

## **Table of Contents**

**State/Territory Name: MT**

**State Plan Amendment (SPA) MT: 23-0008**

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



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**Financial Management Group**

August 21, 2023

Michael Randol

Montana Medicaid and Health Services Executive Director/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 23-0008**

Dear Director Randol:

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 July 21, 2023. This plan amendment updates the distribution for add-on payments for Direct Care Wages and Health Insurance for Health Care Workers.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact 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  
**23 - 0008**

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  
**07/01/2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR Part 441.500-590**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 (July-Sept) **\$ 1,644,197**  
b. FFY 2024 (Oct-Sept) **\$ 6,365,320**

7. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT  
**Attachment 4.19B  
Service 1915K, Community First Choice  
Pages 1-3 of 3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
**Attachment 4.19B  
Service 1915K, Community First Choice  
Pages 1-3 of 3**

9. SUBJECT OF AMENDMENT

**Community First Choice will be amended to update the 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)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

- Single Agency Director Review**

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME **Michael Randol**

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

14. DATE SUBMITTED

**7-21-2023**

15. RETURN TO

**Montana Department of Public Health and Human Services  
State Medicaid Director  
Attn: Mary Eve Kulawik  
PO Box 4210, Helena, MT 59601**

**FOR CMS USE ONLY**

16. DATE RECEIVED

**07/21/2023**

17. DATE APPROVED

**August 21, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**07/01/2023**

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

MONTANA

I. In-State Community First Choice Services (CFCS)

a. CFCS Reimbursement

The CFCS rates for (1) CFCS attendant service, (2) CFCS mileage, and (3) CFCS Personal Emergency Response System (PERS) are set fees established by the Department based upon historical costs. Fee schedule rates are effective for the dates listed below. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community First Choice Services. The agency's rates were set as of the date on the Attachment 4. 19B Introduction Page and are published at [www.medicaidprovider.mt.gov](http://www.medicaidprovider.mt.gov).

The Department assures there is no duplication of Personal Care Services (PCS) and Transportation with CFCS attendant services and CFCS mileage.

1. The Department will pay a provider for each Medicaid unit of CFCS attendant service. A unit of CFCS attendant service means a unit of attendant service that is an on-site visit specific to a client. A unit of attendant service is 15 minutes. The on-site visit unit rate includes the administrative components of providing the direct care service, including nurse supervision, planning and oversight components.

Medicaid payment for CFCS attendant services is not allowable for services provided in a hospital or nursing facility.

2. The Department will pay a provider for mileage incurred while transporting a client. A CFCS mileage unit of service is a minimum of one mile and means that a provider's employee used their personal vehicle or an agency-owned vehicle to provide transportation to a client during the provision of CFCS.
3. The Department will pay a provider for a CFCS PERS unit. The PERS unit is electronic, telephonic, or mechanical system used to summon assistance in an emergency situation. The CFCS PERS unit must be connected to a local emergency response system with the capacity to activate emergency medical personnel.

MONTANA

b. CFCS Direct Care Wage Add-on Payment

Additional payment pools will be established for CFCS providers for direct care wage reimbursement effective on or after July 1, ~~2021-2023~~ June 30, ~~2023~~ 2025. These payment pools will provide supplemental payments which will be distributed proportionally to the participating CFCS provider based on the number of units of Medicaid CFCS provided by each provider. The calculated pro rata amount is distributed to each participating provider two times a year. Providers select payment distribution dates from the available distribution periods identified by the Department.

To qualify for the direct care wage reimbursement supplemental payments a provider must be currently enrolled and billing direct care worker CFCS 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, 2023-June 30, 2024 | \$5,815,720 |
| July 1, 2024-June 30, 2025 | \$5,815,720 |

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

MONTANA

c. CFCS Health Insurance for Health Care Worker Payment

Additional payment pools will be established for Community First Choice providers for health insurance for health care workers reimbursement, for the purpose of providing health insurance coverage to eligible CFCS workers. This reimbursement will be effective on or after July 1, 2023-June 30, 2025. These payment pools will provide supplemental payments which will be distributed proportionally to the participating Community First Choice providers based on the number of units of Medicaid CFCS 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 CFCS services, submit an application to the Department, and outline the provider's plan to provide health insurance coverage to direct care workers.

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

|                            |             |
|----------------------------|-------------|
| July 1, 2023-June 30, 2024 | \$3,240,721 |
| July 1, 2024-June 30, 2025 | \$3,240,721 |

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        |

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

II. Out of State Community First Choice Services

Reimbursement for CFCS 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 CFCS Medicaid service.