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State/Territory Name: Montana

State Plan Amendment (SPA) #: 21-0010

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 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

December 20, 2021

Marie Matthews, State Medicaid Director Montana Department of Public Health & Human Services Attn: Mary Eve Kulawik P.O. Box 4210 Helena, MT 59604

RE: Montana State Plan Amendment (SPA) Transmittal Number 21-0010

Dear Director Matthews:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2021. This plan amendment incorporates the Montana legislatively approved provider rate increase and updates the date of the fee schedule for state plan services on its Introduction Page.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. 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 (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

EALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0010	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: Titl Social Security Act (Medicaid)	e XIX of the
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2021	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO	BE CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	MENDMENT (Separate Transmittal for ea	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440	7. FEDERAL BUDGET IMPACT:	
42 CFR 447.203	Total	
1902(a)(30)(A) of the Social Security Act	FFY 2021 Federal Funds FFY 2022 Federal Funds	\$5,251,903 \$21,184,219
	Service 3 Other Laboratory & X-Ray Services	
	FFY 2021 Federal Funds	\$51,847
	FFY 2022 Federal Funds	\$204,478
	5a Physicians' Services	¢4 000 205
	FFY 2021 Federal Funds FFY 2022 Federal Funds 6b Optometrist' Services	\$4,808,285 \$19,404,532
	FFY 2021 Federal Funds	\$12,751
	FFY 2022 Federal Funds 6c Chiropractic Services	\$51,153
	FFY 2021 Federal Funds	\$1,488
	FFY 2022 Federal Funds 6d Licensed Clinical Social	\$6,013
	Workers' Services	\$37,306
	FFY 2021 Federal Funds FFY 2022 Federal Funds 6d Licensed Professional	\$152,810
	Counselors' Services	
	FFY 2021 Federal Funds FFY 2022 Federal Funds	\$57,576 \$233,730
	6d Licensed Psychologists' Services	
	FFY 2021 Federal Funds	\$3,526
	FFY 2022 Federal Funds 6d Denturist Services	\$14,133
	6d Dental Hygienist Services 10 Dental Services	
	12b Denture Services	
	FFY 2021 Federal Funds	\$124,287
	FFY 2022 Federal Funds	\$498,176
	6e Nutritionists' Services	
	FFY 2021 Federal Funds	\$247
	FFY 2022 Federal Funds 7a, 7b and 7d Home Health Services	\$1,092
	FFY 2021 Federal Funds	\$508
	FFY 2022 Federal Funds 7c Durable Medical Equipment	\$1,997
	and Supplies	
	FFY 2021 Federal Funds FFY 2022 Federal Funds	\$52,159 \$206,408

EALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
	8 Private Duty Nursing	
	Services FFY 2021 Federal Funds	\$7,966
	FFY 2021 Federal Funds	\$32,216
	11a Physical Therapy Services	\$32,210
	FFY 2021 Federal Funds	\$17,688
	FFY 2022 Federal Funds	\$70,827
	11b Occupational Therapy	Ψ, 0,02,
	Services	
	FFY 2021 Federal Funds	\$7,914
	FFY 2022 Federal Funds	\$32,497
	11c Speech Therapy and	
	Audiology Services	
	FFY 2021 Federal Funds	\$6,910
	FFY 2022 Federal Funds	\$28,521
	12c Prosthetic Devices	
	FFY 2021 Federal Funds	\$0
	FFY 2022 Federal Funds	\$0
	12e Hearing Aids	\$2.64
	FFY 2021 Federal Funds	\$364
	FFY 2022 Federal Funds 19a, Targeted Case	\$1,458
	Management (TCM) Services	
	for High Risk Pregnant Women	
	FFY 2021 Federal Funds	\$32
	FFY 2022 Federal Funds	\$129
	19b Targeted Case	
	Management Services for	
	Adults with Severe Disabling Mental Illness (SDMI)	
	FFY 2021 Federal Funds	\$7,184
	FFY 2022 Federal Funds	\$28,722
	19D Targeted Case	. ,
	Management Services for	
	Youth with Serious Emotional	
	Disturbance (SED) FFY 2021 Federal Funds	\$12,346
	FFY 2021 Federal Funds	\$49,500
	19.e Targeted Case	Ψ+2,300
	Management (TCM) Services	
	for Children with Special	
	Health Care Needs	***
	FFY 2021 Federal Funds	\$99
	FFY 2022 Federal Funds	\$398
	19G Targeted Case Management Services for	
	Substance Use Disorders –	
	Youth	
	FFY 2021 Federal Funds	\$45
	FFY 2022 Federal Funds	\$223
	19H Targeted Case	
	Management Services for Substance Use Disorders –	
	Adult	
	FFY 2021 Federal Funds	\$453
	FFY 2022 Federal Funds	\$3,419

