as specified in Attachment 4.19B, the applicable Medicaid fee schedules are updated and effective on the 1st day of each quarter to reflect Medicare coding changes, including code additions, deletions, revisions, and replacements. Reimbursement for affected services is determined in accordance with the methodology specified in 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, 2026
4b EPSDT	Attachment 4.19B, Pages 1-13	May 9, 2026
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
6d Licensed Marriage and Family Therapists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
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, 2026
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2026
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2026
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, 2026
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2026
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2025
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2026
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 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

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, 2026
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	July 1, 2026
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2026