	19i Targeted Case Management Services for Youth	
	with Serious Emotional	
	Disturbance (SED) in an Out Of State (OOS) Psychiatric	
	Residential Treatment Facility	
	(PRTF)	
	FFY 2021 Federal Funds	\$137
	FFY 2022 Federal Funds	\$551
	24a Transportation Services FFY 2021 Federal Funds	\$24,339
	FFY 2021 Federal Funds FFY 2022 Federal Funds	\$24,339 \$95,167
	25 Personal Care Services	455,207
	FFY 2021 Federal Funds	\$444
	FFY 2022 Federal Funds	\$1,777
	28 Free Standing Birthing Centers: Licensed Direct Entry	
	Midwives	
	FFY 2021 Federal Funds	\$ 0
	FFY 2022 Federal Funds	\$ 0
	1915K Community First Choice Services	
	FFY 2021 Federal Funds	\$23,186
	FFY 2022 Federal Funds	\$93,014
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSE	EDED PLAN SECTION
ATTACHMENT:	OR ATTACHMENT (If Applicable):	DED TERM SECTION
ttachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3. Attachment 4.19B, Reimbursement Introduction Page, Pages 1 and 3 of 3.		tion Page, Pages 1 and 3 of 3.
10. SUBJECT OF AMENDMENT:		
The Attachment 4.19B Introduction Page is being amended to incorporate the Montana legislatively approved provider rate increase and		
update the date of the fee schedule for state plan services on the Introduction Page, effective July 1, 2021.		
The following Medicaid State Plan services on the Introduction Page have \$0 federal fiscal impact: 12C Prosthetic Devices, and 28 Free Standing Birthing Centers - Licensed Direct Entry Midwives (LDEMs).		
Standing Birthing Centers - Elcensed Direct Entry Wildwives (EDEW	15).	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFI	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Single Agency Director F	Review
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITT		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Montana Dept. of Public Health and I	Tuman Cauriass
	Marie Matthews	iuman Services
	State Medicaid Director	
13. TYPED NAME: Marie Matthews	Attn: Mary Eve Kulawik	
14. TITLE: State Medicaid Director	PO Box 4210 Helena, MT 59604	
15. DATE SUBMITTED: 9/25/2021	11CCHa, 1111 3700 4	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
09/25/21	December 20, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:
07/01/21		

11	EALTH CARE TENANCING ADMINISTRATION	OND NO. 0536-0153
	21. TYPED NAME:	22. TITLE:
	Todd McMillion	Director, Division of Reimbursement Review
	23. 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 are effective for services provided on

or after that date 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 http://medicaidprovider.mt.gov. 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, 2021
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021

TN: 21-0010 Approved: 12/20/2021 Effective: 07/01/2021

Supersedes: 20-0031

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
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2021
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2021
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2021
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2021
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2021
10 Dental Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2021
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2021
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2021
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2021
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2021

TN: <u>21-0010</u> Approved: 12/20/2021 Effective: <u>07/01/2021</u>

Supersedes: <u>20-0031</u>

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, 2021
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2021
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2021
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2021
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, 2021
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2021
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2021
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	July 1, 2021
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2021

TN: <u>21-0010</u> Approved: 12/20/2021 Effective: <u>07/01/2021</u>

Supersedes: <u>20-0031</u>